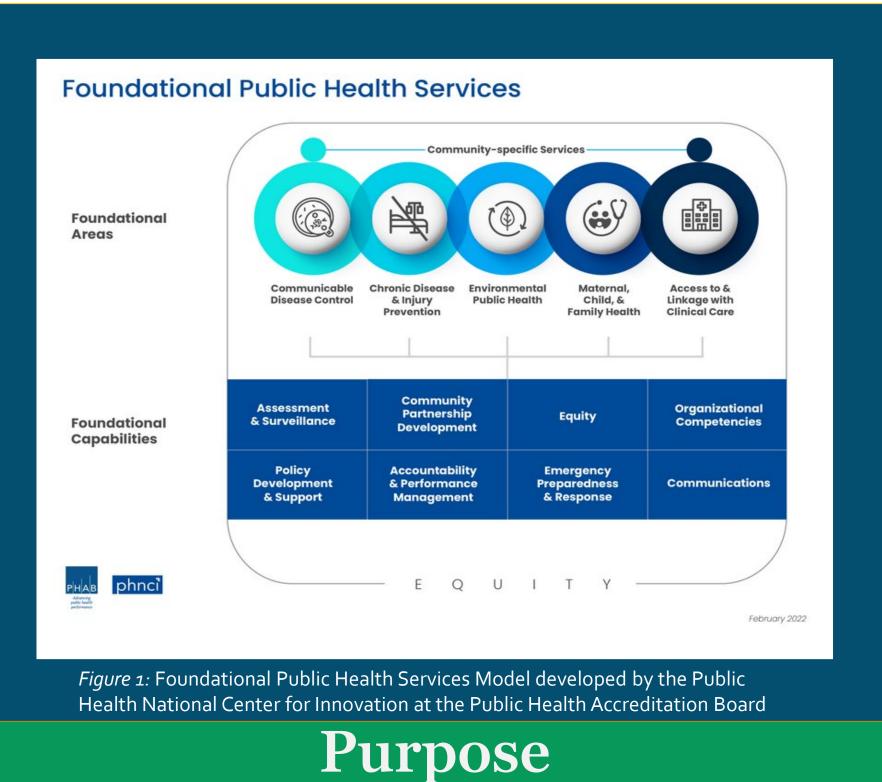
Foundational Public Health Services Framed in Equity: An Essential Lens for Public Health Leadership

Background

The public health workforce is currently 80,000 fulltime employees short of what is required to provide essential public health services in the USA. Public health has recognized the deep imperative to address social determinants of health and other issues creating health disparities nationally and needs fresh strategies that incorporate the equity focus of the Foundational Public Health Services (FPHS) while retaining public health employees. Attrition in the public health workforce puts the health of communities and approaches to achieve health equity at risk. New methods are needed to facilitate employee retention, renew motivation, and promote meaning employees.



Health departments struggle to maintain a complete and well-trained workforce, and this problem has worsened since the COVID-19 pandemic.

- Public health professionals are driven by intrinsic motivators, including the meaning and purpose of their work.
- Employees focused on their own roles and responsibilities fail to see the greater picture of the work of the health department (HD) or the public health system and may not recognize or remember the equity implications and potential impact of their work.
- This lack of vision also impacts workforce retention and satisfaction in the work, inhibiting the HD's reach toward improved health equity for the communities served.
- For public health transformation to take place, leaders must retain trained employees and establish equity as the central tenet of all programs and services. These issues impact the ability of the HD to provide Foundational Public Health Services (FPHS), which are bound by equity. Assessment of public health employees' foundational capabilities is an essential first step to operationalize the FPHS.





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Methods and Materials

An employee needs assessment based on the FPHS model was developed and deployed in eight (n=8) Texas HDs of various jurisdictional sizes and accreditation statuses. 247 employees completed the assessment. SPSS software was used to analyze the validity of the assessment tool and the self-assessed ability of leadership teams to visualize workforce foundational capability strengths and gaps following assessment. This analysis is reported elsewhere.

Follow-up interview contents were analyzed for qualitative data using NVivo software to explore leadership insights regarding workforce capability gaps and strengths. Semi-structured interview questions included items such as:

- How did the assessment tool meet your expectations for successful appraisal of your employees' foundational capabilities?
- Was your staff familiar with the FPHS model before this assessment?
- How do you anticipate using your findings in future?



Results

Assessment findings allowed HD pilot site leadership teams to visualize employee capability gaps and strengths in 87.5% (n=7) of sites. HDs received reports on their findings and were interviewed one month later to explore leaders' use of the data and insights gained about employee capability gaps. Qualitative themes that recurred in interviews included the need to improve the inclusion of language about equity in the purpose, training, and vision of HD work to inspire and motivate employees and drive FPHS provision and HD quality improvement.

- 62.5% of HD leadership teams (n=8) stated that employees do not understand the "why" of their work, how broad public health work is, or how equity and social determinants of health relate to their daily work.
- 75% indicated their employees lack exposure to the "big picture" of public health, focus solely on their daily tasks in their work, struggle to understand the concepts of equity and social determinants of health, and are doing equity work but do not recognize it.

LEADERSHIP REFLECTIONS

Leaders' post-assessment reflections demonstrated recurring themes around the overarching lens of equity missing in the work being done by their staff.

62.5%	Employees: don't understand the "Why".
62.5% 62.5%	don't understand how broad PH is. .don't understand how equity & SDOH relate to their work.
75%	picure or PH.
75%	are focused on their day-to-day tasks.
75%	struggle to understand "equity" and "SDOH".
75%	are doing equity work but don't recognize it.
10	500% Survey language framed new conversations.

Using the results of a novel employee needs assessment, most HD leaders were able to better understand the strengths and gaps of their employees' foundational capabilities.

- work.



Meaning

Leaders in public health must consistently elevate and integrate an equity focus in HD conversations, strategic planning, workforce development, and performance management to drive improvement in employee retention, motivation, work, and the quality of health equity outcomes. Bringing this lens to the forefront of the work will improve the ability of the HD to provide the FPHS. It may also allow public health employees to feel a greater sense of purpose and meaning in their work, potentially leading to greater retention and satisfaction.

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Conclusions

• Many found equity and impact on social determinants of health to be a missing component in employee understanding of their everyday work, although research has shown that this work provides important meaning for public health employees.

Equity is an essential component of the FPHS framework, as it binds the other FPHS elements together.

Leaders gained insights into strategies to improve this understanding and motivate employees to find meaning in their

Implications

• HDs need a clear way to speak to their governing bodies about the foundational capabilities and their readiness to provide FPHS.

• HDs expressed excitement over the possibilities the tool opened in their conversations and thinking.

• Equity – creating a common language

Making meaning from tasks

• Improve employee's knowledge base

