INVESTING IN EQUITABLE PATHWAYS TO PUBLIC HEALTH EMPLOYEE DEVELOPMENT

Ingham County Health Department, Michigan
ABOUT US

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PRESENTATION OBJECTIVES

• Discuss what is public health workforce development and why is it needed
• Identify and explore theories of change
• Discuss internal assessments and their applications
• Discuss relevant findings from ICHD 2022 and 2023 internal assessments
• Identify methods for developing workforce development initiatives
• Discuss examples of ICHD 2022 and 2023 equitable workforce development initiatives
ABOUT ICHD

• Ingham County (Lansing/East Lansing)
• Serving ~285,000 county residents
• Urban/suburban/rural
• 3 main branches
• ~350 employees
ICHD WORKFORCE DEVELOPMENT COMMITTEE

• Created in 2017 to meet initial PHAB accreditation requirements, dissolved in 2019
• Revived in August of 2022 to address critical components of workforce and organizational needs
• 23 current members across organization
• Led by Workforce Development Coordinator with oversight from Deputy Health Officer of Administration
COMMITTEE GOALS & PRIORITY WORK AREAS

• Assess root causes and factors contributing to barriers in obtaining and sustaining a skilled, resilient public health workforce at ICHD

• Develop and implement internal projects to reduce those identified barriers

• 2022-23 priority areas:
  • Workplace culture
  • Leadership development
  • Workforce retention
  • Training
  • Orientation and onboarding
  • Mentorship
  • Recruitment and hiring
  • Volunteers and internships
  • Academic health department initiatives
WHY DO WE NEED WORKFORCE DEVELOPMENT?

• Investment in the public health workforce
• The Great Recession
• The Great Resignation
• Younger generations entering the workforce
• COVID-19 pandemic
SO WHAT IS WORKFORCE DEVELOPMENT?
What is Adaptive Leadership?

• Harvard University’s Ronald Heifetz, who developed the thinking, suggest that there are two radically different kinds of problems.
• Those that require the application of existing knowledge (technical challenge) and those that require experimentation, innovation and adaptation (adaptive challenge).
• British academic Keith Grint describes these sorts of problems as “Wicked Problems” – where there is no certainty about the right thing to do and no agreement that any solution will have a positive impact. Tackling them can only be done through creative collaboration.
• Tame solutions do not solve wicked problems. Equally, for Heifetz, you cannot use technical know-how to resolve adaptive challenges. If you do, you will fail.
How do we address ‘Below the Iceberg’ Wicked Challenges?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solution</th>
<th>Example</th>
<th>Type of Learning</th>
<th>Public Health Leadership Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical: Simple</td>
<td>Clear</td>
<td>Fixing a broken ankle</td>
<td>New knowledge is required</td>
<td>Expert leader solves the problem</td>
</tr>
<tr>
<td>Technical: Complicated</td>
<td>Unclear but becomes clear</td>
<td>Budget cuts</td>
<td>New skills are required</td>
<td>Expert diagnosis: The leader helps group problem-solve</td>
</tr>
<tr>
<td>Complex: Wicked, Systems</td>
<td>Unclear and changes; no one solution</td>
<td>Climate change</td>
<td>New behaviors and on-going learning is required</td>
<td>Multiple leaders help group problem-solve</td>
</tr>
</tbody>
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Transformational Change & Leadership

Act 1: Realizing the need for change
- A transformational leader perceives and responds to the need for change that are environmental/external to the organization.
- Explore ways to help individuals acknowledge the old ways of doing things.

Act 2: Creating a New Vision
- Creating a vision and mobilizing commitment from a critical mass of the employees/partners
- This requires the vision to be compelling enough to motivate the team toward a new way and be willing to ‘let go’ of the old approaches and ways. This is a neutral zone. Individuals must be motivated to adopted the new way and have opportunities to practice and receive rewards.

Act 3: Institutionalizing the work
- New behavior, actions and practices are realized. New thinking is applied and practiced.
- Individuals celebrate wins; continued practice, learning and growth occurs.
Six Conditions of Systems Change

- Policies
- Practices
- Resource Flows
- Relationships & Connections
- Power Dynamics
- Mental Models

Structural Change (explicit)

Relational Change (semi-explicit)

Transformative Change (implicit)
Mindsets, Mental Models, and Power

• Think for a second about your organization
• What mindsets or mental models might be underlying workplace issues?

