

EXPLORING WORKFORCE DEVELOPMENT EXPERIENCES OF
PUBLIC HEALTH DEPARTMENT STAFF

A Dissertation

by

SARA PAHOLEK MENDEZ

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Chair of Committee,	James N. Burdine
Committee Members,	E. Lisako Jones McKyer
	Jeffrey J. Hatala
	Radhika Viruru
Head of Department,	Mark E. Benden

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ABSTRACT

The majority of staff in local public health departments do not have a formal degree in public health. A key component in improving public health infrastructure and strengthening the public health system is public health workforce development and training. To investigate public health workforce development, the purpose of this study was to conduct a case study on a local public health department in Texas. Specifically, the case study examined: (1) workforce development experiences of public health department staff without a degree in public health, (2) what motivates staff to seek out workforce development opportunities, and (3) how staff describe their workforce development experiences that are included during new employee orientation.

Three types of data collection methods were used to complete the case study. First, formal semi-structured interviews were conducted with seven staff at a local health department to explore public health workforce development experiences and motivations to learn. Second, an observation of a new employee orientation at a local health department that included eleven staff members was conducted. Finally, a documentation review of the local health department's new employee orientation materials was completed for context and understanding of what workforce development opportunities occur during the onboarding process.

Four main themes of workforce development were identified during the semi-structured interviews. These themes include opportunities to learn and grow as a public health worker, motivation to learn, workforce development experiences during new

employee orientation, and training barriers. Out of the seven staff members that were interviewed, six of them mentioned the tour that occurred during the New Employee Orientation.

A competent public health workforce is necessary to ensure effective public health programs, create positive health outcomes, and create healthy communities. On the job. Public health workforce development strategies should recognize the need for different types of trainings and should prioritize trainings that fill public health competency gaps in staff without formal public health training.

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No funding was received to conduct this study.

NOMENCLATURE

HiAP	Health in All Policies
LHD	Local Health Department
MPH	Master of Public Health
NEO	New Employee Orientation
PH WINS	Public Health Workforce Interests and Needs Survey

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CHAPTER I

INTRODUCTION

Background

A key component in improving public health infrastructure and strengthening the public health system is public health workforce development and training (Institute of Medicine, 1988). A competent public health workforce is necessary to ensure effective public health programs, create positive health outcomes, and create healthy communities (Apathy & Yeager, 2019). Inadequate levels of training and education can impact critical funding and resource allocations for a local health department (LHD) to deliver essential public health services (Leider, Harper, Bharthapudi, & Castrucci, 2015).

Public health professionals include nurses, health educators, epidemiologists, inspectors, laboratory workers, support staff, public health emergency preparedness staff, and others that are responsible for providing essential public health services (Beck, Coronado, Boulton, & Merrill, 2018). The variety of disciplines in public health require different levels of training and professional preparation (Joly et al., 2018). The current public health workforce includes experts in specific fields, but the future workforce must expand its scope to be able to think from a systems perspective, be able to build partnerships, and to be able to analyze data to meet health challenges (McKeever, Leider, Alford, & Evans, 2019).

According to the 10 Essential Public Health Services, workforce development is defined as “providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills” (de Beaumont

Foundation, 2020). Workforce development includes on-the-job training and competency-based education. In public health, the focus of workforce development is to improve health outcomes by enhancing the training, skills, and performance of public health workers (“Workforce Development,” n.d.).

In 1988, the United States Institute of Medicine Committee for the Study of the Future of Public Health believed that the public health system’s capabilities for effective public health actions were inadequate (Institute of Medicine, 1988). The committee’s report, *The Future of Public Health*, identified the need for strengthening the public health system and the importance of a competent and skilled workforce (Institute of Medicine, 1988). The report also emphasized the importance of public health agencies assessing public health knowledge and skills gaps, identifying workforce education and training needs, and creating workforce development plans to address those training needs (Institute of Medicine, 1988). Since *The Future of Public Health* report was published, several programs and initiatives have focused on public health workforce development.

Public Health Training Center

The Public Health Training Center program, which was established by the Health Resources and Services Administration (HRSA) in 1999, addresses public health workforce training by acting as a resource for local health departments (Bigley, 2016). In 2014, this partnership was restructured as the Public Health Learning Network (Bigley, 2016). Currently, there are ten Regional Public Health Training Centers that operate within schools of public health across the United States. The training centers

provide workforce development opportunities to ensure public health professionals have access to convenient, flexible, and practice-based resources to meet their learning goals (National Network of Public Health Institutes, 2020).

Core Competencies for Public Health Professionals

The *Core Competencies for Public Health Professionals* were developed by the Council on Linkages Between Academia and Public Health Practice (Public Health Foundation, 2014). These foundational competencies reflect public health skill areas needed to deliver the 10 Essential Public Health Services, which provide a framework for public health to protect and promote the health of all people in all communities (de Beaumont Foundation, 2020). Local health departments can adapt the *Core Competencies* to meet their specific organizational needs; however, the competencies are more widely accepted in academia than in public health practice (Leider, Bharthapudi, Pineau, Liu, & Harper, 2015).

The *Core Competencies* consist of eight domains, which include analytical/assessment skills, policy development/program planning skills, communication skills, cultural competency skills, community dimensions of practice skills, public health sciences skills, financial planning and management skills, and leadership and systems thinking skills (Public Health Foundation, 2014). The competencies provide a framework for workforce development planning and action, improve performance, and assist an LHD in preparing for public health accreditation (Public Health Foundation, 2014).

Public Health Accreditation

The Public Health Accreditation Board (PHAB) created a voluntary national accreditation program that provides a systematic approach for public health improvement for state, local, and tribal health departments (Public-Health-Accreditation-Board, 2019). The public health accreditation program improves the quality and performance of the public health system and its workforce (Public-Health-Accreditation-Board, 2019). The PHAB accreditation program benefits public health by:

- Promoting high performance and continuous quality improvement;
- Recognizing high performers that meet nationally accepted standards of quality and improvement;
- Illustrating health department accountability to the public and policymakers;
- Increasing the visibility and public awareness of governmental public health, leading to greater public trust and increased health department credibility, and ultimately a more substantial constituency for public health funding and infrastructure; and
- Clarifying the public's expectations of health departments.

Domains are standards that pertain to a broad group of public health services (Public-Health-Accreditation-Board, 2019). The accreditation process addresses twelve domains. The first ten domains address each of the ten Essential Public Health Services. Domain 8 focuses on workforce development, which addresses the learning needs of the organization and the creation of a workforce development plan (Public-

Health-Accreditation-Board, 2019). Domain 11 addresses management and administration, and Domain 12 addresses governance.

According to the PHAB Standards and Measures (Public-Health-Accreditation-Board, 2019), “a health department's workforce development plan ensures that staff development is addressed, coordinated, and appropriate for the health department's needs.” The plan should identify employee training needs, determine gaps in competencies and skills, provide workforce development guidance for staff members, and provide a supportive work environment (Public-Health-Accreditation-Board, 2019).

Healthy People 2030

Healthy People 2030 is a national initiative that provides 10-year, measurable public health objectives to improve health and well-being (“About Healthy People 2030 - Healthy People 2030 | health.gov,” n.d.). One of the Healthy People 2030 topics focuses on public health infrastructure, which addresses high-performing health departments and workforce development and training. A robust public health infrastructure includes a capable and qualified workforce and agencies that can assess and respond to public health needs (“Public Health Infrastructure - Healthy People 2030 | health.gov,” n.d.). One specific objective within this topic is to “increase the proportion of local public health agencies that use *Core Competencies for Public Health Professionals* in continuing education for personnel” (“Public Health Infrastructure - Healthy People 2030 | health.gov,” n.d.).

Public Health 3.0

Public Health 3.0 is a model from the US Department of Health and Human Services that describes a progression or modernization of public health goals and missions (*Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*, 2016). Public Health 3.0 focuses on the social determinants of health to improve health outcomes in communities. The model focuses on five recommendations which include, public health departments acting as the Chief Public Health Strategist; creating structured, cross-sector partnerships; increasing public health accreditation; utilizing actionable data; and enhancing funding for public health (*Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*, 2016). The success of Public Health 3.0 depends upon recruiting and maintaining a competent, empowered workforce that understands the current public health system (DeSalvo & Levi, 2019, p. 650).

According to Brown, significant improvements have occurred over the last ten years in training and educating the public health workforce to enhance the delivery of public health services (2017). However, even with these improvements, only 14% of the national governmental public health workforce has a formal public health degree at any level, and only 8% have a master of public health (MPH) (de Beaumont Foundation, 2018). In local health departments, only 12% of the workforce has a public health degree (de Beaumont Foundation, 2018). Therefore, public health workers must develop skills and competencies through on-site workforce training programs (Brown, Maryman, & Collins, 2017).

