Building and Retaining a Resilient MCH Workforce for Tomorrow

Thursday, May 15, 2014

Mark Law, PhD
CityMatCH

Meredith Pyle
Maryland Department of Health and Mental Hygiene

Michael D. Warren, MD, MPH, FAAP
Tennessee Department of Health
Quick Overview

How to Use Web Technology

• All lines have been muted. To un-mute your line please dial *6

• 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 presentation a success!
Quick Overview
How to Use Web Technology

• Downloading Files

1. Navigate to the files section.
2. Select the file to download.
3. Click the download button.
4. Save the file to your computer.
Building a Resilient Workforce: Why and How

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

• Describe need for building a resilient workforce
• Identify challenges associated with workforce development
• Highlight the importance of utilizing MCH skills and competencies
Why Should We Care About Building a Resilient Workforce?

• Myriad challenges to state public health agencies
  – Budget related
    • Layoffs
    • Hiring Freezes
    • Impact of sequestration
  – “Systems” related
    • Civil service rules
    • Hiring/promotion systems
    • Salary limitations

Yet mothers, children, and families still need us!
Why Should We Care About Building a Resilient Workforce?

• 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.”

Approaches to Building a Resilient Workforce

• Potential modalities for Workforce Development
  – 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
Approaches to Building a Resilient Workforce

• Instead of focusing just on “replacing X with Y” think about how to 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)
Approaches to Building a Resilient Workforce

• Continuous process
  – Starts at hire/entry
    • Self-assessment, orientation, learning plan
  – Continuous learning and development
    • Job plans/performance evaluations, continuing education, shared learning opportunities
    • Coaching/mentoring
    • Engagement
  – Exit/separation
    • Exit interviews → what could we have done better or differently?
Approaches to Building a Resilient Workforce

• 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

  – Improved ability to “move the needle” and fulfill the essential functions of public health
Approaches to Building a Resilient Workforce

• 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)
Approaches to Building a Resilient Workforce

- 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”
Steps to Workplace Resiliency:
Positive Psychology and Emotional Intelligence

Mark Law, PhD | Director of Operations
2014 AMCHP Webinar
I THRIVE ON CHANGE.

YOU THREW A FIT THIS MORNING BECAUSE YOUR MOM PUT LESS JELLY ON YOUR TOAST THAN YESTERDAY!

I THRIVE ON MAKING OTHER PEOPLE CHANGE.
Keys to Workplace Resiliency

• Relationships
• Emotional Intelligence
• Competence
• Optimism
• Coping Skills

An emotionally intelligent leader should be:

• knowledgeable about his or her emotional state,
• use that knowledge to regulate personal emotions,
• be able to self-motivate with the assistance of the regulated emotions,
• recognize other’s emotions, and
• be able to use that recognition with an emotionally charged message to motivate others.
“We believe that a psychology of positive human functioning will arise, which achieves a scientific understanding and effective interventions to build thriving individuals, families, and communities.”

--Martin Seligman
Hardwired

• Negative
  – Safety
  – Security

• Positive
  – Thrive
  – Perform at your best
  – “Wouldn’t it be amazin’ if . . .”
Positive Psychology = Positive Results

• Increased capacity to rebound or bounce back from adversity, conflict, and failure and to progress with increased responsibility to positive events (resiliency)
• Improved Productivity
• Stronger Engagement
• Highly Efficient and Effective
Rocky Mountain Flats Nuclear Facility

Estimated Clean Up Costs
70 years    $36 Billion

Final Costs
10 years    $6 Billion
Rocky Mountain Nature Preserve

Rocky Mountain Arsenal
Turning Vision Into Action

As the environmental cleanup program progresses the Arsenal is becoming one of the largest urban national wildlife refuges.
Positive Strategies for Application

- Culture
- Communication
- Gratitude
• Leaders establish Culture -- an Enduring Legacy
• Positive outweighs Negative
Ten Ways to Create a Positive Culture. You can begin right here, right now, to create a positive work environment:

1. Share positive experiences. Whenever possible, avoid focusing on problems. That only saps energy from your organization. It’s easy to forget that there is more good than bad happening.
2. Encourage one-on-one positive feedback. Give people a chance to share positive feedback with one another before a meeting starts.
3. Reframe comments and ideas in a positive light.
5. Show a video clip that creates positive emotions.
7. Learn, share, and use team members’ strengths.
8. Be kind, compassionate, and helpful.
9. Create opportunities for play.
10. Track progress and publicly acknowledge it.
• High performing teams balance *inquiry statements* (asking questions, seeking understanding) with *advocacy statements* (lobbying for a position).

