The True Meaning of Succession Planning

Wednesday, July 24, 2013

Linda McElwain, RN
Patricia Tilley, MS, MA
Michael D. Warren, MD, MPH, FAAP
Quick Overview
How to Use Web Technology

• Mute your line by using the mute function on your phone or by using *6 to mute/un-mute

• Asking a Question
  – You can type your questions into the chat box (shown right)
  – Raise your hand. Using the icon at the top of your screen (example shown right)

• Lastly active participation will make sure today’s webinar a success!
Polling Question
MCH Core Leadership Competencies

- #1 MCH Knowledge Base
- #9 Developing Others Through Teaching and Mentoring
- #10 Interdisciplinary Team Building
Outline

• What is professional development?
• Challenges of succession planning
• Skills and competencies
• Models of success in “succession planning”
  – Tennessee
  – Wyoming
  – New Hampshire
• Resources
• Q&A
Succession Planning: The Need for Upstream Action

Michael D. Warren, MD MPH FAAP
Director, Division of Family Health and Wellness
Tennessee Department of Health
Disclosure

- My state Title V program does not have a “succession plan”
Objectives

• Describe succession planning as workforce development
• Identify challenges associated with succession planning/workforce development
• Highlight the importance of utilizing MCH skills and competencies
What Is Succession Planning?

• What do we mean by succession planning?
  – Very literally, planning for who will succeed/follow
  – Frequently viewed in context of one position, and maybe one successor
  – Ensuring continuity of operations
Why Should You Care About Succession Planning?

• The National Picture:
  – 27% of public health workforce eligible for retirement by FY2014 (ASTHO 2011)
  – On average, state health agencies are only recruiting for 15% of vacant positions
  – “The public health workforce is graying at a higher rate than the rest of the American workforce and shortages exist on every level.”

Why Did I Care About Succession Planning?

• The Tennessee Picture:
  – 40% of TN public health workforce eligible for retirement by FY2014 (ASTHO 2010)
  – At least 55% of public health workforce has no formal public health training (ETSU 2012)
  – Average MCH staff tenure: 11.1 years
    • Range of up to 42 years
Why Did I Care About Succession Planning?

- The Tennessee Picture:
  - Recent hiring freezes → already high vacancy rate
  - Wages historically not competitive
  - Significant health challenges
    - Overall health ranking of 39
    - High rates of infant mortality, chronic disease


What Is Succession Planning?

• Potential modalities for Succession Planning
  – **Crisis management**
    • “Two week” (or less) notice, accident/catastrophe
  – **Near/short-term planning**
    • Several month notice, anticipation of upcoming retirement
    • Case-by-case
    • “Grooming”
  – **Strategic/long-term planning**
    • Workforce development plan
    • Enterprise-wide
Back to My Disclosure...

• My state Title V program does not have a “succession plan”

• However....
  – Workforce development is a priority
  – We do think about recruitment and retention
Workforce Development As Succession Planning

• Instead of focusing just on “replacing X with Y” we are thinking about how we ensure a robust pipeline of potential successors
  – Internal workforce development
  – Starts at time of hire and continues throughout employment
  – Includes external pipeline (internships, practicums, etc)
Workforce Development As Succession Planning

• Continuous process
  – Starts at hire/entry
    • Self-assessment, orientation, learning plan
  – Continuous learning
    • Job plans/performance evaluations, continuing education, shared learning opportunities
  – Exit/separation
    • Exit interviews: what could we have done better or differently?
Workforce Development As Succession Planning

• Enterprise-wide workforce development results in:
  – Increased competency in key skill areas
  – Increased capacity to tackle difficult issues
  – “Buffer” in times of crisis → one or more layers of backup
Workforce Development
As Succession Planning

• Why not just focus on one predecessor?
  – What if something happens to the predecessor?
  – Why limit the potential of the predecessor?
  – Relatively high turnover (return on investment)
  – “Grooming” usually not allowed under civil service laws
  – Ignores potential talent pool (what about everyone else?)
Workforce Development: Challenges

- Workforce Development (aka succession planning):
  - Takes time—need to be deliberate
  - May not appear to be necessary
  - May not be desired ("I just do my job")
  - Needs to be tailored to the individual → staff may lack formal MCH (or even public health) training
  - Requires looking beyond your immediate staff (undergraduate, graduate students → future MCH workforce)
Workforce Development: Using Competencies as Foundation

- MCH Leadership Competencies or Public Health Core Competencies offer “roadmap” for workforce development
  - Critical knowledge and skills
  - Relate to core MCH and public health functions
  - Provide structure to what could otherwise be overwhelming/nebulous task
Workforce Development: Using Competencies as Foundation

• Key competencies can be incorporated into job announcements
  – Helps get the right person for the right job

• Self-assessments can indicate areas of strength/weakness
  – Opportunities for growth can be incorporated into job plan and performance evaluation process