Historically, public health workforce development has been discipline/program-specific or skill-specific training (Beck, Leider, Coronado, & Harper, 2017, p. 1420). Formal training has focused on specific aspects of public health practice, such as nursing, epidemiology, or environmental health (Birkhead, Morrow, & Pirani, 2020, pp. 279-334). However, demands on public health organizations are rapidly evolving (Bogaert, 2019). Public health workers lack formal training in informatics, strategic planning, cultural competency, and quality assurance (Gebbie, 1999). According to Bogaert et al., “the field of governmental public health has been shifting from delivery of clinical services toward policy and systematic changes to address existing and emerging public health challenges” (2019, S138). Because of this shift, significant changes in the delivery of public health services are needed, which requires a change in the focus of public health workforce development (Bogaert, 2019).

Personal Background and Experiences

I have worked at the Brazos County Health District for over seventeen years as a health educator and a division manager. Although my doctoral studies at the Texas A&M School of Public Health are in public health, my undergraduate and graduate degrees are in health education. My exposure to the 10 Essential Public Health Services and public health core competencies came from various conferences and webinars because of my interest in the topic. However, I did not receive any specific training on these competencies during my first year of employment, nor was it a required part of the new employee orientation at the local health department where I work.

After working at the health district for a couple of years, I realized that I did not truly understand the role of public health in my responsibilities as a Health Educator. I found an online training course titled *Introduction to Public Health* through the Empire State Public Health Training Center. I began requiring all of the new staff and interns in my division to take this course. Although I used it in my division, it was not adopted department-wide as part of the new employee orientation.

In 2017, the Brazos County Health District staff participated in the Public Health Workforce Needs and Interests Survey. I was the district's coordinator for the survey, where I acted as the liaison between the health district and the Association of State and Territorial Health Officials (ASTHO), the organization that conducted the survey. I encouraged staff to complete the survey and sent out reminders. Participation in this survey and reviewing the survey results introduced me to the importance of public health workforce development.

In 2018, local public health department directors throughout Texas saw a need for their workforce to have the basic knowledge and skills of the 10 Essential Public Health Services. This need led to a collaboration between the Texas Department of State Health Services and the six schools of public health in the state of Texas to create a *Public Health 101* (PH 101) program. The collaboration is called the Texas Public Health Practice Network. The PH 101 program consisted of six modules on various public health topics, and the target audience was the staff that worked at local, regional, or state health departments. In the fall of 2019, I collaborated with faculty at the Texas A&M School of Public Health to teach the *Public Health 101* pilot program to the

Brazos County Health District staff. We taught two of the six modules, including Principles of Public Health and Population Health & Health Equity.

In March 2020, I attended the Texas Association of City and County Health Officials Public Health Conference, where the theme was public health workforce development. At this conference, I met the director of the Office of Learning and Practice at the Texas Department of State Health Services (DSHS), who led the efforts of the *Public Health 101* program. She allowed me to work with her on revising the curriculum as part of my doctoral program and practicum experience. I worked with DSHS and the Texas Public Health Practice Network from May 2020 to May 2021 to revise the curriculum to make it more practice-based and less academic. We have also created online modules, podcasts, and interactive activities for each topic.

Purpose

This case study was conducted on a local health department in Texas to investigate public health workforce development. Specifically, the case study examined the workforce development experiences of public health department staff. The study also explored what motivates public health department staff to seek out workforce development opportunities. The research questions for this study include:

1. What are the workforce development experiences of public health department staff?
2. What motivates public health department staff to seek out workforce development opportunities?

3. How do staff describe their workforce development experiences that are included during the new employee orientation at a local health department?

CHAPTER II

LITERATURE REVIEW

The majority of the studies on public health workforce development in the literature utilize survey instruments and quantitative research designs. Very few studies use a qualitative method. Those that are qualitative are limited to studies on specific types of public health professions, such as Community Health Workers (DeAngelis, Doré, Dean, & Osterman, 2017, p. S65), Maternal and Child Health staff (Clarke & Cilenti, 2017, p. 17), and Public Health Emergency Preparedness staff (O'Meara, BA et al., 2019, p. 1) (Tower et al., 2016, p. 615). There are no qualitative studies that focus on various types of public health professionals at a local health department.

Public Health Workforce Interests and Needs Survey

The Public Health Workforce Interests and Needs Survey (PH WINS) is the first national survey collecting data on the state and local governmental public health workforce (de Beaumont Foundation, 2021). The majority of the existing research focuses on the federal or state public health workforce (Kornfeld, Sznol, & Lee, 2015) (Harper, Castrucci, Bharthapudi, & Sellers, 2015). However, PH WINS also captures the perspectives of the local public health workforce (de Beaumont Foundation, 2018). The survey gathers workforce demographic information and provides an understanding of the strengths and gaps of the public health workforce. It captures perspectives on workforce engagement and morale, training needs, and emerging concepts in public health. PH WINS, a partnership between the de Beaumont Foundation and the

Association of State and Territorial Health Officials (ASTHO), has been fielded in 2014 and 2017 (de Beaumont Foundation, 2021).

According to the PH WINS 2017, in the national governmental public health workforce, only 14% have a formal public health degree at any level (bachelor's, master's, or doctoral degree), and only 8% have a master of public health (MPH) (de Beaumont Foundation, 2018). At the local health department level, only 12% of the workforce has a public health degree (de Beaumont Foundation, 2018).

The PH WINS 2017 results provide several vital demographics about the public health workforce. According to the survey, 43% of the governmental public health workforce have been five years or less at their agency. Seventy-two percent of the staff are in a non-supervisory role. Nearly half of the workforce plans to leave their organization within the next five years, with 22% planning to retire and 25% planning to leave for other reasons. Among those planning to leave for other reasons than retirement, 12% stated that lack of training is why they leave their agency (de Beaumont Foundation, 2018).

The PH WINS 2017 asked public health staff about their perceptions of workplace environments, including several statements about training and workforce development (de Beaumont Foundation, 2018). Among the public health workforce, 13% disagreed with the statement "I've had opportunities to learn and grow", 18% disagreed with the statement, "My training needs are accessed", and 23% disagreed with "Employees have sufficient technology training" (de Beaumont Foundation, 2018).

PH WINS 2017 identified the top areas of training needs to be budgeting and financial management, systems and strategic thinking, change management, and developing a vision of a healthy community (de Beaumont Foundation, 2018). When asked about their skill level in budgeting and financial management, 7.5% of the LHD staff were unable to perform agency funding skills, and 8.4% were unable to conduct business planning (de Beaumont Foundation, 2018).

Importance of Training and Workforce Development

Workforce development and training efforts improve job satisfaction (Harper, Castrucci, Bharthapudi, & Sellers, 2015). According to Angeloni, et.al (2019), training is underused and undervalued; therefore, it is important to build an organizational culture where training is perceived as a tangible and professional benefit for public health staff (Angeloni, Bialek, Petros, & Fagen, 2019, p. 174).

In public health agencies, ownership of training is typically unassigned. To get organizational buy-in for the importance of training, giving responsibility for training to a specific staff person, centralizing training, and updating the organization's training policy is essential (Angeloni, Bialek, Petros, & Fagen, 2019, p. 172). Local health departments should identify and address training needs, provide workforce development resources, and identify best practices in workforce development (Beck, Leider, Coronado, & Harper, 2017, p. 1422).

Training Needs

The top training needs of public health professionals identified in PH WINS 2017 were budget and financial management skills. According to the survey, 55% of

public health workers identified budgeting and financial management as a skill gap. Specifically, 7.5% of public health workers cannot perform agency funding skills, and 8.4% cannot conduct business planning activities (de Beaumont Foundation, 2018). Forty-nine percent identified systems and strategic thinking as a skills gap, 45% identified developing a vision of a healthy community as a skills gap, and 43% identified change management as a skills gap (de Beaumont Foundation, 2018).

Practice-based training programs should incorporate public health informatics (Dixon, McFarlane, Dearth, Grannis, & Gibson, 2015). The top training needs in public health informatics are using and interpreting quantitative data and designing and running reports from information systems. Information systems can improve local health departments' care coordination and billing functions (Massoudi, Chester, & Shah, 2016).

In a study by Grimm et al., staff at a local health department in Nebraska identified public health core competencies as a skills gap. Six out of the seven divisions surveyed could not identify the 10 Essential Public Health Services (Grimm et al., 2019, p. 399). Another study by Raskind et al. found that a national group of maternal and child health (MCH) professionals surveyed lacked skills with specific public health trends, such as evidence-based public health and implementation of the Affordable Care Act (2019, p. 986). The survey results also found that MCH workforce had skills gaps in systems integration and change management/adaptive leadership (Raskind et al., 2019, p. 986). Jacob et al. identified evidence-based decision-making for planning, implementing, and evaluating programs and policies for disease prevention programs as a skills gap (Jacob et al., 2018).

