

# Using Data to Advance Workforce Development in Public Health Agencies: Perspectives From State and Local Health Officials

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The public health workforce is the foundation on which all programming is built. However, it is not always clear what levers agencies can and should pull to ensure that their workforce is appropriately trained and engaged. The Public Health Workforce Interests and Needs Survey (PH WINS) provides the data necessary for agencies to justify and plan their workforce development initiatives. PH WINS 2014 established a baseline workforce assessment for participating agencies and expanded its reach in 2017 while also enabling year-over-year progress tracking. This commentary provides 3 perspectives from leaders in state, city, and local health departments (LHDs). Each perspective details how its agency has used or is planning to use PH WINS data to build resilient workforces that are well-equipped to advance public health.

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Adverse childhood experiences lay the groundwork for future adult behavior, and recognizing and understanding the effects of trauma allow public health

practitioners to work together in support of helping everyone live their best lives. Trauma-informed care is an approach used to improve health and well-being outcomes for individuals, families, and communities by acknowledging, recognizing, and responding to the effects of trauma on the population to promote resiliency. The model of trauma-informed care can be adapted for workplaces wherein workplace systems recognize and respond to the effects of trauma that employees may have faced in their lives and during their roles working with vulnerable populations.

Since 2016, the Wisconsin Department of Health Services has participated in the statewide Fostering Futures Initiative, which aimed to make Wisconsin the first trauma-informed state. State health agencies were encouraged to focus first on becoming trauma-informed workplaces before shifting focus externally. Within the Department of Health Services, the Division of Public Health (DPH) first sought to raise staff awareness of trauma and its effects and to start the conversation about what a trauma-informed workplace might look like. We then gathered feedback from staff about how we should move toward that goal. One theme that emerged from the feedback was the need to build wellness and resilience in the workplace, and we decided to make that a priority for 2018.

Our research on measuring resilience identified 3 resilience factors: energy and vigor, absorption, and engagement. PH WINS 2017, which DPH participated in, measured items related to employee burnout and employee engagement that directly align with these 3 resilience factors. DPH's results from PH WINS 2017 served as important baseline data for the division and its individual bureaus to inform the development of its approach for increasing wellness and resilience throughout the division. In addition, PH WINS 2017 provided a national benchmark for the division.

For our 2018 initiative, DPH developed a multifaceted approach for increasing wellness and

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resilience throughout the division. One part of the approach was to identify a book, *The Happiness Advantage* by Shawn Achor, that all staff members would interact with in a variety of ways, including book clubs and brown bag presentations. The book has served as a foundational piece of our initiative, as we have used the principles presented in it to improve the culture at DPH. All staff members were also encouraged to participate in a 21-Day Challenge, in which they practice a habit that has been shown to improve wellness and resilience for 21 days. In addition, all supervisors attend monthly half-day meetings providing in-depth trainings on practicing soft skills as well as trauma-informed supervision. Supervisors were also required to lead a quality improvement (QI) project specific to wellness and resilience, which gives supervisors the opportunity to engage in the QI process, which is also a divisional strategic priority, and continue to engage staff in evidence-based positive psychology principles discussed in the book.

Throughout this implementation phase, DPH continued to use PH WINS 2017 by using 3 to 5 of the original PH WINS questions in monthly snapshot surveys sent to staff to allow for real-time evaluation of the impact of our initiatives on employee engagement and resilience indicators. Over the course of the year, we saw a 9-percentage-point increase in staff members who would recommend DPH as a good place to work. In addition, we evaluated all staff activities to learn more about their experiences. At the end of the year, we are sharing the quantitative results with staff members and once again collecting qualitative feedback from staff to inform our next steps. We also hope to share our results and experience with other health departments in and beyond Wisconsin.

**Monica Valdes Lupi, JD, MPH**  
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At the Boston Public Health Commission (BPHC), we are committed to ensuring a diverse, prepared, and nimble workforce that is able to respond to the current and emerging public health needs of Boston's residents. With more than 1100 staff members in 6 bureaus working across three shifts and multiple campuses, effective communication and workforce development are essential to ensuring optimal health for every Boston resident. When I returned to BPHC in 2016, we reviewed our PH WINS 2014 results and prioritized internal communication as an opportunity for QI. We convened the PH WINS Learning Collaborative team, including frontline staff, leadership from across the organization, and two partner organizations.

