

Workforce Development Is Still the Key to Agency Preparedness

Jack Thompson

In an article I wrote for the Spring/Summer 2002 edition of *Northwest Public Health*, I noted how important it was that the Centers for Disease Control and Prevention (CDC) included a specific focus on education and training (Focus Area G, for us preparedness junkies) in its guidance to states for use of preparedness funding. This focus, I noted, offered new opportunities to understand “the direct relationships between workforce training, recruitment, retention, and overall preparedness.” Three years after that article, and four years after the events of September 11, 2001, it’s time to revisit this observation.

The Center and our partners in the Northwest have worked together over the past four years to develop a system to prepare our public health workforce and promote the health and safety of our communities. The logic model underlying our approach was built on the assumption that through needs assessments, trainings and other learning opportunities, and technical assistance, the Center would assist each state and tribal partner, and the region as a whole, in the important job of workforce development. The connection between a prepared workforce and improved organizational performance has been implicit in these partnerships, enhanced by the explicit connection between training and preparedness in the Training and Education Focus Area in the original CDC guidance.

The new renewal guidance from CDC to the states has eliminated all specific reference to focus areas, and now itself makes the assumption that this connection between training and preparedness is implicit across the various goals in the guidance. The absence of a specific focus on education and training (and learning, as our partners often point out to us) has caused concern among many of us. However, this might be an opportunity to make our recognition of the relationship between a prepared workforce and improved organizational performance more explicit.

Virginia Kennedy and colleagues at the University of Texas, Houston, Bernard Turnock at the University of Illinois, Chicago, and others recognized long before 9/11 that the competence of the public health workforce is closely connected to their work setting. Thus we have to think about both individual and agency performance. Currently, interest in evaluation of organizational capacity is becoming an increasing

focus in public health, through the use of performance improvement strategies and the application of new sets of standards, including individual competency development. An underlying assumption in most work on competencies is that commitment to competency mapping and the learning

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Public health organizations at all levels, as well as their boards of health and other governing and funding bodies, must continue to prioritize this connection between prepared workers and well-performing organizations regardless of external priorities. The Washington State Public Health Improvement Partnership (PHIP) provides a great example of this connection. The PHIP has recognized that if the public health system is to work well it needs appropriately trained and skilled workers. And once on the job, these workers need ongoing support—job orientation, mentoring, and distance learning opportunities—to keep working effectively.

The National Association of City and County Health Officials Project Public Health Ready initiative, which links worker preparedness to organizational performance, has provided us with a model that can work well beyond a specific focus on bioterrorism preparedness. The public health system should also learn from the example of our first responder partners (police, fire fighters, and emergency medical services), who place a very high priority on training to ensure an effective organizational response to emergencies.

The past four years have seen remarkable advancement in the Northwest and across the nation in workforce preparedness. Today, the major driver behind such work should remain the same as four years ago—the need to prepare public health workers and the organizations that employ them to do the important work of population-based public health improvement, disease prevention, and emergency response. ■

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See related bibliography and logic model online at www.nwcphp.org/nph/.