In addition to individual behaviors and access to health care, health is also determined by social and environmental factors, which are both influenced by policy (Koh & Tavenner, 2012). Policy development is one of the *Core Competencies for Public Health Professionals* (Public Health Foundation, 2014). Health in All Policies (HiAP) is a collaborative approach that integrates health considerations into policymaking across sectors to improve the health of all communities and people. (“Health in All Policies | AD for Policy and Strategy | CDC,” 2016). Thirty-nine percent of local health department staff had not heard of HiAP (Robin, Castrucci, McGinty, Edmiston, & Bogaert, 2019).

Local health department staff respond to public health emergencies and infectious disease outbreaks, such as Ebola, Zika, and H1N1. Successful LHD response depends on all staff being willing to report to work and participate in the event (Rutkow, Paul, Taylor, & Barnett, 2017, p. 645). According to a study by Rutkow, et al, workforce training about the relevant science behind infectious disease and training about personal protective equipment use is critical in infectious disease outbreak response (2017). Preparedness and disaster recovery training can improve public health workers' willingness to respond to disasters (Tower et al., 2016, p. 615).

Cultural diversity and social determinants of health are essential public health workforce skills in reducing health disparities and providing services to underserved populations (Sellers et al., 2019, p. 674). The 10 Essential Public Health Services promotes policies, systems, and overall community conditions to achieve equity and remove barriers to optimal health and well-being (“CDC - 10 Essential Public Health

Services - CSTLTS," 2021). Equity is at the center of the essential services graphic, indicating that equity should be the center of all public health activities ("CDC - 10 Essential Public Health Services - CSTLTS," 2021).

Training Motivation

According to a study by Apathy and Yeager, several factors motivate employees to seek training (2019). The most common factor was personal growth, which 82.7% of the survey respondents answered as the top motivator. Fifty-four percent stated that covered time for training was a motivator, and 52.6% responded that the availability of applicable in-person training opportunities was a motivator (Apathy & Yeager, 2019). Organizations should focus on the value of training opportunities for personal growth (Apathy & Yeager, 2019). A workplace culture that focuses on learning, growth, employee professional development, and supporting new ways of doing things reinforces employees' work motivation. When staff are motivated, they are more productive and more likely to contribute to the organization (Locke, Castrucci, Gambatese, Sellers, & Fraser, 2019).

Workforce development training opportunities should utilize principles from the adult learning theory (Sobelson, Young, Wigington, & Duncan, 2017, p. 439). The adult learning theory principles include providing trainees with hands-on learning experiences, instructional support, applicable information, and mentoring. Adults want to learn to progress in work or to boost self-esteem. Adults want to be involved in how training is delivered, and they need to solve problems and use reasoning to enhance learning (Merriam, 2001).

Barriers to Training

According to a study by Grimm, et al., there are several barriers to training (2015). These barriers include training cost, distance and travel to the training, committing time with a busy workload, time away from family, and time and scheduling conflicts (B. L. Grimm et al., 2015, p. 5). Public health staff are doing more and have more job responsibilities. It can be challenging to devote time to workforce development (L. Flores, Risley, & Quintana, 2018, p. 5). Other barriers included lack of motivation, lack of encouragement to participate in training, and the applicability of the course content (B. L. Grimm et al., 2015, p. 6).

CHAPTER III

METHODOLOGY

The majority of the studies on public health workforce development in the literature utilize survey instruments and quantitative research designs. Very few studies use a qualitative method. Those that are qualitative are limited to studies on specific types of public health professions, such as Community Health Workers (DeAngelis, Doré, Dean, & Osterman, 2017, p. S65), Maternal and Child Health staff (Clarke & Cilenti, 2017, p. 17), and Public Health Emergency Preparedness staff (O'Meara, BA et al., 2019, p. 1) (Tower et al., 2016, p. 615). There are no qualitative studies that focus on various public health practitioner roles at a local health department.

To further investigate public health workforce development, the purpose of this study was to utilize a qualitative research design to conduct a case study on a local public health department in Texas. Specifically, the study explored the workforce development experiences of public health department staff. The study also examined what motivates public health department staff to seek out workforce development opportunities.

Methodological Overview

The methodological framework used for this research was a case study. A case study allows multi-faceted explorations of complex issues in real-life settings and allows for an in-depth appreciation of an issue or phenomenon of interest (Crowe, et al., 2011). Specifically, a single instrumental case study approach was used, which is a case study that “focuses on a unique, information-rich situation, concern or problem and

selects a bounded system as a case to study” (Bhattacharya, 2017). The situation or concern in this case study is public health workforce development experiences, and the bounded system is a local health department in Texas.

Three types of data collection were used to complete the case study. First, formal semi-structured interviews were conducted with seven staff at the LHD to explore public health workforce development experiences and motivations to learn. Second, I observed during a new employee orientation at the LHD that included eleven staff members. Finally, I completed a documentation review of the LHDs new employee orientation materials for context and understanding of what workforce development opportunities occur during the onboarding process.

Setting

Local health departments in Texas provide direct public health services in communities. According to the Texas Department of State Health Services, a local health department serves a county, a city or a county/city jurisdiction (“The Division for Regional and Local Health Services - Texas Local Public Health Organizations,” 2020). In this case study, the local health department has eighty-two staff members and serves a population of around 132,000 in a county/city jurisdiction in Texas.

In this case study, the local health department provides various public health services, such as animal services, health education, environmental services, emergency preparedness, and clinical services. Animal Services enforces the city's

animal ordinances through animal control and shelter. Health education provides programs on chronic disease management, diabetes, tobacco cessation, and Texas Healthy Communities. Environmental services provide education through food handler's courses, and they provide inspections on food establishments, childcare facilities, swimming pools, hotels/motels, tattoo parlors, foster homes, and on-site sewage facilities. The Emergency Preparedness division prepares for and responds to emergencies. Clinical services include immunizations, tuberculosis testing and control, sexually transmitted infection and HIV testing, and pregnancy testing.

Participant Sample and Recruitment

After approval from the Texas A&M University Institutional Review Board, participants for the formal semi-structured interviews were recruited by email. The email outlined the purpose of the study and the time commitment to participate. Homogenous purposeful sampling was used, which is defined as a sample that includes individuals with similar characteristics or experiences (Bhattacharya, 2017). To participate in the interviews, participants had to meet specific criteria, which included:

- Staff at a local public health department;
- Staff who have worked in public health five years or less;
- Staff do not have a degree or certificate in public health; and
- Staff who work in non-supervisory positions.

The Quality Improvement Coordinator of the LHD sent the recruitment email to all staff at the local health department. This person acted as the gatekeeper for the case study, which plays an important role in the success of qualitative research. Gatekeepers are an essential conduit in accessing study settings and participants within an organization (Andoh-Arthur, J., 2019). As the gatekeeper, this person assisted by providing all of the new employee orientation materials, scheduling the new employee orientation for the observation opportunity, and providing a conference room to conduct the interviews.

If a staff person self-determined that they met the criteria and were interested in participating in the case study, they responded to the email and were sent a consent form to review and sign. The gatekeeper scheduled a time for the researcher to meet with the staff to participate in the interview over two days. Seven individual interviews were conducted with staff that met the study criteria and agreed to participate in the interview.

Data Collection Procedures

This case study used three qualitative data collection methods to determine the workforce development experiences of public health department staff. The first data collection method used was a formal, semi-structured interview. This type of interview involves preparing questions in advance with possible follow-up questions (Bhattacharya, 2017, p.127). This method allowed for consistency across the interviews to compare responses. I conducted individual, in-person interviews with participants to

get an in-depth narrative or story of their experiences in workforce development opportunities. I asked nine questions that included the following:

1. Describe your educational background.
2. Describe your work experience prior to working in public health.
3. Tell me about your work experience in public health.
4. What brought you to work in public health?
5. Tell me about any opportunities you have participated in that allowed you to learn and grow as a public health worker.
6. Tell me about a time that you learned a new skill or how to do something new.
7. Tell me about what motivates you to seek out opportunities to learn and grow.
8. According to the 10 Essential Public Health Services, workforce development is defined as "providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills" (de Beaumont Foundation, 2020). Describe the culture of workforce development at your LHD.
9. Describe your new employee orientation.

Follow-up probing questions were also asked, as necessary, to clarify a statement or to have the participant expand on a particular topic.

The second data collection method used was observation. Observations are when the researcher engages in an observer role within the context of the study (Bhattacharya,

2017, p.140). Specifically, I served in a peripheral membership role during new employee orientation. I was minimally involved in the group, and I did not participate in any activities (Bhattacharya, 2017, p.140). Eleven participants attended the NEO, which included a presentation and a tour of the different divisions.