Many staff members provide direct services to clients or work in roles that do not regularly involve computers, so we assumed that email was not an effective means of communications. To test this assumption, team members asked approximately 25 peers how they preferred to receive information from and give information to the organization. Contrary to our assumption, the majority expressed a preference for email communications. The team conducted a series of Plan-Do-Study-Act (PDSA) cycles to test the effectiveness of email communications and identify improvements. We learned that a significant number of staff members were not receiving all-staff emails and worked with IT and HR to ensure the accuracy of email lists and streamline the "add-on" process. Simultaneously, we found that some staff members prefer to receive messages in other ways such as traditional flyers, our intranet, and calendar invites.

Using this information, the team developed new strategies for exchanging information, including:

- *Communications liaisons group*: A forum for coordinating communication efforts and supporting regular, 2-way information regarding communication initiatives. Activities include updating the editorial calendar, disseminating materials, discussing media highlights related to BPHC's strategic priorities, and engaging in training to grow communications capacity.
- *Monitors and screen savers*: Installing monitors displaying messages about programming in locations that are visible to staff and employing technology to display messages on individual computer monitors when they are not in active use. In this way, every monitor becomes a virtual bulletin board.

Reviewing BPHC's PH WINS 2014 results, the team identified 2 specific aims for improved communications: increase from 29% to 40% the proportion of **nonsupervisory** staff and from 35% to 40% the proportion of **overall staff** who agreed or strongly agreed that *communication between senior leadership and employees is good*. We were extremely excited that PH WINS 2017 revealed that we exceeded our goal for nonsupervisory staff agreeing with the statement (43%) and met our goal for overall staff.

We also developed learning sessions on Public Health 3.0 and the role of governmental health officials as "chief health strategists" and saw positive results from these efforts in PH WINS 2017. A significantly higher percentage of staff members compared with their national Big Cities Health Coalition colleagues expressed "a lot" of awareness of Health in All Policies, multisectoral collaboration, and public health and primary care integration. Staff

also reported familiarity with the impact of a public health department addressing social determinants of health such as housing, education, and economic development.

Participating in the PH WIN Learning Collaborative taught us 3 main lessons: (1) While seeking opportunities for improvement, we need to remember our strengths and build upon them. (2) One size doesn't fit all, particularly in communicating information and gathering feedback. Test your assumptions, try different strategies, and don't be afraid to fail or be proven wrong. QI tools such as PDSA cycles to study small changes can yield big results and increase staff engagement in problem solving. (3) Our workforce is mission-oriented and wants to provide the highest-quality programs and services. We must work together to develop a culture of learning and facilitate ways for all staff members to engage in improvement and learning opportunities.

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Washington County Public Health (WCPHD) was very committed to participating in PH WINS 2017 and receiving local data to inform our efforts related to staff recruitment, retention, and development. PH WINS 2017 data have considerable implications for public health practice within the division. These data provide actionable opportunities for systems-level changes that can address issues identified by staff and increase the retention of qualified public health practitioners at the local level.

We were pleased to learn of very specific examples that demonstrate areas in which WCPHD staff differ from staff at other LHDs across the nation. For example, compared with 54% among national LHDs, 75% of WCPHD staff members are somewhat or very satisfied with their pay and compensation. In general, WCPHD ranks above the national average for staff awareness of emerging concepts of public health

trends, which has been a priority for us in past workforce development efforts.

With regard to areas for improvement and continued growth, only 43% of WCPHD staff members agree or strongly agree that communication between senior leadership and employees is good compared with 55% among national LHD staff members. In addition, 65% of WCPHD staff members agree or strongly agree that supervisors work well with employees of different backgrounds compared with 76% among national LHD staff members. These statistics are, of course, concerning-but also important and helpful. These are issues that we must work to address.

Using PH WINS 2017 data, we have been able to identify areas of strengths for both supervisory and nonsupervisory staff members. Overall, the staff within WCPHD excel in supporting the development of a diverse public health workforce, engaging in collaborations with the public health system, applying evidence-based approaches in addressing public health issues, conducting QI projects, and carrying out work that supports equity and addresses the social determinants of health. These are important strengths to foster and continue growing.

Our strong commitment to staff development and retention has led us to increase financial resources for professional development opportunities in the coming year. We are coupling PH WINS 2017 data with other internal QI work, including our annual WCPHD staff satisfaction survey and 2 Performance Management and Quality Improvement projects that are focused on improving management practices and professional development. The representative data in PH WINS provide an opportunity for WCPHD and all other public health jurisdictions to implement workforce development policies and projects that will enhance public health practice and the job satisfaction of public health practitioners. The role of public health is to maintain and improve community health. Our dedicated public health staff ensure that we deliver on this obligation.