• What power dynamics might be in place?
• Organizational Chart vs. Power Chart
THE ICEBERG MODEL

EVENTS
What is happening?

PATTERNS OF BEHAVIOR
What trends are there over time?

SYSTEMS STRUCTURE
How are the parts related? What influences the patterns?

MENTAL MODELS
What values, assumptions, and beliefs shape the system?
State of ICHD Workforce in 2021-2022

Six Conditions of Systems Change

- Staff were pulled from other divisions to address COVID creating intolerable workloads
  - Led to significant burnout, trauma, and turnover

- Services divisions (FQHCs, etc.) would not flex on using their staff to support COVID needs creating power imbalance
  - Structure and incentives did not support cross-divisional collaboration so no cross-divisional relationships and connections

- Mindset of providing services under a biomedical model - highest priority
  - Each division knows best how to provide its services - turf protection
Ingham County Health Department (ICHD) has a longstanding history of community engagement and health equity and social justice initiatives.

- COVID-19 exacerbated inequities in health. Simultaneously, George Floyd lost his life, unjustly from the police.

- Ingham County passed a resolution declaring racism as a public health crisis. This is a resolution to talk the talk AND walk it.

Health Inequities are differences in population health status and mortality rates that are *systemic*, patterned, *unjust*, and *actionable*, as opposed to random or caused by those who become ill.


And yet, we have high aspirations → Health Equity
How does change happen, really?

Current State → Transitional State → Future (Desired) State
Cycles of Learning

1. Take Action
2. Observe, Question and Reflect on Problem and Prior Actions
3. Draw Conclusions
4. Plan Next Steps
Strategic Planning Model

**Data and Information Gathering**
- Review of Internal Data, Plans, Discussion (Workforce Development, Leadership Team)
- Employee Interviews & Engagement Sessions
- Mission, Mandates, Goals
- Stakeholder Expectations
- Review of Existing and Updated Community Data, Plans (CHA/CHIP)

**Contextualizing and Meaning-making**
- Shared Vision
- Identifying Strategic Issues

**Strategy Selection**

**Implementation**
- Developing a plan
- Working the plan
- Organizational Learning

**Working the plan**

**Developing a plan**

**Organizational Learning**
### Questions Raised

<table>
<thead>
<tr>
<th>Question</th>
<th>Deeper Ideas Considered</th>
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| Is the organization ready for transformational change toward power shifting? | - Systems thinking: People are the system  
- Symptoms may be a trauma response  
- Need for internal transformational change, first |
| Why is there organizational trauma?                                      | - Trauma as a result of the COVID pandemic  
- COVID exacerbated prior dysfunction  
- Lack of trust or psychological safety |
| Why is internal collaboration stifled?                                   | - Power dynamics within the organization  
- Workforce equity → Importance of equity in strategy implementation |
| Are organizational leaders prepared to support organizational healing?   | - Executive leadership alignment  
- Do staff and managers have the right mindsets and capacity?  
- Vision that honors legacy |
Theory of Change for Health Equity Transformation

ICHD Current State:
Traumatized by COVID which also exacerbated previous organizational dysfunction
Lacking psychological safety, few trusting relationships

Strategy: Trauma-Informed Relationship Building
- Leadership communication & presence
- Holding rituals & ceremonies to reinforce sense of community and celebrate relationships, reward accomplishments, and grieve, regroup and orient to the future
- Strengthen and develop relationships & positive networks and friendship ties
- Create collaboration and cohesion across divisions

Intermediate State: Organizational Healing

Strategy: Visioning
Co-creation of vision, direction, and goals to create a sense of unity

Strategy: Adaptive Skill Building
Train on & apply adaptive, innovative, collaborative, & transformational change skills

Strategy: Community Engagement
ICHD facilitates multiple community engagement & collaborations