The third data collection method used was document collection. According to Bhattacharya, “documents are used regularly to offer contextual and deep understanding of the topic being studied” (2017). For this study, I collected the LHDs new employee orientation materials, which included the following documents (Appendix A):

- Welcome letter from the Director of Health
- *New Hire Orientation Checklist*
- *Active Shooter Policy*
- *Tornado Safety Policy and Procedure*
- *Fire Safety Policy and Procedure*
- *Culturally and Linguistically Appropriate Services Policy and Procedure*
- Immunization Clinic Hours Flyer
- New Employee Orientation PowerPoint Presentation

Data Analysis

After conducting each interview, I transcribed the interviews from my notes and recordings. I then shared the transcription with the participant for feedback and clarification. Once I completed the final transcription, I read through it several times

and highlighted key statements and quotes from the participant. I used the descriptive coding method and the *In Vivo Coding* method. The descriptive coding method “assigns labels to data that summarize in a word or short phrase the basic topic of a passage” (Miles, Huberman, & Saldana, 2019, p.65). Descriptive codes identify a topic with a noun but do not provide insight into what the participant is thinking. In Vivo coding “uses words or short phrases from the participant's own language in the data record as codes” (Miles, Huberman, & Saldana, 2019, p.65). I highlighted the participants' keywords and phrases and identified them as notes in the margins. To assist with the data analysis process, I created a table that included a column for "Pattern or Theme," "Codes," and "Example Statements." The table allowed me to organize the codes and categorize them into specific themes and patterns (Table 1).

The new employee orientation occurred on a Thursday morning and lasted for two hours. Eleven people attended the NEO. I created a map of the training room where the orientation took place. The map included the room's layout, the number of participants, and how the participants were seated. I also took field notes, including time stamps during the orientation, where I wrote about all activities. My field notes included the participants' emotions or subjectivities that I could identify at specific times during the orientation.

I made a list of all of the new orientation materials that I received from the LHD. Next to each of the documents in the list, I created a brief description of the document

and described the purpose of the document in the New Employee Orientation (Table 2). As I reviewed the new employee orientation materials, I highlighted areas on the documents that included training or workforce development opportunities. I compared the information from the materials with the interview responses to the question, "Describe your new employee orientation." I also compared the materials to the topics covered in the new employee orientation and documented specific examples of workforce development opportunities during the new employee orientation observation opportunity.

Trustworthiness

Lincoln and Guba describe trustworthiness as a way qualitative researchers can persuade themselves and readers that their research findings are recognized as familiar and legitimate (1985). There are four criteria of trustworthiness: credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985). Credibility is established by doing member checks, which involve research participants reviewing the data. Triangulation is defined as using multiple methods or data sources to develop a comprehensive understanding of a phenomenon, which can also establish credibility (Patton, 1999). This case study includes member checks by requesting the interview participants to review the transcribed interview notes. It also includes data collection triangulation with the formal semi-structured interviews, observation, and document review.

Transferability refers to the generalizability of the research (Lincoln and Guba, 1985). A researcher should provide a rich, detailed description of the phenomena for others to transfer findings. The case study offers sufficient details about the LHD and workforce development experiences that allow the reader to make an informed judgment about whether the results apply to their LHD or not.

Dependability ensures that the research process is logical and clearly documented (Lincoln and Guba, 1985). The methodology chapter clearly outlines and describes the research methods used in the case study. I maintained a methodological log where all research procedures were documented, which assists others in duplicating the study. Confirmability establishes that the researcher's interpretations and findings are clearly derived from data. Confirmability is established when credibility, transferability, and dependability are all achieved (Guba & Lincoln, 1989).

CHAPTER IV

RESULTS

The purpose of this study was to explore the workforce development experiences of public health department staff. Specifically, I explored workforce development experiences of public health department staff without a degree in public health, what motivates staff to seek out workforce development opportunities, and how staff describes their workforce development experiences that are included during new employee orientation. This chapter describes key findings from formal, semi-structured interviews. This chapter also includes a description of the New Employee Orientation observation and the document review results.

Formal Semi-Structured Interviews

I interviewed seven local public health department staff that met the eligibility criteria. The eligibility criteria included staff who have worked in public health five years or less, staff who do not have a degree or certificate in public health, and staff who work in non-supervisory positions. I conducted each interview in a private conference room at the health department.

In addition to recording the audio of the interview, I also took extensive hand-written notes. After I transcribed the interviews, I emailed them to the staff to review for feedback and clarification. Four of the seven participants responded to my email. None of them had any revisions or comments.

Each of the staff interviewed had different positions at the health department. These positions were in the Laboratory, Immunizations, Public Health Emergency Preparedness (PHEP), the Women, Infants, and Children (WIC) program, and Animal Services divisions. Job responsibilities include clerical duties, outreach, immunization record audits, vaccine distribution, public health emergency tabletop exercises, and animal control services.

Lanie

Lanie attended some high school and received her GED. She has taken continuing education courses on basic office and computer skills. Before working at the health department, Lanie worked at an air force base for seventeen years as a civilian assistant director for the student community center. Currently, she works part-time at the local health department as the administrative clerk in the lab. She started at the health department in 2017 in Environmental Services in mosquito control, then moved to the lab, where she does water reporting, billing, invoicing, and accepting water samples.

Lanie came to work at the health department because she wanted something to do when she quit her job at the air force base. Her friend worked at the health department and told her about the job. "I wasn't ready to completely retire."

Stacey

Stacey graduated from high school and started attending college in 2019. She is currently working on an associate's degree, but wants to go to a four-year college to

complete her bachelor's degree and eventually go into physical therapy. Before working at the health department, she worked in retail. "I always felt like I never was a retail person."

Stacey started at the local health department in 2019 in immunizations, where she helps with the outreach clinics. She is in a clerical-type position that is very hands-on, where she preps rooms, prepares vaccines, and completes paperwork. She stated clinics give her a better understanding of what she is learning in school and allow her to associate with what she is learning in school to her responsibilities at the health department. In this position, she is always helping the public, and she enjoys helping others. "I have really learned a lot. Public health has given me a lot of opportunities to grow."

Stacey started working at the local health department because her friend worked there. She knew she wanted to do something medical, but she wasn't sure exactly what she wanted to do. Stacey stated that she was not expecting to get the position because she didn't have experience in public health. However, she got the position that has allowed her to learn. "I have really learned so much over the last several years."

David

David has almost completed his Bachelor of Health Administration. He is in the process of starting classes again to complete his degree. David was in the air force for eight years. Once he got out of the military, he worked as a sanitarian at the state health

department in Florida for two years. He moved back to Texas to be closer to family and worked in various other areas for about two years. He began working at the local health department in April 2019 as a Public Health Emergency Preparedness Specialist. "I wanted to get back into public health," stated David.

He completed his Federal Emergency Management Agency (FEMA) courses and on-the-job training when he first started. He also participated in tabletop exercises and wrote public health emergency plans. As the PHEP Specialist, he participates in outreach events where he distributes preparedness kits. He stated that public health is very interesting, and he's excited about moving forward once COVID-19 is over. He asked, "Will COVID change our training and how we look at and respond to things?"

Marcy

Marcy has a Certified Medical Assistant (CMA) certificate. She has worked as a CMA for eight years. Before working in public health, Marcy worked in patient care, where she ran a pulmonary function clinic and worked in a lab doing blood draws and urinalysis tests.

Marcy stated, "Public health is challenging." Some clients appreciate the help that they receive, and others don't. Marcy has worked in immunizations at the health department since March 2018. She helps people, gives resources, and provides outreach. Specifically, she draws up vaccines, administers shots, administers paperwork, and transcribes shots records.

Marcy began working in public health because she needed a change from where she was working. When she was little, she used to come to the health department for services. She wanted to work at the health department. "I wanted to change others' lives. I want to help the community as much as I can."

Rhonda

Rhonda has a high school diploma, and she worked at the local county auditor's office for thirty years. She applied for this position in WIC because she is interested in doing outreach. When she applied, she didn't know a lot about public health, but she was really glad she did once she started. Rhonda does outreach for the WIC program, where she recruits potential clients.

She has worked at WIC for five years. She goes to schools, HeadStart, and Pre-K programs to recruit participants. She enjoys talking to people and giving away handouts and goody bags. "I love the outreach part of my job and talking to people that are not aware of WIC."

Rhonda retired from the county auditor's office but realized retirement was not for her. She has fun at WIC and loves the WIC family. She reviewed the job description and application to see what this job entailed. It included outreach and speaking to people, which made her extremely excited.

Brandy

Brandy is currently taking classes to be a certified medical assistant. She was a home health aide for seven years, where she worked in home health. She was responsible for feeding and dressing the clients, assisting with daily activities, and ensuring they were in a safe environment. Before working as a home health aide, she worked in a restaurant.

