

Training and Human Resource Strategy Plan

October 2006

The Human Resource Development component of CDC's Division of TB Elimination's cooperative agreement with California provides resources to develop a Training and Human Resource Strategy Plan (THRSP). The purpose of the THRSP is to build human resource capacity among staff working in TB control (TBC) programs in California's local health jurisdictions (LHJs) as well as California's TB Control Branch (TBCB).

During 2005 TBCB conducted an extensive needs assessment to identify the priority human resource development and training needs of TBC staff in LHJs in California. The findings from the needs assessment identify gaps in staff capabilities that often stem from poor, or complete lack of, access to effective training. Additionally, the National Strategic Plan for Tuberculosis Training and Education 2004-2008 cites similar barriers to enabling local TBC programs to provide thorough orientation and training to TBC staff.

Over the years, TBCB has been involved in developing a number of trainings, educational products and tools for the TBC community in California. Many of these resources have been utilized by LHJ staff, yet many have not been adequately completed: some have not been pilot-tested, others have had inadequate distribution to appropriate target audiences, and some require training, which the Branch has not been able to provide due to a lack of resources. TBCB currently does not have the resources now or in the foreseeable future to embark upon new training and human resource development initiatives. Therefore, based on the findings of the needs assessment and the limited resources available, members of the Branch's Joint Management Team have consensually agreed to a two-step process in developing TBCB's THRSP:

- 1) develop an inventory of existing tools and educational products developed by TBCB to support local TB roles
- 2) subsequently identify a high need area of focus to develop in the first year of the THRSP implementation

The plan for developing the inventory is to focus the THRSP on defining and providing support for key TBC staff roles at the local level. Key state functions, when they overlap with local functions, will also be identified. The Branch health educator will first identify existing tools and products developed by TBCB, and assess the distribution success of each. The next step will be to develop a plan which: 1) prioritizes which tools and products need to be finalized or enhanced; and 2) formalizes distribution of tools and products to appropriate points of contact, enabling local TBC staff to integrate them into orientation and training systems for staff. The inventory will also include a strong formal component noting additional resources in each category, including points of contact for Branch services, links/resources outside the Branch, and opportunities to garner more funds for specific program enhancements.

A well-organized and comprehensive inventory of existing staff development resources will provide LHJ TBC programs with the resources to provide comprehensive orientation and training for new and existing staff. Since TBCB does not have a formal mechanism in place to inform LHJs about trainings or available tools, it is expected that the inventory will be a welcome tool for California's LHJs. A predominant finding in the needs assessment concerned inadequate training, due to poor access or lack of resources to develop competency-based trainings. A tendency to poorly utilize resources due to "reinventing the wheel" or "duplicating efforts" was also cited. Creating an inventory of existing training and education resources will be a first step in addressing these concerns as well as identifying where resource gaps exist, thereby allowing appropriate interventions or new resources to be developed and implemented.

Development of this inventory will provide TBCB with a baseline of resources available for building staff capacity and program infrastructure. It will be updated quarterly by TBCB's health educator. This baseline will prove useful both for future planning efforts (e.g., identifying priorities for TBCB workplans) as well as for evaluating the THRSP effort. Following the development of the inventory there will be an opportunity to more succinctly identify the training and HRD gaps and determine a focus area for the first phase of a strategic plan. At that time, a plan will be developed along with a described evaluation methodology.

The TBCB health educator will work with the TBCB program liaisons to thoroughly orient them to the inventory and facilitate how it could most effectively and efficiently be utilized by them in their work with their respective counties. The health educator could also present a mini-workshop or interactive presentation at the Spring 2007 CTCA conference to further inform the LHJs about the user-friendly product. Additional venues to distribute the inventory and provide technical assistance to LHJs will be developed and implemented.

The promise of taking an inventory approach as the first step in developing the THRSP is four-fold, as it:

- 1) addresses identified needs from the training and HRD needs assessment
- 2) promotes a capacity-building approach to addressing HRD at the local level
- 3) uses resources wisely (ensures adequate completion and marketing of all existing tools and products before developing new ones)
- 4) doesn't overburden TBCB staff with already significant workloads

The table below outlines a sample format that could be used for the inventory. It includes a list of TB control roles and a sample of currently existing resources for each. (This is simply an initial sketch—the list of roles and the resources need further development.)

SAMPLE FORMAT FOR HUMAN RESOURCE DEVELOPMENT INVENTORY

Role	Branch Documents/Resources <i>Appropriate CDHS/CTCA joint guidelines will be listed in this column.</i>	Core Competencies	Comments/ Additional Resources
TB Controller (local)	Essential TB Program Functions for Rural and Smaller Health Jurisdictions in CA General duty statement for local TB controllers		Mini-fellowships: TBCB, nearby LHJs, and CNTC
Program Manager (local)	Essential TB Program Functions for Rural and Smaller Health Jurisdictions in CA		Program Manager's Course (CNTC) Program Manager's Course (DTBE-CDC)
Epidemiologist (state, local)	Guide to TB Epi Resources	CA Epi Network is in process of reviewing and refining core competencies for TB epidemiologists, using Council of State and Territorial Epidemiologists (CSTE) core competencies	Guide to TB Epi Resources contains much generalizable resource material for other roles
TB physician (local)		See National TB Curriculum Consortium's "Medicine Competencies" at http://ntcc.ucsd.edu	
TB nurse (local)		See National TB Curriculum Consortium's "Baccalaureate Nursing Competencies" at http://ntcc.ucsd.edu	
Case Manager (local)			Materials from CNTC's Case Management and Contact

			Investigation (CMCI) trainings
Communicable Disease Investigator (state, local)	Contact Investigation Training Social Networking Training CDHS/CTCA Joint Guidelines on Contact Investigation		
Social worker (local)	Medical Social Workers in TB Control (document)		
Quality Assurance Managers	TIP indicator reports Registry guidelines TIP tools and templates		Need system for formal contact with persons in these roles at LHJs (even if not in TB control program)