

HEALTH WORK FORCE - 2000 PLUS
Preparing for the 21st Century

A Long Range Public Health Workforce Plan

Department of Health
November, 1999

HEALTH WORK FORCE - 2000 PLUS

Preparing for the 21st Century

A Long Range Public Health Workforce Plan

Department of Health

November, 1999

PUBLIC HEALTH WORKFORCE PLAN : 2000 - 2010
AMERICAN SAMOA

TABLE OF CONTENTS

	Page
1. INTRODUCTION	
1.1 Purpose and Use of the Plan	1
1.2 The Territorial Health Plan	2
1.3 Territorial Health Workforce Policies	3
1.4 Organizational Responsibility for Workforce Planning	4
1.5 The Health Workforce Planning Context - Assumptions	5
2. THE CURRENT HEALTH WORKFORCE	6
2.1 Composition and Size of the Current DOH Workforce	6
2.2 Deployment of the DOH Health Workforce	8
3. TRAINING PROGRAMS AND TRAINING NEEDS	
3.1 Training Principles	9
3.2 Current Training Programs	10
3.3 Teaching/learning Facilities	13
3.4 Current Training Problems	13
4. PLANNING FOR THE HEALTH WORKFORCE	
4.1 The Need for a Health Workforce Plan	13
4.2 Determinants of Need for Health Personnel	14
4.3 Determinants of the Supply of Health Personnel	15
4.4 What Needs to be Done	15

5. PLANNED CHANGE - PROJECTIONS AND TRAINING NEEDS	
5.1 Introduction	16
5.2 Projection of DOH Workforce Requirements	16
5.3 Projection of DOH Workforce Supply - Gains and Losses	19
5.4 Training Intakes and Outputs	20
5.5 Workforce Projections and Training Schedules	21
5.6 Closing the Gap - Supply vs. Need	21
6. EXTERNAL SUPPORT NEEDS AND PRIORITIES	
6.1 Financial, Technical, or Consultant Support	23
7. IMPLEMENTATION, REVIEW AND EVALUATION OF THE HEALTH WORKFORCE PLAN	
7.1 Arrangements for adoption, implementation, review and evaluation of the Health Workforce Plan	24
7.2 Implementation of the Health Workforce Plan	24
7.3 Review and Evaluation of the Health Workforce Plan	28

PREFACE

Today our Territory faces a widening gap between challenges to improve the health of American Samoans and the capacity of the public health workforce to meet those challenges. The American Samoa long-range health plan, HEALTH 2000 PLUS, describes these challenges and the health system responses that are needed to promote and protect the public health in this rapidly changing environment.

As American Samoa's health care system evolves to meet the health challenges of the 21st Century, a variety of forces are driving changes in the practice of public health. Accompanying these changes are shifts in the roles and responsibilities of public health practitioners and other health care workers within the various public health disciplines and in their need for training, continuing education, and related skill development.

The public health workforce requires up-to-date knowledge and skills to deliver quality essential public health services. To meet the training and continuing education needs of an evolving workforce, a clearer understanding is required concerning the functions and composition of the public health workforce both now and in the future.

This information should be communicated clearly to legislators and other government leaders so that policy can be based on an understanding of the current demand for public health services and the supply of trained professionals required to meet that demand. Furthermore, because ours is a geographically isolated and culturally unique workforce, new strategies for presenting efficient and effective training must be developed.

HEALTH WORKFORCE - 2000 PLUS examines the changing health environment and assesses the capacity of the health system to adapt and respond to these changes in a manner that promotes and protects the public health. Essential public health services are categorized, and the health workforce competencies needed to effectively provide these services are identified. This information, in turn, provides the basis for an evaluation of the existing public health workforce, including gaps and deficiencies in workforce capacity, thus illuminating immediate and longer term needs for public health training, continuing education, and skills development.

HEALTH WORKFORCE - 2000 PLUS, is not meant to serve as a master plan for health workforce development, but it does provide a blueprint for establishing a rational ongoing process for determining public health workforce needs, and for assessing the capacity of the workforce to provide essential public health services.

PUBLIC HEALTH WORKFORCE PLAN : 2000 - 2010
AMERICAN SAMOA

I. INTRODUCTION

1.1 Purpose and Use of the Plan

1.1.1 Overall purpose

The Department of Health Workforce Plan, 2000-2010, establishes the framework within which public health personnel will be trained and employed over the next 10 years in this Territory.

The purpose of this health workforce plan is to outline the present supply of public health workers in American Samoa; make projections of future health workforce needs; and, to establish guidelines for training of the public health workforce.

The plan indicates how the overall health policies, goals and objectives of the Department of Health will be realized in so far as they involve the public health workforce. The plan also takes into account established economic and social policies and the general situation within which the health system operates.