Brandy is an immunization specialist, where she audits school and daycare immunization records. She makes sure that students are up to date with their vaccines. She also works with the Texas Vaccine for Children Program and the Adult Safety Net program. Brandy started working at the health department because she had a child and needed a stable job. "I know you wanted me to say that I love public health, but I had a child and needed a stable job." This job provided a pay raise and didn't require weekends. This job is what she needed because she is a single mom.

Mark

Mark has a high school degree, and he attended college for three years, where he studied fine arts. He did not complete his coursework and did not receive a degree. He went to college straight out of high school, not knowing what he wanted to do. "I'm glad I didn't end up graduating with that because I don't think I would have found anything (in fine arts)."

Mark worked at a grocery store and fast-food restaurant but then decided he wanted a job instead of getting a degree. He worked at a state psychiatric hospital as a

Psychiatric Nurse Assistant for five years. At the state hospital, he worked in the child/adolescent program, where he assisted patients with medications, activities, preventing harm, and day to daycare. In this position, he learned how to work with and talk with people. He felt like he fine-tuned his social skills.

Mark has worked at a local health department for three years as an Animal Control Officer. He handles aggressive dogs, catches wildlife, such as snakes, raccoons, and opossums, seizes animals, and attends court. "There is a stigma for our job. People think of us as just a dog catcher. But animal control officers do a lot." Animal Control officers must learn animal ordinances, paperwork, proper court etiquette, working with hostile people, and quarantine procedures.

Mark quit the state hospital because it became a volatile situation. He felt it was no longer a safe environment for him to work. He wanted to do something different daily that was not just a desk job. Mark was looking for a position that he could work with people and utilize his social interaction skills. "I like animals and thought this would be a good part of the job. You don't know all of the things you are getting into." He also liked the idea of working for a municipality that allowed him to transfer his benefits from working for the state.

Educational Background & Work Experience

All of the staff interviewed had a high school diploma. Five of the staff had attended college, but only one person had earned a Certified Medical Assistant

certificate. The other four had not completed their college courses, nor had they received a degree at the time of the interviews. All seven staff had worked directly with people before starting in public health through retail, hospitality, military service, and patient care.

During the interviews, staff also mentioned how they help people through their jobs at the health department. Lanie stated, “I want to help people as much as possible. That is what I am here for.” Stacey commented, “I really enjoy helping others. It is very rewarding.” “I wanted to change others’ lives. I want to help the community as much as I can,” said Marcy.

I identified four main themes of workforce development during the semi-structured interviews. These themes include opportunities to learn and grow as a public health worker, motivation to learn, workforce development experiences during the new employee orientation, and training barriers.

Opportunities to Learn and Grow as a Public Health Worker

The first theme identified is opportunities to learn and grow as a public health worker. Common codes found in the interview responses included position-specific training opportunities, all-staff meetings, cross-training, and hands-on-training. All seven of the staff interviewed discussed position-specific training opportunities that allowed them to learn and grow. Specifically, Stacey and Marcy, who work in immunizations, discussed outreach clinics, COVID-19, and Federal Emergency

Management Agency training. Rhonda, who works in WIC, discussed breastfeeding and nutrition. Mark, who is an Animal Control officer, discussed animal seizures and abandonments. David, in PHEP, discussed emergency preparedness training that the state and regional health department provided. David stated, "Most of my training opportunities focus around PHEP."

All-staff meetings are held every month, and a speaker presents on a specific topic. Speakers include staff from the various health department divisions or staff from outside agencies. Topics include health department services, safety, and wellness. Lanie described the all-staff meetings. "Each department gets their own meeting. You learn a lot. You get the opportunity to ask questions."

Four of the interviewees discussed cross-training as an opportunity to learn and grow. When a department at the LHD was short-staffed, staff from other departments fill in to assist. Stacey said, "I cross-trained in STI-paperwork, making labels, and going back to the lab to spin blood. It was very beneficial to me because I was able to get experience in STI." Rhonda stated, "I usually only do outreach, but I have had to learn how to enter documentation of online classes for the clients' WIC certification. I have also had to learn how to enter information into the computer system, issue benefits electronically, and the clerk duties, such as answering the phones and distributing benefits from the bus."

Hands-on-training provides an opportunity to learn and grow as a public health worker. For example, training on how to complete immunization audits was not provided at the health department. Brandy explained, "I traveled to the (Texas Department of State Health Services) region office for computer training because I need hands-on training." In Animal Services, they receive hands-on training according to the situation. You have to learn how to handle aggressive dogs and catch wildlife by actually performing the techniques. Hands-on training is provided when employees are learning their position-specific duties. "When I first started, there was a lot of hands-on training. We've always had an opportunity to grow in public health," said Stacey.

Motivation to Learn

The second workforce development theme identified is motivation to learn. Three common codes or responses included the opportunity to gain knowledge, the opportunity to teach someone else, and the desire to learn something new. Staff wants to gain knowledge on specific topics and be able to share that knowledge by teaching others. Stacey explained, "I am one of those people that enjoy learning and expanding my knowledge." "Knowledge. Just learning stuff. What better place to learn than from other people?" stated Lanie. "When something new pops up, it is exciting because it is something you have never done. I'm motivated to learn something new because it is an opportunity to be there to help others and to teach them what I know," stated Mark.

“I’m motivated to learn because it is an opportunity to be there to help others and to teach others what I know,” said Rhonda.

Workforce Development Experiences During New Employee Orientation

The third workforce development theme identified is workforce development experiences during the new employee orientation (NEO). The NEO usually occurs within the first six weeks of starting at the health department. At the NEO, staff receives a bag with educational materials and information. The NEO offers the opportunity to learn about health department policies, meet other staff members, and tour the health department. Three common codes or responses about workforce development experiences during the NEO included a tour of the health department, unfamiliar with the 10 Essential Public Health Services, and the opportunity to meet new staff. Although not everyone could remember the NEO, six of the seven interviewees stated that they had the opportunity to tour the health department during the NEO. They learned about the different services provided by each department. Lanie said, "I don't even remember that. We were brought around the building to tour departments. I remember that. I remember being introduced to everyone." Rhonda explained, "Employees learn information from other departments. They would come around different departments where they can be excited about being in public health."

There are several definitions of workforce development. During the interviews, I provided one definition to ensure the participants understood the meaning of workforce

development. According to the 10 Essential Public Health Services, workforce development is defined as "providing education and training that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills" (de Beaumont Foundation, 2020). After reading the definition, I asked the participants if they had heard of the 10 Essential Public Health Services; since they outline the core competencies of public health. Although the 10 Essential Public Health Services are discussed at the NEO, David was the only one who had heard of them out of the seven interviewees. He stated, "I have heard of the 10 Essential Public Health Services, but I couldn't list them."

During the NEO, staff meets other staff members at the health department. Stacey stated, "The NEO gave us the opportunity to meet new staff. We participated in an interactive popcorn activity that gave us a chance to interact with the people we were going to be around." Staff also get to meet other staff members at the LHD during the tour.

Training Barriers

The final workforce development theme identified is training barriers. Common responses or codes include travel and difficulty scheduling. Three interviewees discussed having to travel for training on their job-specific responsibilities. Because of grant funds, the staff has to leave their position most of the time before the next person can be hired, which does not allow for training. "I had to travel to the regional health

department for training. One person has to leave before you can start, so I had to travel to be trained," stated Brandy. "We would meet up at the regional health department for PHEP training. On a state level, we would go down to Austin for a conference," stated Mark.

According to the interviewees, training can be chaotic and difficult to schedule. The people providing the training are still doing their jobs, and it makes it difficult to be able to train others. Mark stated, "New hire training is kind of chaotic. People that are providing the training are still performing their own job." Public health departments serve the public, and it can be difficult to schedule time for workforce development experiences. "Scheduling training is not always easy. We are open to the public and serving the public so it can be difficult to provide training. It is frustrating if you can't come and get a birth certificate or another service, but we need to close our doors for training," stated David.

Table 1: Workforce Development Key Findings and Themes

Theme	Codes	Example Statements
Opportunities to Learn and Grow	Position-specific opportunities All-staff meetings Hands-on-training Cross-training	"Most of my training opportunities focus around PHEP." "Each department gets their own meeting. You learn a lot. You get the opportunity to ask questions."