Future State:
Health Equity at Population Level
Power Shifting

Communities invited to ICHD decision-making tables
Jointly strategize on how to advance health promoting work and policies, leverage ICHD’s institutional power
Intentionally build individual and organizational relationships with community orgs and members

Strategic Planning Model

1. Data and Information Gathering
2. Contextualizing and Meaning-making
3. Strategy Selection
4. Implementation
INTERNAL ASSESSMENTS

• Value problems
• Employee feedback is key to developing workforce initiatives
• Used to gather internal information to align with external research
• What do your employees think?
• How do they feel?
• Avoid “blind” interventions
INTERNAL ASSESSMENTS: THE “WHAT”

• Using external vendors
• Not limited to surveys
• Can be small, large, formal, or informal
• Quantitative and qualitative
THE “WHAT”: QUANTITATIVE

• Most often used/seen for internal assessments
• Obtain and analyze numerical data to find:
  • Frequencies
  • Averages
  • Patterns
• Can be very simple
• Can be very complex
• Method dependent on what you want to know
• Methods
  • Survey
  • Opinion polls
  • Experiments
QUANTITATIVE (CONT.)

• Analyzed with statistical analysis
  • Descriptives
    • Frequencies
    • Averages
  • Inferential statistics
    • Correlations
    • Regressions
    • Chi-Square tests
• Pros:
  • Obtain large amounts of data
  • Find patterns
  • Compare to baseline
• Cons:
  • Does not tell you the “why”
  • Can be costly
  • Requires skills and training
THE “WHAT”: QUALITATIVE

- May not be as commonly used in the workplace
- Used to obtain words, phrases, or themes that reflect thoughts, perspectives, or feelings of a small population
- Can be simple
- Can be complex
- Must be carefully structured
- Methods:
  - Case study
  - Grounded theory
  - Delphi
  - Generic inquiry
QUALITATIVE (CONT.)

- Method is dependent on project question
  - What are the feelings of...?
  - What are the perspectives of...?
  - How did XYZ happen...?
  - What is the best way to...?
- Data collection is dependent on method
  - Interviews
  - Narratives
  - Group discussions (focus groups)
QUALITATIVE (CONT.)

• Data analysis is dependent on method
  • Tools:
    • Frequency analysis
    • Inductive coding (line by line, values, etc.)
    • Deductive coding (line by line, values, etc.)
  • Techniques:
    • 6-phase thematic analysis
    • Categorical analysis
    • Narrative analysis

• Pros:
  • Answers the “why”
  • Variety of methods and techniques
  • Smaller sample population

• Cons
  • Can be a longer time commitment
  • Requires extensive planning
  • Requires skills and training

Professional Development/Training
73% of employees interviewed report minimal or no opportunities for professional development and/or job-related training. Many employees report favoritism regarding opportunities for professional development, and that receiving these opportunities is dependent on who you are and who you’re asking. Some employees report scheduling barriers to professional development, despite requirements for training to keep job roles. A handful of employees report no issue receiving professional development opportunities, evidently tied to strong, supportive relationships with supervisors. Some employees report a desire for training opportunities to be provided regarding de-escalation and Diversity, Equity, and Inclusion (DEI).
INTERNAL ASSESSMENTS: THE “HOW”

- What type of assessment do we use?
- Depends on what you want to know
- Use appropriate methods
- May not be a one-time assessment
- Ethical considerations
- Participant recruitment
- Mandatory or optional?
- PLAN PLAN PLAN
INTERNAL ASSESSMENTS: THE “WHO”

- Who should be involved?
- It depends
- Consider who has the right skills to be involved
- Scale up and scale down as needed
- Ensure all employees have basic skills
INTERNAL ASSESSMENTS: THE “WHEN”

• How often should we conduct internal assessments?
• When you have a question you need answers to
• “Survey burnout”? 
• Your employees want to be heard!
INTERNAL ASSESSMENT RESOURCES

• Microsoft/Google Forms
• R
• Alchemer/AOS group

Public Health
Prevent. Promote. Protect.