• Key competencies can also be incorporated into broader learning activities (e.g. staff meetings)
  – “Raise the sea level and all the boats come up”
Workforce Development: The TN Title V Experience

Michael D. Warren, MD, MPH, FAAP
Director, Division of Family Health and Wellness
Tennessee Department of Health
Workforce Development: The TN Title V Experience

Michael D. Warren, MD MPH FAAP
Director, Division of Family Health and Wellness
Tennessee Department of Health
Workforce Development in TN

• 2010:
  – Title V Needs Assessment
  – Workforce development identified as one of 7 state priorities:
    • Improve MCH workforce capacity and competency by designing and implementing a workforce development program.
Workforce Development in TN

• 2011:
  – TN Title V staff involved in pilot testing of MCH Navigator
  – Survey of program management staff revealed interest in leadership development
    • Implemented Johns Hopkins MCH Leadership Skills Development Series for program management staff
  – Engaged regional staff in monthly calls focused on shared learning and priority measures
  – Emerging partnerships with public health training center and other HRSA grantees
Workforce Development in TN

• 2012:
  – Revised state performance measure related to workforce development
    • *Number of Central Office and Regional MCH staff who have completed MCH Leadership Competency Self-Assessment and a relevant module in the MCH Navigator*
  – Reorganization of MCH to include Chronic Disease and WIC
    • Need for better understanding of program activities→division-wide topic meetings
  – External partnerships
    • Cultural competency training (UT Knoxville)
Workforce Development in TN

• 2013:
  – State performance measure
    • 134 Central Office and Regional staff completed self-assessment and relevant modules in MCH Navigator
  – Continuation of Division topic meetings
  – External partnerships
    • Cultural competency training (UT Knoxville)
    • Grant writing training (ETSU LIFEPATH)
    • Program evaluation training (Four universities)
    • Home visitor online orientation (TECTA)
Workforce Development in TN

• Other activities:
  – Standard orientation (overall Division and job-specific)
  – Universal job plans and performance evaluations
  – Participation in external opportunities (ex. MCH Public Health Leadership Institute)
  – Cross-training for critical job functions
  – Standard exit interviews
  – Retention activities
    • Equity raises, internal promotions where appropriate
    • Monthly lunches, “Gold Star” recognition
Key Lessons Learned

• Staff are busy
  – Have realistic goals
  – Incorporate workforce development into other existing activities (ex. staff meetings)
  – Allow protected time for workforce development

• No need to reinvent the wheel
  – Use existing tools (Self-assessment, MCH Navigator)

• Utilize resources of external partners
  – Staff expertise
  – In-kind resources
Future Opportunities

- Tailor program/job specific professional development “bundles”
- Archive local activities for later use
- Enhanced partnerships with academic institutions
  - Rotations/internships/practicums
  - “Shovel-ready” projects/ideas
Linda McElwain, RN

Section Chief
Maternal and Child Health
Wyoming Department of Health
Succession Development

Wyoming Maternal and Child Health’s Journey to Success

Linda McElwain
Maternal and Child Health Unit Manager
Public Health Division
Wyoming Department of Health
linda.mceldain@wyo.gov
Succession Development

• Experience
• Staff Turnover
• Deadlines
3 simultaneous initiatives

- Desk Manuals
- HealthStat
- Performance Management Initiative
1. Overview
   a. Department
   b. Division
   c. Section

2. Overview of Maternal and Child Health Unit

3. Position Description
Desk Manuals: 1. Overview

Department/Division/Section

PHD

WDH

MCH

PHN

IMM

CHS
Desk Manuals: 2. Overview of MCH

- Priorities
- Programs
  - Children with Special Health
  - Women and Infants
  - Child Health
  - Adolescent Health
- Grants
  - Title V
  - ECCS
  - RPE
  - PRAMS
  - SSDI
Desk Manuals:  3. Position

- **MCH is comprised of 3 programs:**
  - Women and Infant Health Program
  - Child Health Program
  - Adolescent Health Program
  - Included within each program is the Children with Special Health Care Needs Program

- **Each program has a Program Manager and a Benefits and Eligibility Specialist (CYSHCN)**

- **In addition to the 3 programs:**
  - Unit Manager
  - CYSHCN point of contact
  - Administrative Assistant
A derivation of the “PerformanceStat” movement

“A jurisdiction or agency is employing a PerformanceStat performance strategy if it holds an ongoing series of regular, frequent, periodic, integrated meetings to:

- 1. use data to analyze the unit’s past performance
- 2. follow-upon previous decisions and commitments to improve performance,
- 3. establish its next performance objectives, and
- 4. examine the effectiveness of its overall performance strategies.”