The plan describes in general terms the duties and responsibilities of each category of public health worker, the places where they are employed and the type of training they have received.

Since the plan is presented in outline form, it is not possible to anticipate or describe in detail every action that must be taken. However, the plan does provide a framework for the more detailed planning which must be undertaken by those responsible for the operation of the Department of Health (DOH), the American Samoa Community College (ASCC), and the Department of Human Services (DHS).

The plan cannot predict with certainty what will happen in the future, but it can show what would likely happen if the various assumptions made prove to be correct and the proposed actions taken. Thus, DOH decision-makers can weigh the consequences of proposed actions and anticipated events, can monitor whether the various assumptions are valid or not, and then take whatever action is appropriate to the situation.

1.1.2. Specific uses of the plan

- provides a common framework within which consistent health workforce development decisions may be made by diverse agencies of government.

- indicates where resources for health are inadequate or likely to become inadequate unless corrective action is taken.
- provides the means for estimating the costs of staffing the Department of Health (these estimates are of obvious value in budget negotiations and in monitoring costs).
- provides information on current and future workforce needs for those planning health careers on likely prospects for employment, or advancement in public health.
- identifies needs for external assistance, collaboration, or coordination and therefore provides appropriate documentation for development of proposals to such external agencies.
- establishes an overall DOH health workforce planning framework consistent with that proposed by WHO to promote regional health workforce planning for the western pacific.
- facilitates health workforce planning efforts at the Department of Health level by utilizing a public health workforce planning approach recommended by the United States Public Health Service in its report entitled: "The Public Health Workforce: An Agenda for the 21st Century", 1997, and establishes a process for implementation of DOH Workforce Plan recommendations and activities.

1.1.3 Plan review

The Department of Health Workforce Plan is a dynamic rather than static plan. Inevitably the economic and political events which will occur during the next ten years, and indeed developments in the public health, medical care, and distance learning fields cannot be predicted with certainty. Therefore, the plan will be reviewed at least annually to revise and extend it forward. In this way the plan becomes a regularly up-dated ten-year "rolling plan". (Refer to Section 9 for details)

1.2 The Territorial Health Plan

American Samoa's Territorial Health Plan: "HEALTH 2000 PLUS, Meeting the Health Challenges of the 21st Century", recognizes the integral part that human resource availability plays in assuring the capacity of the health system to attain the goal of Health for All American Samoans, through primary health care. Reflecting that recognition, HEALTH 2000 PLUS contains a objective for human resources planning:

" To develop a plan for human resources for health, including short, intermediate, and long-term goals and objectives, by January 1, 2000. The plan will address health personnel by numbers and categories; education and training needs; and maintenance of capacity through continuing education."

A number of the planning assumptions used in projecting health workforce needs in the next decade are based upon goals, objectives, and proposed approaches to health for all, contained in the Department of Health action plan HEALTH ACTION - 2005.

1.3 Territorial Health Workforce Policies

1.3.1 American Samoa Government policies

- To employ as many American Samoa residents as possible in public service in order to reduce unemployment levels in an economic environment of limited private sector work opportunities. (not documented policy, but often stated by political leaders, and demonstrated by the high percentage of the ASG budget devoted to personnel).

- There shall be no discrimination in employment against any person on the basis of race, religious beliefs, political beliefs, color, age sex, national origin, marital status, or physical and mental handicap, except for bona fide occupational or legal requirements. (Section 4.0106)

- Appointments and promotions to all positions shall be made solely on the basis of merit, fitness, length and quality of previous service, and relative skills, knowledge, and ability as shown by examinations (Section 4.0301 (1)).

- Permanent residents of American Samoa or persons entitled to permanent residence as determined by the immigration law of American Samoa, shall be given first consideration for employment (Section 4.0301 (3)). Eligible veterans receive additional preference for employment (Section 4.0308).

- Pursuant to 7.0204 (b) ASCA, the American Samoa Government shall employ residents of American Samoa who are American Samoans or United States nationals and shall employ other persons only when no American Samoans or United States national who meets the minimum qualifications for a particular class of work can be found (Section 4.1101 (b)).

1.3.2 Department of Health workforce policies

It is the current policy of the Department of Health to promote Territorial self-sufficiency in health workforce supply.

One means to this objective would be to simply implement recruitment and retention policies that work toward this end. However, the Department of Health has chosen to take the additional step of actively promoting and supporting student health career choices, and health education/training programs and financing alternatives.

Education and training requirements, and performance standards for American Samoa public health professionals will conform as closely as is practical to standards and requirements adopted by health professions licensing/credentialing agencies, and professional associations, in the United States.