		<p>“During all-staff meetings, we’ve had other departments come from within the city, a meteorologist, and other health district divisions provide training.”</p> <p>“When I first started, there was a lot of hands-on training. We’ve always had an opportunity to grow in public health.”</p> <p>“I cross-trained in STI-paperwork, making labels, and going back to the lab to spin blood. It was very beneficial to me because I was able to get experience in STI.”</p>
<p>Motivation to Learn</p>	<p>Knowledge</p> <p>Teach someone else</p> <p>Do something new</p>	<p>“When something new pops up, it is exciting because it is something you have never done. I’m motivated to learn something new because it is an opportunity to be there to help others and to teach them what I know.”</p> <p>“An opportunity to be there to help others and to teach others what I know.”</p> <p>“I like learning new stuff, so I can train others. Any</p>

		<p>opportunity gives you knowledge.”</p> <p>“Knowledge. Just learning stuff. What better place to learn than from other people?”</p>
<p>Workforce Development Experiences During New Employee Orientation</p>	<p>Tour of health department</p> <p>Unfamiliar with 10 Essential Public Health Services</p> <p>Meet other staff</p>	<p>“I don’t even remember that. We were brought around the building to tour departments. I remember that. I remember being introduced to everyone.”</p> <p>“Employees learn information from other departments. They would come around different departments where they can be excited about being in public health.”</p> <p>“Gave us the opportunity to meet new staff. We participated in an interactive popcorn activity that gave us a chance to interact with the people we were going to be around.”</p>
<p>Training Barriers</p>	<p>Travel</p> <p>Difficult to schedule</p>	<p>“I had to travel to the regional health department for training. One person has to leave before you can start, so I had to travel to be trained.”</p> <p>“We would meet up at the regional health department</p>

		<p>for PHEP training. On a state level, we would go down to Austin for a conference.”</p> <p>“People that are providing the training are still performing their own job.”</p> <p>“Scheduling training is not always easy. We are open to the public and serving the public so it can be difficult to provide training. It is frustrating if you can’t come and get a birth certificate or another service, but we need to close our doors for training.”</p>
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New Employee Orientation Observation

New employee orientations usually occur within the first six weeks of an employee starting at the local health department. However, due to COVID-19 social distancing requirements, the orientation that I observed was the first one that had occurred in over a year. The employees that attended had been working at the health department for at least a year.

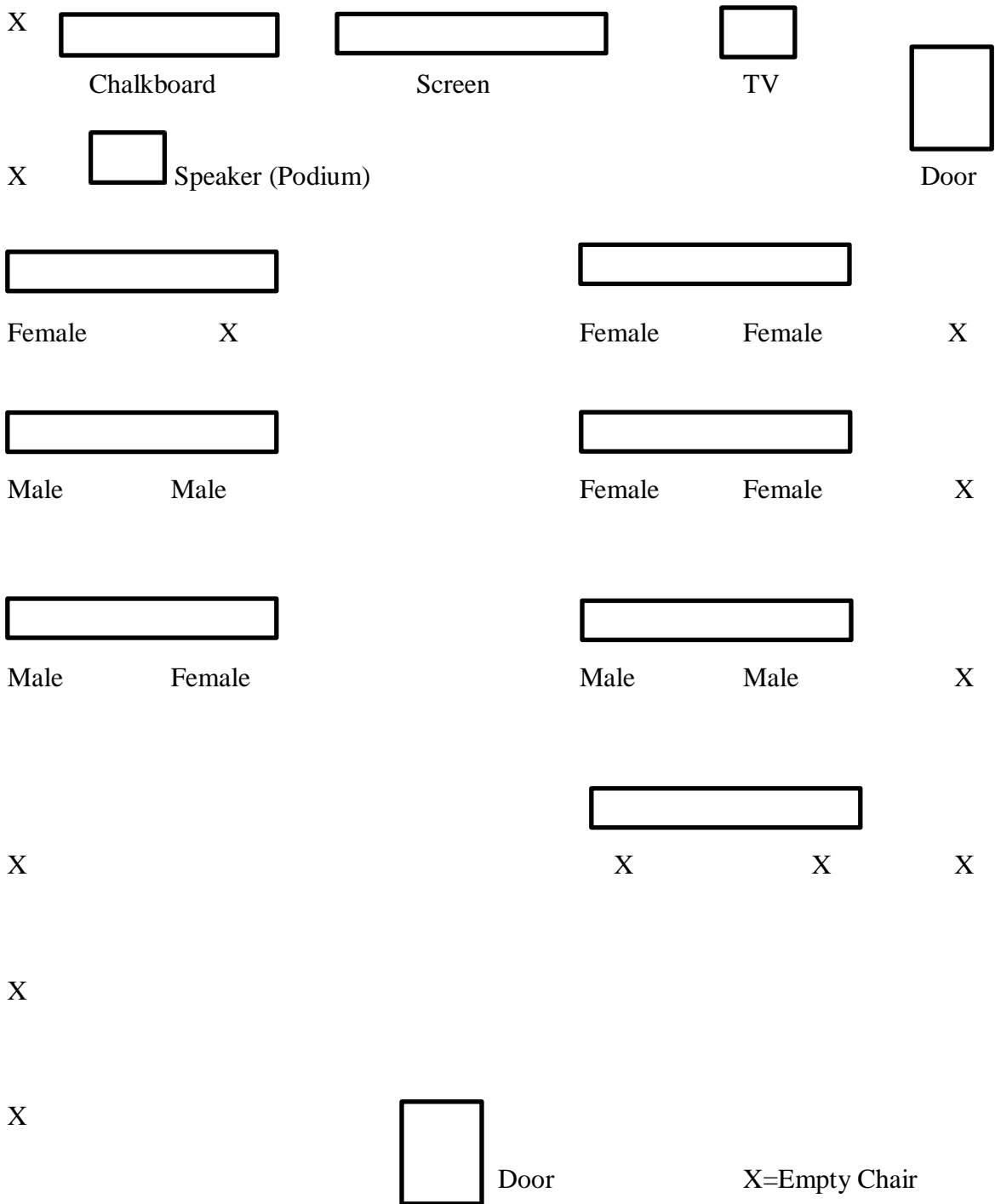
The orientation was conducted on a Thursday morning in one of the large training rooms at the health department (see Figure 1). As staff arrived, they signed in on the sign-in sheet that included the purpose of the training (new employee orientation),

the date, location, and time. Each staff member received a folder with the health district logo on the front that included the following materials:

- Welcome letter from the Director of Health
- *New Hire Orientation Checklist*
- *Active Shooter Policy*
- *Tornado Safety Policy and Procedure*
- *Fire Safety Policy and Procedure*
- *Culturally and Linguistically Appropriate Services Policy and Procedure*
- Immunization Clinic Hours Flyer

Staff also received a canvas bag from the WIC program that included nutrition information, a plastic tumbler with the health department logo, and a pen with the health department name on it.

Figure 1: Sketch of New Employee Orientation Training Room



Eleven staff members attended the orientation, including six females and five males (see Figure 1). Staff that participated in the orientation were from the Nursing Services (Tuberculosis, Resources, and Epidemiology), Vital Records, Public Health Emergency Preparedness, Wellness & Prevention, and Animal Services divisions. The Animal Services staff arrived first and sat on the back row, and the PHEP staff sat in the next to the last row. The nursing staff and health educator came later, so they sat closer to the front.

The orientation began at 8:20 am with an introduction and welcome from the Director of Health. The Assistant Director of Health and the Quality Improvement Specialist also introduced themselves. The opening activity included the staff introducing themselves by stating their name, division, job title and something exciting that has happened to them or someplace exciting that they have visited. The staff were very engaged in the activity and were laughing and interacting with each other. Once the introduction activity was complete, the Director of Health left the orientation.

The Assistant Director of Health utilized a PowerPoint presentation for the orientation. Although she stood behind the podium, she was very comfortable speaking to the group. She engaged the audience throughout the presentation by asking questions.

She began by showing the health department logo and described how the logo represents public health through three main principles of Promote, Prevent, and Protect. She stated that the logo represents the health department and is used on all print

materials, promotional materials, and staff shirts. The logo was on the tumblers and pens that were distributed. Next, she discussed the vision and mission of the health department, the service area of the health department, the organizational chart, and the health department divisions and services. During this section, the staff seemed to be listening but did not seem to be engaged. I did not observe any of the staff members nodding or asking questions.

The Assistant Director of Health then asked the staff, "What is public health?". There was a long pause, but then one staff member answered prevention, and another answered education. There were no further responses from staff. She then explained how the County Health Rankings ("How Healthy is your County? | County Health Rankings," 2021) give an overall picture of the community's health by describing the county's health outcomes and health factors. As she discussed the county's rankings and health issues, the nursing staff and health educator nodded in agreement.

The next section of the orientation covered the community health assessment, community health improvement plan, and the health department's strategic plan. Staff is encouraged to participate and be engaged in the strategic planning process. The health department does not want to "get stuck" since the Director and Assistant Director of Health have been there for numerous years. The Assistant Director encourages new staff to share ideas on how the health department can improve. She stated that the NEO was created based on feedback from a new employee. She also described the all-staff

meeting that will be held again after COVID. These are meetings where all departments come together to learn about various topics. She then finished up her orientation section discussing the Health Insurance Portability and Accountability Act of 1996 and where to find all policies in the shared files.

