

Public Health Workforce QI: From Measurement to Application



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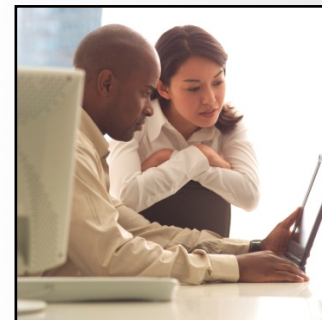
Abstract

This public health workforce research initiative expands practice-based employee trust measurement in a time-one time-two (T1 – T2) quantitative design methodology. The initiative is an expansion of previously conducted research within the Cincinnati and Northern Kentucky Health Departments. Tailored workforce-based quality improvement (QI) initiatives were developed and implemented within the two local health departments (LHD's). Workforce-based QI was a product of strategic initiatives defined by leadership of both health departments and informed by a critical review of the data collected in 2008. Analysis of additional independent variables and interaction terms were evaluated and are presented for supervisor/employee race concordance. In February of 2010 the T-2 measurement within both LHD's was completed. Re-test measurement following QI intervention is vital in evaluating trust relationship change and is intended to serve as a quality improvement indicator. In addition to the T1-T2 employee trust measurement, unanticipated findings associated with anticipated reduction in workforce within study sites is presented.

Overview



1. PHSSR
2. Measuring workforce trust
3. T1-T2 research design
4. Location specific QI
5. Race concordance
6. T1 – T2 descriptive data analysis
7. Future goals



1. Public Health Systems and Services Research

- **Public Health Services and Systems Research (PHSSR)** is a multi-disciplinary “field of study that examines the **organization**, financing, and **delivery of public health services** within communities and the impact of those services on the health of the public.”¹ PHSSR provides **evidence** on how to **organize** and deliver public health services effectively and efficiently and supports the following Robert Wood Johnson Foundation public health strategies:
 - Build the **evidence for what works** to improve the quality and effectiveness of public health practice and policy;
 - **Improve the performance** and impact of the public health system—which includes public health agencies, businesses, health and health care organizations, faith-based groups, and community advocates; and
 - Increase the demand for and the use of **public health policies and practices** that improve health.

Q: Do we need to measure and evaluate LHD intra-organizational workforce trust as part of our PHSSR to research agenda?



1. [National Network of Public Health Institutes website: http://www.nnphi.org/home/section/1-15/about-us/view/149/#_edn1](http://www.nnphi.org/home/section/1-15/about-us/view/149/#_edn1)

2. Measuring workforce trust

Intra-organizational trust was measured using the Conditions of Trust Inventory (CTI)

- Supervisor availability
- Supervisor competence
- Supervisor consistency
- Supervisor discretion
- Supervisor fairness
- Supervisor integrity
- Supervisor loyalty
- Supervisor openness
- Supervisor promise fulfillment
- Supervisor receptivity
- Supervisor overall trust



3. T1-T2 Research Design

To compare workforce trust across two measurement times.

Q: Would trust be lower in T2 due to trends in the national-level economy?

T1 September, 2008

280 respondents

Response rates:

CHD 40% (170 of 422)

NKHD 69% (111 of 160)

* T2 February, 2010

307 respondents

Response rates:

CHD 43% (185 of 426)

NKHD 63% (122 of 193)



* Note:

- CHD had 29 vacant positions T2 due to budget constraints
- NKHD added 6 full-time and 27 part-time positions between T1 and T2

4. Location specific QI

Community-based Participatory Research

Q: PHSSR + CBPR = ????

Cincinnati Health Department

- Organizational consolidation
- Organizational restructure
- Reduction in workforce
- Reduction in salary
- Reduction in benefits
- Redefining vision
- Change in supervisor

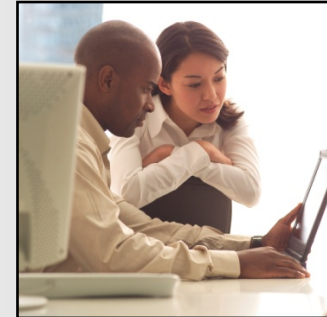
Northern Kentucky Health Department

- Flex time policy implemented
- Sick leave donation policy
- MAPP 12 month initiative
 - Mobilizing for Action through Planning and Partnerships (NACCHO)
- Clinical nurse case managers
- Change in supervisor



5. Race concordance

Differences were established in the T1



					N Kentucky (n=104)	
	No (n=58)	Yes (n=185)	No (n=50)	Yes (n=89)	No (n=8)	Yes (n=96)
	Mean	Mean	Mean	Mean	Mean	Mean
Availability	3.9	4.3	3.8	4.3	4.3	4.3
Competence	3.2	3.2	3.2	3.2	3.4	3.2
Consistency	3.7	4.0	3.6	4.0	4.1	4.0
Discreetness	3.5	3.6	3.5	3.7	3.7	3.6
Fairness	2.6	2.4	2.6	2.5	2.3	2.4
Integrity	2.8	2.9	2.8	2.9	2.8	3.0
Loyalty	3.2	3.4	3.2	3.4	3.3	3.5
Openness	2.9	2.9	2.9	2.9	3.0	2.9
Overall Trust	3.2	3.2	3.1	3.2	3.3	3.2
Fulfillment	3.1	3.0	3.1	3.0	3.1	2.9
Receptivity	3.5	3.6	3.5	3.6	3.6	3.6

• Mean values of **Availability**, **Consistency**, **Integrity** and **Loyalty** measures differ by race concordance

6. T1-T2 Descriptive data analysis

	CHD		NKHD	
	T1	T2	T1	T2
Availability	4.0	3.9	4.2	4.3
Competence	3.2	3.2	3.2	3.1
Consistency	3.8	3.7	4.0	4.1
Discreetness	3.6	3.4	3.6	3.7
Fairness	2.6	2.7	2.4	2.4
Integrity	2.9	2.9	2.9	2.8
Loyalty	3.3	3.3	3.5	3.5
Openness	2.9	2.9	2.9	2.9
Overall Trust	3.2	3.2	3.2	3.2
Fulfillment	3.0	2.9	2.9	3.0
Receptivity	3.5	3.5	3.6	3.6



7. Future goals

1.To explore in-depth the constructs of...

Fairness

Integrity

2.To complete additional statistical analysis on trust and racial concordance.

3.To have results published in appropriate public health journals

4.To see funding to promote data-driven PHSSR + CBPR =



Questions Contact

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