Public Health Workforce Trust Measures: Comparative Analysis of T1-T2 Measures across Two LHD’s and Organizational Responses to Economic Hard Times

Wright State University
Show Me the Outcomes
Dayton, Ohio
October 28, 2010

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Acknowledgements

- Wright State University
  - James Ebert, M.D., MBA, MPH, Director
  - Chris Eddy, MPH, Associate Director
  - Lori Metivier, Program Coordinator
  - Sylvia Ellison, Director of Evaluation

- University of Cincinnati
  - Ronnie Horner, Ph.D., Chair
  - Petra Weaver, UC Assistant Director
  - Karthik Meganathan, MS, Research Associate
  - Danielle Cornwall, BIS Research Associate

This research was supported by a grant from Assuring the Future of Public Health Systems & Services Research, a program of the University of Kentucky Center for Public Health Systems and Services Research (PHSSR), funded by the Robert Wood Johnson Foundation.
Why am I here?

- Who is an expert?
  - Someone who lives over 100 miles from Dayton, Ohio
- How does Public Health relate to outcomes (outcomes are clinical measures – right!)
- How does workforce QI relate to outcomes?

Abstract

This public health workforce research initiative expands practice-based employee trust measurement in a time-one time-two (T1 – T2) quantitative design methodology. The initiative is an expansion of previously conducted research within the Cincinnati and Northern Kentucky Health Departments. Tailored workforce-based quality improvement (QI) initiatives were developed and implemented within the two local health departments (LHD’s). Workforce-based QI was a product of strategic initiatives defined by leadership of both health departments and informed by a critical review of the data collected in 2008. Analysis of additional independent variables and interaction terms were evaluated and are presented for supervisor/employee race concordance. In February of 2010 the T-2 measurement within both LHD’s was completed. Retest measurement following QI intervention is vital in evaluating trust relationship change and is intended to serve as a quality improvement indicator. In addition to the T1-T2 employee trust measurement, unanticipated findings associated with anticipated reduction in workforce within study sites is presented.
Public Health 101

• Q: Have you visited an LHD?
• Q: What is ‘Public Health’?
• Q: What do LHD’s do?

Practice-based public health
- Assessment
- Policy Development
- Assurance

Academic public health
- Epi
- Biostatistics
- Environmental Health
- Health Education
- Management

Overview

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

Intra-organizational trust was measured using the Conditions of Trust Inventory (CTI)
- Supervisor availability
- Supervisor competence
- Supervisor consistency
- Supervisor discreetness
- Supervisor fairness
- Supervisor integrity
- Supervisor loyalty
- Supervisor openness
- Supervisor promise fulfillment
- Supervisor receptivity
- Supervisor overall trust

2. T1-T2 Research Design

To compare workforce trust across two measurement times.

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

T1 September, 2008
281 respondents
Response rates:
  - CHD 40% (170 of 422)
  - NKHD 69% (111 of 160)

* T2 February, 2010
307 respondents
Response rates:
  - CHD 43% (185 of 426)
  - NKHD 63% (122 of 193)

* Note:
  - CHD had 29 vacant positions T2 due to budget constraints
  - NKHD added 6 full-time and 27 part-time positions between T1 and T2
3. Location specific QI

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

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

4. Location specific QI

Community-based Participatory Research
Q: PHSSR + CBPR = ????

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5. Race concordance

Differences were established in the T1

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* Mean values of Availability, Consistency, Integrity and Loyalty measures differ by race concordance
6. T1-T2 Descriptive data analysis

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7. Future goals

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

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

3. To have results published in appropriate public health journals

4. To seek funding to promote data-driven public health workforce quality improvement research
Questions Contact

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