The next speaker was a Public Health Emergency Preparedness Specialist. He seemed nervous and stood behind the podium. During his presentation, he defined public health emergency preparedness, described the required FEMA training courses, described the Call Down Alert process, discussed working with the media, and explained the social media policy. All staff at the health department are required to take FEMA courses as part of the PHEP grant funding requirements. Throughout the presentation, he asked the staff if they had heard of specific topics, such as Annex H or Strategic National Stockpile. The PHEP staff nodded, indicating they had heard of these topics, but the other staff had not. At the end of his section, he asked if the staff had any questions or concerns. None of the participants asked questions.

The next speaker was the Safety Officer. She was a petite woman who engaged with the participants by standing in front of the podium. She had a pleasant, soft voice. The Safety Officer described the following policies:

- Fire Evacuation
- Tornado Shelter
- Inclement Weather Policy

- Active Shooter Policy

She discussed the importance of knowing and following the policies to ensure everyone's safety. She talked about what to do if staff was out doing fieldwork in the event of a tornado. The audience was engaged during her presentation, as many of them nodded and followed along with the copies of the policies. At the end of the presentation, she asked the participants if they had any questions. None of the participants had any questions.

The Assistant Director presented the last section of the NEO, which covered workforce development, quality improvement, and performance management. The Quality Improvement Coordinator was supposed to teach this section, but she is new to this position at the health department and felt nervous about speaking in front of a group. I heard her discuss this with the Assistant Director before the NEO starting.

This section discussed how the health department promotes constant performance improvement, facilitates personal development for every employee "to increase his or her knowledge, skills, and abilities", and trains and provides opportunities for public health workers to achieve and maintain the essential functions for public health professionals. The Assistant Director of Health mentioned the 10 Essential Public Health Services, but they were not covered in detail during the training. She described how COVID-19 had impacted training opportunities, but the health department is committed to workforce development.

She also described the health department's Workforce Development Plan. According to the plan, "The health department supports a culture of quality by facilitating employee excellence through the development of competencies, new skills, and capacities." Texas TRAIN is an online learning network that provides public health training opportunities. Every health department employee is required to complete the following training modules on Texas TRAIN ("TRAIN Texas," n.d.):

- Public Health Essentials Online
- Performance Management Basic Training
- Quality Improvement Quick Guide Tutorial
- Quality Improvement (QI) Team Development

This section concluded the classroom portion of the NEO, which ended at 9:15 am. All of the participants then went on a tour of the building to learn about the different divisions. The first stop was the nursing division. The nursing division includes clinical services, such as immunizations and sexually transmitted infections services, and health education. One of the programs the nursing director described is an eat well program that identifies healthy food choices at restaurants throughout the county. If a restaurant participates in this program, they receive free advertising on the Eat Well website.

The second stop was WIC. The WIC area of the building was being renovated, so that department was in a temporary location. The WIC director stated that there is 12

staff in WIC. She described how WIC is a nutrition program for women and children. One of the Animal Control Officers asked what WIC stood for, as he had never heard of it before. The nursing staff and health educator were very engaged, indicated by nodding their heads and talking among themselves about the WIC benefits after the presentation ended.

The third and fourth stops were Vital Records and the Wellness and Prevention divisions. Vital Records provide birth and death records. The director of the Wellness and Prevention division described the multiple wellness programs offered by the health department. These programs include resources, a comprehensive cancer control program, Texas Healthy Communities, tobacco-free initiatives, and diabetes education programs. The director was very excited about their programs, and he spoke longer than the other directors. The Animal Control Officers were looking around and did not seem to be paying attention.

The fifth stop was the lab. The lab director was entertaining and engaging while she described the lab services. She specifically focused on how the health department tests soft serve ice cream and yogurt in the county. All staff seemed to be engaged in her presentation by looking at the different areas of the lab, making eye contact with the director, and nodding their heads.

The sixth stop on the tour was Environmental Health. Some of the services they provide include food establishment inspections, on-site sewage facility inspections, and

vector control. In the hallway of their office area, they have a bulletin board labeled the "Wall of Shame." The bulletin board included pictures from food establishments throughout the county that were not following food safety rules. The staff was very interested in the photos, especially the Animal Control Officers and the PHEP staff. We stayed in that division for about five minutes to allow everyone to look at the pictures and talk about them.

The last stop on the tour was Animal Services. Animal Services is the one division that is housed in a different building. The PHEP staff and the health educator did not go to Animal Services because they had already been to the facility. The nursing and Vital Records staff toured the facility and interacted with the cats and dogs. The tour concluded at 10:30 am.

Throughout the tour, the staff reacted and engaged differently. The Animal Services and PHEP staff were interested in the lab and environmental services part of the tour. The nursing, health education, and vital records staff were interested and engaged in the nursing, wellness and prevention, and WIC services.

Opportunities to Learn and Grow

During the NEO, there were several opportunities for new employees to learn and grow. First, staff learned about the meaning of public health. Staff learned about public health through the vision and mission statements of the health department and the services offered at the health department. Second, staff learned about various health

department policies and procedures that focused on safety. Fire evacuation, inclement weather, including tornados, and active shooter safety protocols were covered in the NEO. Finally, the culture of workforce development at the local health department was discussed during the NEO. The Assistant Director of Health described how the health department promotes constant performance improvement, facilitates personal development for every employee “to increase his or her knowledge, skills, and abilities”, and trains and provides opportunities for public health workers to achieve and maintain the essential functions for public health professionals.

New Employee Orientation Document Review

During the new employee orientation, participants receive a folder with the local public health department’s logo on the front. Inside the folder includes a Welcome Letter from the Director of Health, *New Hire Orientation Checklist*, *Active Shooter Policy*, *Tornado Safety Policy and Procedure*, *Culturally and Linguistically Appropriate Services Policy and Procedure*, and an Immunization Clinic Hours flyer. The orientation also included a New Employee Orientation PowerPoint presentation. A copy of the presentation is not distributed to each participant, but it is projected on the screen for the staff to follow along.

The *New Hire Orientation Checklist* indicates that the employee should sign an acknowledgment statement. It states, "I, _____, have been informed of all the items listed on this New Hire Orientation Checklist and have been afforded an opportunity to

ask questions. If I have any further questions, I understand that I am to contact my supervisor for clarification." This form with the acknowledgment statement was distributed during the NEO, but it was not specifically discussed with the employees. Table 2 describes the new employee orientation documents that include the document's title, a description of the document, and the purpose of the document.

Table 2: New Employee Orientation Document Review

Title of Document	Description	Purpose
Welcome Letter from the Director of Health	Welcome employee to the health department and overview of the orientation	Gives employees an overview of what is covered in NEO and where to find further guidance.
<i>New Hire Orientation Checklist</i>	<p>Checklist that includes name, job title, hire date, and division</p> <p>List of briefings from the NEO</p> <p>List of division specific information tour</p> <p>Employee and supervisor signature line</p>	The checklist provides an overview of topics that are covered in the NEO. It includes an acknowledgement statement and signature that ensures the employee has been informed of all of the items and has had an opportunity to ask questions. The form must be turned in to the administrative secretary within two days of completing NEO.
<i>Active Shooter Policy</i>	Policy and procedure on what to do in the event of an active shooter in the building	Provides safety policy that addresses specific steps to take in the event of an active shooter.

<i>Tornado Safety Policy and Procedure</i>	Policy and procedure on what to do in the event of a tornado	Provides safety policy that lists designated tornado shelters for each division.
<i>Fire Safety Policy and Procedure</i>	Policy and procedure on what to do in the event of a fire	Provides safety policy that lists assembly areas and primary/secondary appointees that are responsible for inspecting areas and head count.
<i>Culturally and Linguistically Appropriate Services Policy and Procedure</i>	Policy and procedure for handling complaints relating to health department services; provides guiding principles regarding health equity and health disparities	Provides guidance on how to handle complaints and describes process to facilitate tracking complaints; provides guidelines for staff regarding health equity and health disparities.
Immunization Clinic Hours Flyer	Immunization clinic hours and recommended immunization schedule	Provides the hours of immunization clinics, brief description of clinics, and the recommended immunization schedule.
New Employee Orientation PowerPoint Presentation	PowerPoint presentation that covers NEO materials.	Provides a visual tool for employees to follow along with during the NEO.

Workforce Development Experiences During New Employee Orientation

One of the questions during the semi-structured interviews asked, "Describe your new employee orientation." I compared the responses from this question to the documents from the NEO. On the *New Employee Orientation Checklist*, one of the

sections is titled *Division Specific Information Tour*. Out of the seven staff members interviewed, six mentioned the tour that occurred during the NEO.

Stacey responded that a lot of policies were covered during the orientation. She also stated that the orientation included a tour of each of the departments. The NEO documents include the policies that were discussed during the orientation, and the NEO checklist provides a list of the divisions that are toured during the orientation. Stacey stated, "During the actual health department orientation, we did a lot with policies. They took us to each department where the administrator explained their division."

