

## MEETING THE NEEDS OF THE LOCAL PUBLIC HEALTH WORKFORCE IN MASSACHUSETTS

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**Agencies and Institutions involved:** BUSPH, through the Alliance, collaborated with members of the CLPH whose member associations include: MAHB, MAPHN, MEHA, MHOA, and MPHA.

**Abstract:** Educating the Public Health workforce will strengthen recruitment and retention of professional staff. To that end, members of the CLPH and the local public health workforce identified a training need in MA, and BUSPH and the Alliance worked with the CLPH to create working groups to develop a new course for the MA local public health workforce “Foundations for Local Public Health Practice: Tools Needed to Get the Job Done”. This course, funded by HRSA and MDPH enhances the local public health practitioners' appreciation of the comprehensive nature of local public health practice, emphasizes the many roles and responsibilities local practitioners assume in MA and provides skills and resources to improve competencies and job performance. In addition this initiative enhances the recruitment and retention of professional staff within the MA Public Health system.

**Background.** The local public health workforce in MA is fragmented and diverse; credentialing is voluntary and limited training programs and courses exist to orient new staff to their numerous and varied job duties. Staffing levels vary tremendously across the state and concerns are numerous relative to the aging workforce, retention of the current workforce and recruitment of new members to the workforce. One means to address these problems was to develop a new course that offers a cross-disciplinary perspective and approach to local public health practice in terms of the three core functions, essential services and capacities needed to achieve *Healthy People 2010* goals and objectives. Each module of the course includes learning objectives, resources, handouts and a listing of the core competencies, as developed by The Council on Linkages between Academia and Public Health Practice.

**Course Components.** The course is divided into three modules with six, 2.5 hour sessions in each module. The *Overview of Local Public Health Practice* module contains elements common to all local health practitioners regardless of their professional discipline and must be taken prior to the other two modules. The *Environmental Health Practice* module focuses on the roles and responsibilities needed by a local sanitarian or inspector and cover topics such as nuisance control, food protection, housing, lead paint, wastewater and recreational waters. The *Public Health Nursing Practice* module emphasizes those roles and responsibilities related to clinical and preventive health services and includes topics such as surveillance, case and vaccine management, health promotion and disease prevention.

**Implementation.** During 2004 this 45 hour course was developed and pilot-tested. It was designed in a “Train the Trainer” mode that includes Instructor Guides, lecture slides and Activity Guides. The course is scheduled to be delivered and videotaped during the summer of 2005 in order to create a hybrid course with face-to-face instruction and distance learning components. The “Train the Trainer” mode and the hybridization of the course will encourage both participation and portability around the state and can serve as a model for other states. The Alliance will be encouraging adaptation and delivery of the course in the other New England states.

**Ongoing Challenges.** Challenges to the course development included identifying funding sources; locating dedicated volunteers to serve on the working groups and keeping them motivated and involved; locating practitioners with the experience, writing skills and time to develop individual session curriculum; and finally, gaining consensus from both working groups on the overall course content.

**Outcome.** This course is an admirable example of exemplary community-based collaborative efforts between state Public Health associations and academia. Pilot session evaluations were collected and overall feedback was excellent and encouraging. Some selected comments include: “Very informative...I now have insight into nuisance complaints and the actions that should be taken...”, “Provided new information challenging me to think and encourages further learning”, and “Fills a void that was not met in nursing education”. In conclusion, the collaboration between academia and the practice community allowed the successful creation of a new course that meets the evolving needs of public health in Massachusetts, assists with training and retention of the current workforce and aids in the recruitment and orientation of the future workforce.