http://www.hks.harvard.edu/thebehnreport/Behn,%207PerformanceStatErrors.pdf
• Annually, each program reports to the PIT (Performance Improvement Team)
  ○ Program Snapshot
    □ Program description
    □ Program expenditures with funding sources and staff
    □ Program Metrics (an overview)
  ○ Program Performance Report
    □ Program Core Purpose
    □ Outcomes
    □ Outputs and Efficiencies
    □ Story Behind the Performance
Performance Management Initiative

- Instituted by the State
  - Improved method of employee evaluation
  - Improved communication between supervisors and employees
  - Online

- Process
  - Performance Planning (supervisor and employee)
  - Mid-year Discussion (supervisor and employee)
  - Evaluation (supervisor and employee)
Summary

- **Desk Manuals**
  - To provide continuity within the program

- **HealthStat**
  - To provide standardized information to Senior Leadership
  - To help maintain focus on program goals

- **Performance Management Initiative**
  - To provide individual planning process
  - To assure evaluation of employee is tied to program goals
Patricia Tilley, MS, MA

Acting Bureau Chief,
Bureau of Population Health and Community Services
Title V Director,
Maternal and Child Health
New Hampshire Department of Health and Human Services
MCH Competencies
Building Skills for Succession

Patricia M Tilley, MS Ed
Chief
Bureau of Population Health and
Community Services
NH Division of Public Health Services
Department of Health and
Human Services
Building Leaders!

An MCH leader is one who understands and supports MCH values, mission, and goals with a sense of purpose and commitment...
As part of Coordinated Chronic Disease Planning, NH DPHS programs planned to use NACDD Competency Assessment Tool


MCH offered to collaborate using MCH Leadership Competencies Assessment developed by MCHB

- [http://leadership.mchtraining.net/mchlc_docs/MCH_Leadership_Skills_Self-Assessment_v3.0_June_2009.pdf](http://leadership.mchtraining.net/mchlc_docs/MCH_Leadership_Skills_Self-Assessment_v3.0_June_2009.pdf)
The Self Assessment

### MCH Leadership Skills Self-Assessment

This self-assessment corresponds to the Maternal and Child Health Leadership Competencies Version 3.0 by the MCH Leadership Competencies Workgroup (Eds.), June 2009. [http://leadership.mchtraining.net](http://leadership.mchtraining.net). Please consider the level of experience you currently possess in the following areas of professional competence when circling the appropriate response. Provide at least one example of a situation that has given you the experience. (Jot down a few words to remind you of the experience.) When you are finished rating all of the competencies, go back to the ones that you noted to be of high importance. If your understanding of or strength in the competency was low or none, circle the competency to indicate that this is an area for you to work on.

#### I. SELF

<table>
<thead>
<tr>
<th>MCH Leadership Competency 1: MCH Knowledge Base</th>
<th>My current understanding of this competency</th>
<th>The strength of my current competency</th>
<th>How important this competency is to me now</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Basic. Use data to identify issues related to the health status of a particular MCH population group. My own example:</td>
<td>High</td>
<td>Med</td>
<td>Low</td>
</tr>
<tr>
<td>2. Basic. Describe health disparities within MCH populations &amp; offer strategies to address them. My own example:</td>
<td>High</td>
<td>Med</td>
<td>Low</td>
</tr>
<tr>
<td>3. Advanced. Demonstrate the use of a systems approach to explain the interactions among individuals, groups, organizations &amp; communities. My own example:</td>
<td>High</td>
<td>Med</td>
<td>Low</td>
</tr>
</tbody>
</table>
YOU are an MCH leader. And YOU have many MCH competencies. The following survey is designed as a tool to help you and MCH as a whole help better understand where we have strengths and where we should plan for support and training.
Survey Says....

Surveys reflected a need to

- *Operationalize* the "family centered care" philosophical ideal
- *Describe* disparities
- *Demonstrate* systems approach
  - “*We know it when we see it, but how do we say it so others understand it*”
Survey Says...

Areas of interest for next Needs Assessment include:

- Identifying ethical dilemmas and issues that affect MCH population groups
- Ethical implications of health disparities within MCH populations
So what happened?

- Self Reflection
- Individual Training Goals
- Plans for Needs Assessment
- Collaborative Training with Chronic Disease Programs
  - Evaluation, Budgets, Admin Stuff
- Integration with Division Wide Strategic Planning
Questions, Comments, Reflections

Patricia M Tilley, MS Ed
Chief
Bureau of Population Health and Community Services
NH Division of Public Health Services
Department of Health and Human Services
Email: ptilley@dhhs.state.nh.us
Resources

• MCH Navigator

• Maternal and Child Health Training Program

• MCH Leadership Core Competencies

• MCH Public Health Leadership Institute
Questions?
What’s Next

Evaluation
• Please complete the event evaluation by clicking the SurveyMonkey hyperlink in the Links Pod.

Archive
• A archive of today’s event will be available on the AMCHP website in two weeks.