• Average or poor performers overused *advocacy* at the expense of *inquiry*.

• Exposes difference in Focus
  – Self (advocacy)
  – Others (inquiry)
Positive Communication

- Positive to negative ratio relation to performance
  - 5-to-1 = High
  - 2-to-1 = Average
  - 1-to-1 or less = Poor
Gratitude

• Least likely place to feel or express gratitude?
  – Work

• Why does it matter?
  – Increased sense of self-worth, self-efficacy, and trust and resilience to stress.
  – Impact on both the thankker and thankee.
Gratitude

- Depth over breadth
- Get personal
- Try subtraction
- Savor surprises
- Simple and short
“Wouldn’t it be amazing if . . .”
Resources

Books

Web-Based
• *Bouncing Back: How Workplace Resiliency Can Work for You (PDF)*
• *What Does a Grateful Organization Look Like?*
• *Gratitude (video)*
• *TEDx: The Happiness Advantage (video)*
• *TEDx: Start with Why (video)*
• *TED: Your Body Language Shapes Who You Are (Video)*
• *The Power of Gratitude (video)*
KEEP CALM AND HAVE RESILIENCE
Workforce Development: The TN Title V Experience

Michael D. Warren, MD MPH FAAP
Director, Division of Family Health and Wellness
Tennessee Department of Health
Why Did I Care About Workforce Development?

• 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
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 module 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
Building and Retaining a Resilient Workforce - Maryland
May 15, 2014

Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Meredith Pyle
Program Chief of Infrastructure and Systems Development
Office for Genetics and People with Special Health Care Needs

Contact: Meredith.pyle@maryland.gov 410-767-5185
OGPSHCN

• Maryland’s Title V CSHCN program
  http://phpa.dhmh.maryland.gov/genetics/SitePages/Home.aspx

• Located at Department of Health and Mental Hygiene

• Mission: to assure a comprehensive, coordinated, culturally competent and family-centered system of care that meets the needs of Maryland's CYSHCN and their families
USING THE MCH NAVIGATOR TO BUILD OUR WORKFORCE
MARYLAND

Why did we decide to use the Navigator?

- New Unit in CYSHCN Program
- Needed Professional Development
- Budget Constraints
How did we use the Navigator?
Customized Training Checklists

- Tailored
- Free Content
(MCH Navigator)
CORE CONTENT IN ALL CHECKLISTS

- **MCH 101**
  - Population Health
  - MCH History and Title V Legislation
  - MCH (Title V) Implementation
  - MCH Populations, Mission and Principles: CYSHCN; Family-Centered Care; Family Advocacy and Involvement in Title V Programs

- **MCH Planning Cycle**
### SAMPLE Training Checklist:

<table>
<thead>
<tr>
<th>Item:</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MCH Navigator</strong> (<a href="http://navigator.mchtraining.net/">http://navigator.mchtraining.net/</a>) Trainings</td>
<td></td>
</tr>
<tr>
<td>MCH (Maternal and Child Health) 101: MCH Populations, Mission and Principles: Overview Category</td>
<td></td>
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<tr>
<td>• Overview Category</td>
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</tr>
<tr>
<td>o <strong>Principles of Public Health: PH 101</strong></td>
<td></td>
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<tr>
<td>(Registration to Pacific Public Health Training Center is required to access. After login, click on “Principles of Public Health (PH101)” and then click on the specific topic tutorial your wish to view. PDF slides are available.)</td>
<td></td>
</tr>
<tr>
<td>o <strong>MCH Primer: An Angle on MCH Systems</strong> (20 minutes)</td>
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<tr>
<td>o <strong>Systems Thinking for Maternal and Child Health: Application in Practice</strong> (90 minutes)</td>
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<tr>
<td>• CYSHCN</td>
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<tr>
<td>o <strong>Improving the System of Services for Children and Youth with Special Health Care Needs</strong> (90 minutes)</td>
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<tr>
<td>• Family-Centered Care</td>
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<tr>
<td>o <strong>Family Advocacy and Involvement in Title V Programs</strong> (90 minutes)</td>
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<tr>
<td>o <strong>Increasing Meaningful Partnerships between Families and MCH Partnerships</strong> (30 minutes)</td>
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<tr>
<td>• Health Disparities</td>
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<tr>
<td>o <strong>Eliminating Health Disparities and Achieving Equity: a Framework for Advancing the Health, Safety and Well-Being of Adolescents</strong> (90 minutes)</td>
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<tr>
<td>• Medical Home</td>
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<tr>
<td>o <strong>Every Child Deserves a Medical Home</strong> (20 minutes)</td>
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<tr>
<td>o <strong>Medical Home</strong> (2 parts; 83 minutes)</td>
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<tr>
<td>• Title V History and Legislation:</td>
<td></td>
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<tr>
<td>o <strong>Maternal and Child Health Title V Programs Audio:</strong> (Part 1) : (Part 2) Slides: Part 1 and Part 2 (52 minutes)</td>
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<tr>
<td>o <strong>Maternal and Child Health Title V Programs</strong> (45 minutes)</td>
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<tr>
<td>o <strong>MCHB History, Vision, Mission, Strategic Plan, and MCHB Partnership of Investment</strong> (60 minutes)</td>
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<tr>
<td>o <strong>Healthy People 2020: the Next Generation of MCH-related Focus Areas</strong> (To access the presentation, click on “Archive” (above the “Overview” section) and then click on “Full Multimedia Archive of the Live Program.”)</td>
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<tr>
<td>• <strong>HRSA Webcast</strong></td>
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<tr>
<td>MCHB Webcast on Medical Homes for Children</td>
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<tr>
<td><strong>National Center for Medical Home Implementation Website</strong> (<a href="http://www.medicalhomeinfo.org/">http://www.medicalhomeinfo.org/</a>)</td>
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<tr>
<td>• Review/explore each tab</td>
<td></td>
</tr>
<tr>
<td>• Webinars (<a href="http://www.medicalhomeinfo.org/training/webinars.aspx">http://www.medicalhomeinfo.org/training/webinars.aspx</a>)</td>
<td></td>
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</tbody>
</table>
3 QUESTIONS MARYLAND USES W/NAVIGATOR TRAININGS

1. What are the key points from the training/article?

2. What points from the training/article are relevant or useful for your/our work at OGPSHCN?

3. Are there any action items you should pursue because of what you learned from this training/article?
Find Trainings
Search for Learning Opportunities by Competency or Keyword

Use one of the following searches to find competency-based trainings that address the needs of the MCH workforce. You can access an Alphabetical List of Trainings or take an online Self-Assessment to identify your training needs and develop a customized learning plan. Also check out our New Trainings.

1. MCH Competencies

2. Public Health Competencies

Search the Database

There are 4 easy ways to find learning opportunities by searching the MCH Navigator database:
Coming out with new stuff all the time!

“Training Spotlight on CYSHCN”

• Introductory Trainings on CYSHCN
• Trainings Organized by the Core Domains for System Standards for CYSHCN
• Trainings Organized by Additional Focus Areas for CYSHCN
• Resources from the MCH Library

See:
http://www.mchnavigator.org/trainings/cyshcn2.php
LESSONS LEARNED

1. Be prepared for minor technical challenges with the Navigator
2. Reacting to and reflecting upon training modules is useful
3. Allowing for increased self-direction in professional development is important
4. We intend to promote more widespread use
Questions ?