David mentioned the tour during the orientation, as well as the strategic plan. The strategic plan is not listed on the checklist, but it is included in the NEO PowerPoint presentation. The specific goals and the strategies from the strategic plan are discussed during the presentation. Rhonda also mentioned the tour, as well as learning about health department services. The NEO checklist includes the health district overview under the Briefings section. The NEO PowerPoint presentation also includes a section on services provided by the health department. Rhonda stated, "During the orientation, we visit different departments and ask questions. They teach what the health department is all about."

Mark described his new employee orientation specifically as training that occurred at Animal Services. He described receiving a binder that included an introduction and a PowerPoint presentation that reviewed job responsibilities. After

going over the chapters, he received hands-on training at the shelter. Mark described his orientation as two weeks of in-house training. He did not mention the NEO that took place at the health department.

CHAPTER V

CONCLUSION

To further investigate public health workforce development, the purpose of this study was to utilize a qualitative research design to conduct a case study on a local public health department in Texas. Specifically, the study explored the workforce development experiences of public health department staff. The study also explored what motivates public health department staff to seek out workforce development opportunities. The research questions for this study include:

1. What are the workforce development experiences of public health department staff?
2. What motivates public health department staff to seek out workforce development opportunities?
3. How do staff describe their workforce development experiences that are included during the new employee orientation at a local health department?

Three types of data collection were used to complete the case study. First, formal semi-structured interviews were conducted with seven staff at the LHD to explore public health workforce development experiences and motivations to learn. Second, I conducted an observation during a new employee orientation at the LHD that included eleven staff members. Finally, a documentation review of the LHDs new

employee orientation materials was completed for context and understanding of what workforce development opportunities occur during the onboarding process.

The literature review demonstrated that most of the studies on public health workforce development utilize survey instruments and quantitative research designs. Very few studies use a qualitative method, and there are no qualitative studies that focus on various types of public health professionals at a local health department in one study. Therefore, this case study will add a qualitative perspective on public health workforce development experiences.

According to the PH WINS 2017, in the governmental public health workforce, only 14% have a formal public health degree at any level (bachelor's, master's, or doctoral degree) and only 8% have a master of public health (de Beaumont Foundation, 2018). At the local health department level, only 12% of the workforce has a public health degree (de Beaumont Foundation, 2018). Because of the low percentage of staff with a public health degree, on-the-job training is essential for a robust public health workforce.

Conclusions

Four main themes of workforce development were identified during the semi-structured interviews. These themes include opportunities to learn and grow as a public health worker, motivation to learn, workforce development experiences during the new employee orientation, and training barriers.

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities (de Beaumont Foundation, 2020). Out of the seven staff members that were interviewed, six of them had not heard of the 10 Essential Public Health Services. These are basic concepts of public health, but the staff members interviewed were not familiar with them.

The New Employee Orientation included a review of policies and procedures, an overview of the health department, staff training requirements, and a tour of the health department. During the tour, staff were given the opportunity to learn about all of the health department services. Throughout the tour, the staff reacted and engaged differently. The Animal Services and PHEP staff were interested in the lab and environmental services part of the tour. The nursing, health education, and vital records staff were interested and engaged in the nursing, wellness and prevention, and WIC services.

One of the questions during the semi-structured interviews asked, "Describe your new employee orientation." I compared the responses from this question to the documents from the NEO. On the New Employee Orientation Checklist, one of the sections is titled *Division Specific Information Tour*. Out of the seven staff members that were interviewed, six of them mentioned the tour that occurred during the NEO. The briefings, including public health 101, policies, health district overview, safety, and

accreditation/workforce development, were not mentioned as common themes during the interviews.

Recommendations

A competent public health workforce is necessary to ensure effective public health programs, create positive health outcomes, and create healthy communities. On the job, public health workforce development strategies should recognize the need for different types of training and should prioritize training that fills public health competency gaps, such as the 10 Essential Public Health Services, in staff without formal public health training (Leider, Sellers, Bogaert, Castrucci, & Erwin, 2020). The PH WINS indicates that the national public health workforce has similar characteristics across LHDs serving different jurisdictions. Therefore, there should be a unified approach to workforce development employed across all LHDs (Robin, Castrucci, McGinty, Edmiston, & Bogaert, 2019)

Based on the results of this case study, there are several recommendations for local health departments to enhance workforce development opportunities. First, all LHDs should have productive staff meetings regularly. These meetings should include training opportunities for employees to learn and grow, and they give staff time to interact with staff from other divisions. Second, LHDs should offer formalized cross-training and job shadowing opportunities. This cross-training allows staff to learn new skills and the ability to assist other divisions when short-staffed. Third, during new

employee orientation, LHDs should provide a tour of the LHD that includes an introduction of all staff members. The NEO should also include an overview of the 10 Essential Public Health Services to provide staff with basic, core public health concepts. Finally, LHDs need dedicated time for staff training and workforce development opportunities regularly. This may involve providing limited services to the public or closing completely to allow dedicated time for workforce development.

Limitations

This research study aimed to explore public health workforce development experiences of public health staff. Although the study provides an important qualitative approach to workforce development, there are several limitations. First, the staff that participated in the formal, semi-structured interviews did not have a college degree. I believe the responses to the questions from someone with a college degree would have been different than those without a degree. Previous work experience and what brought them to public health would vary for a person with a college degree. The training opportunities could potentially be different, as well, because those positions with degrees could require specific training for continuing education hours or conferences that focus on particular position-related training. For example, Registered Sanitarians (RS) who work in Environmental Health must have a degree. Their initial training would include preparing for the RS certification test and attending conferences or webinars that focus on topics covered on the exam.

Second, the interviews and new employee orientation observation were conducted right when the local health department's COVID-19 response was starting to slow down. Several of the responses to the interview questions mentioned COVID-19 and the impacts that it has had on training over the last fourteen months, such as an increase in online training. Also, the new employee orientation had not been conducted over the previous year due to COVID-19. The staff that had attended the NEO had already been working at the health department for at least a year, and maturation bias could have impacted the staff's participation and engagement. The staff might have described training opportunities differently if the COVID-19 pandemic had not occurred.

Third, I was the only one that coded the formal semi-structured interviews. There was not an additional coder. According to Miles, Huberman, and Saldana (2019), "definitions become sharper when two researchers code the same data." Multiple coders allow for discussion about the codes and any difficulties that may arise during the coding process.

Finally, the case study was conducted at a medium-size local health department in Texas. Local health departments are categorized by size based on jurisdictional population size ("Texas Association of City and County Health Officials: Member Organizations," 2021). Small health departments serve population sizes of up to 49,999. Medium health departments serve population sizes of 50,000-249,999. Large Category 1 health departments serve population sizes of 250,000-999,999, and large Category 2

health departments serve population sizes of 1 million or more (“Texas Association of City and County Health Officials: Member Organizations,” 2021). The workforce development experiences described and training recommendations in this case study were from a medium-size health department with around eighty employees. The experiences and recommendations could be different for a small or large health department.

Workforce development includes on-the-job training and competency-based education. In public health, workforce development focuses on improving health outcomes by enhancing the training, skills, and performance of public health workers (“Workforce Development,” n.d.). Local health departments can use the results from this study to help create workforce development opportunities to improve public health infrastructure, strengthen the public health system, and improve health outcomes.

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APPENDIX A

NEW HIRE ORIENTATION CHECKLIST

This checklist is to be used by New Hire Orientation POC to ensure that new employees are introduced to the (*local health department name*) and briefed on policies and capabilities.

Name: _____ Job Title: _____

Office/Section: _____ Hire Date: _____

BRIEFINGS

___ Director of Health ___ Assistant Director of Health ___ Health District Overview

___ Public Health 101 ___ HIPAA Overview ___ PHEP Program

___ Safety ___ Health District Policies

___ Accreditation, Workforce Development and QI/Performance Management

DIVISION SPECIFIC INFORMATION TOUR

Administration

___ Administrative Clerk

___ Vital Records

___ Laboratory

___ Emergency Preparedness

___ Environmental Health Division

___ Women, Infants and Children

___ Animal Services

Nursing Division

___ Community Diabetes Program

___ Immunizations

___ Health Education

___ Clinical Services

___ Epidemiology

___ HIV Prevention

___ Tobacco Prevention & Control

ORIENTATION ACKNOWLEDGEMENT

I, _____, have been informed of all the items listed on this New Hire Orientation Checklist and have been afforded an opportunity to ask questions. If I have any further questions, I understand that I am to contact my supervisor for clarification.

Employee's Signature

Date

Supervisor's Signature

Date

****PLEASE RETURN COMPLETED CHECKLIST TO THE ADMINISTRATION DIVISION'S ADMINISTRATIVE SECRETARY WITH ALL REQUIRED FORMS/DOCUMENTS WITHIN TWO (2) DAYS OF ORIENTATION COMPLETION.****

New Employee Orientation Checklist: Created 14 October 2014