LHD
Academy of Science

The National Association of Local Health Department Data Collectors
DEVELOPING SOLUTIONS

• Identify potential solutions
  • Do some digging
  • Any solution from any industry may be considered

• Developing a workgroup
  • Power sharing
  • Power dynamics
  • Group Structure
Workplace Culture Visioning Exercise

Close your eyes for a few minutes and imagine working at Ingham County Health Department in five years. After many years of tough conversations, advocacy, and changes to the status quo, the health department has created a healthy, equitable, and sustainable workplace culture. Turnover is low, morale is high, and we have a great reputation in the community and with other health departments for being a great place to work.

Try not to feel constrained by what’s possible because of existing policies, procedures or because it’s the way that it’s always been done.

It’s 10am on a typical work day. Try to imagine in concrete terms what a healthy workplace culture at our department looks, feels, and sounds like.
Workplace Culture Visioning Exercise

- What does the work space look like? Where are people sitting? Where and how are people working?
- How are staff accomplishments celebrated? What do you see?
- What does work in the community look like? Where is this being held?
- What do you hear when staff are talking within their teams?
- What do you hear when staff are talking with different units?
- In one-on-one check-in meetings, what do managers say to the people that they are supervising? What are employees saying to their managers?
- How are cross-agency meetings facilitated?
- What do you hear when the Health Officer shares agency updates with all staff?
- What do you hear when the Health Officer shares updates with senior management?

To the best of your ability, please write as much as you can about what you see, felt, or heard in concrete terms.

Facilitator passes out blank paper, markers, post-it notes.
Reflective Discussion

- What did you feel when you imagined what a healthy workplace culture looked or sounded like?
- Did you have any “aha” moments when listening to your colleagues describe the future workplace?
- What impact would a healthy workplace have on staff?
- How would the agency’s relationships with external stakeholders change, if at all, if there was a healthy workplace culture?
- How, if at all, has this changed your thinking about workplace culture at the department?

“Regularly talking with different units about what they do, using this information to increase collaboration on mutual and overall goals”

“I appreciate you”
“What do you need from me?”

“A focus for leadership development for staff at all levels (trainings, discussions, workgroups).”
ICHD EQUITABLE TRAINING INITIATIVE

• Derived from relevant assessment findings

• November 2023 Workforce Engagement Survey
  • ~30% of employees who participated in survey felt that they did not receive ample training opportunities
  • ~39% felt that ICHD was not dedicated to professional development

• December 2023 Qualitative Inquiry Project
  • 11 of 15 participants felt that there were significant barriers to receiving relevant training and professional development
    • Lack of opportunities available
    • Lack of funding available
    • Supervisor favoritism
ICHID EQUITABLE TRAINING INITIATIVE (CONT.)

• Announced via e-mail
  • Emphasis on those who don’t typically get the opportunity to attend professional trainings

• Application Form with example
  • Explain how training related to COVID-19 preparedness and response

• Offered an open house to help folks find an opportunity and complete an application

• Reviewed by a subcommittee of WFD committee

• Some examples:
  • Addressing Long COVID
  • CHWs: Vicarious Trauma & Personal Resiliency
  • Microsoft Suite Training for Immunizations Staff
  • Epidemiology Conference (CSTE)
  • Public Health Improvement Training (PHIT)
OTHER EQUITABLE WORKFORCE INITIATIVES

• Dress Code Policy Review
• Strategic Planning 2023 Employee Input Project
• Emphasis on Organizational Healing and Culture
• Creation and Sharing of Health Equity Statement
ICHD acknowledges that health is impacted by many factors. One set of factors contributing to disparities is the way society, people, and institutions have been designed to preserve historical power through systems such as racism, sexism, ableism, heterosexism, and other forms of oppression.

To learn more, visit https://health.ingham.org/health/community_health,_planning_and_partnerships/health_equity_and_social_justice.php

More info: Contact Dana Watson, dwatson@ingham.org
TAKEAWAYS

• Doing adaptive and transformative change is different than technical problem-solving
• Understand and leverage the full scope of workforce development initiatives
• Obtain employee feedback
• Multiple ways of exploring the problem
• Get data, then make meaning from it
• Develop solutions and learn from your experience implementing them
• Incorporate equity relentlessly
QUESTIONS?
THANK YOU!!!