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

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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!)

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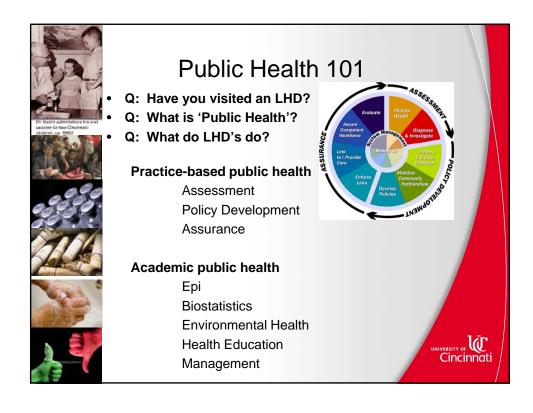
· How does workforce QI relate to outcomes?





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). Workforcebased 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 IVERSITY OF **W** Cincinnati with anticipated reduction in workforce within study sites is presented.





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

	Overall (n=243)		Cincinnati (n=139)		N Kentucky (n=104)	
	No (n=58)	Yes (n=185)	No (n=50)	Yes (n=89)	No (n=8)	Yes (n=96)
	Mean	Mean	Mean	Mean	Mean	Mean
Availability	3.9	4.3	3.8	4.3	4.3	4.3
Competence	3.2	3.2	3.2	3.2	3.4	3.2
Consistency	3.7	4.0	3.6	4.0	4.1	4.0
Discreetness	3.5	3.6	3.5	3.7	3.7	3.6
Fairness	2.6	2.4	2.6	2.5	2.3	2.4
Integrity	2.8	2.9	2.8	2.9	2.8	3.0
Loyalty	3.2	3.4	3.2	3.4	3.3	3.5
Openness	2.9	2.9	2.9	2.9	3.0	2.9
Overall Trust	3.2	3.2	3.1	3.2	3.3	3.2
Fulfillment	3.1	3.0	3.1	3.0	3.1	2.9
Receptivity	3.5	3.6	3.5	3.6	3.6	3.6

Mean values of Availability, Consistency, Integrity and Loyalty measures differ by race concertance.





6. T1-T2 Descri	ptive data	analysis
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	CHD		NKHD	
	T1	T2	T1	T2
Availability	4.0	3.9	4.2	4.3
Competence	3.2	3.2	3.2	3.1
Consistency	3.8	3.7	4.0	4.1
Discreetness	3.6	3.4	3.6	3.7
Fairness	2.6	2.7	2.4	2.4
Integrity	2.9	2.9	2.9	2.8
Loyalty	3.3	3.3	3.5	3.5
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Overall Trust	3.2	3.2	3.2	3.2
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Receptivity	3.5	3.5	3.6	3.6



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7. Future goals

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