The Department of Health will utilize a rational process of determining workforce need as the basis for hiring decisions, rather than a policy of maximizing employment levels as an end in itself.

The team approach to health service delivery will be utilized wherever appropriate to maximize the effectiveness of health worker deployment and efficient utilization of individual competencies.

Health professionals will be employed in positions with a level of required competency equivalent with their education and skills. Highly trained and skilled individuals will not be employed to perform tasks far below their highest level of knowledge and expertise when another lesser trained individual could adequately perform those tasks.

In general, the American Samoa Health Workforce Plan will reflect the Human Resources for Health principles and recommendations of the Rarotonga Agreement and the Yanuca Islands Declaration.

1.4 Organizational Responsibility for Health Workforce Planning

The DOH Health Policy, Planning and Development Unit has been assigned the lead role in developing the Department of Health Workforce Plan, 2000-2010. This process is being carried out in collaboration with DOH Workforce Development Committee. Two members of the DOH Workforce Development Committee also serve on the American Samoa Medical Center (ASMC) health workforce committee. However, this committee has yet to evolve a ASMC workforce plan.

Authority to implement the planned actions of the DOH Workforce Plan rest respectively with the Director of Health, the Department of Human Services, the Board of Higher Education, and President of the American Samoa Community College, and the American Samoa Scholarship Board.

1.5 The Health Workforce Planning Context - Assumptions

- Population growth: It is assumed that the Territorial population will continue to grow at about 3% per annum between the years 2000 and 2010. The trend of declining fertility will continue. The 1999 mid-year estimated population of American Samoa is about 63,000.

- Demographic composition: It is assumed that the ratio of males to females, and the proportional distribution of the population by age groups will remain essentially the same as that described in the 1990 U.S. Census Bureau report. Demographic data will be updated with the 2000 census report.

- Health services delivery patterns: It is assumed that the community health services delivery model will shift toward development of an improved system of Family Health Centers offering high quality, community oriented, comprehensive health services, to defined target populations. This system of enhanced community services, and the team approach to service delivery, is expected to result in a more effective and efficient utilization of the Department of Health professional workforce. High quality, family oriented, comprehensive care is also expected to result in a greater portion of primary pediatric and adult medical services being provided in Family Health Centers, with a corresponding reduction in work load at the hospital outpatient clinics.

- Available financial resources: It is assumed that local financial resources for health will continue to be in short supply. However, other sources of funding will be sought to establish needed new positions in the Department of Health, coming in part from a redistribution of Medicaid (Title 19), and Children's Health Insurance Program (Title 21) funds for American Samoa, and potentially from the Bureau of Primary Health Care, Section 330 Community Health Centers funding.

- Rational Workforce development process: It is assumed that an effective and ongoing DOH workforce development process will enable the department to make more effective and efficient use of its health professionals, while ensuring maintenance of appropriate competencies in public health.

- Evolving health problems and needs: It is assumed that traditional public health functions, and health problems affecting the population, will continue pretty much unchanged over the next decade, with relatively greater emphasis on prevention and control of noncommunicable diseases, reduction of behavioral risk factors, and additional capacity to deal with the threat of new emerging communicable diseases and the reemergence of existing diseases.

- Private provision of health services: It is assumed that the growth of private medical and dental clinics will grow at a substantially greater rate than in the past, and will have a significant impact on the utilization of hospital outpatient clinics, with lesser impact on utilization of Family Health Centers.

- The rapid development of telecommunications technology, based at the L.B.J. Tropical Medical Center, is expected to open up many opportunities for distance learning, and access to targeted continuing education for public health professionals, as well as medical and nursing personnel.

- Health services utilization rates will follow trends established in the previous ten year period (1988-1998), with a significant shift in a primary medical care from the hospital general outpatient clinic to DOH community health centers.

- Rapidly evolving new technology and its impact on future medical care delivery models, health workforce composition, and medical education, will ultimately have a tremendous effect on health workforce requirements, as well. However, it is difficult to predict when these new technologies will be incorporated routinely into general practice, and the impact this will have on the future need for specific categories of health workers, or the need for new types of health workers.

This inability to predict outcomes in terms of health workforce requirements, plus the long period of education and training required for some categories of health professionals, makes ongoing health workforce planning an even more important process. The American Samoa Government cannot afford to expend great sums of public money to train its people to perform functions that will no longer exist when their training is complete. The government also has a moral obligation to students to ensure that this does not happen.

2. THE CURRENT HEALTH WORKFORCE

2.1 Composition and Size of the Current Workforce

2.1.1. Categories of health personnel

The American Samoa Government Department of Human Services has adopted its own classification of employee categories, including health occupations. Many of these categories bear titles which are not consistent with those commonly used by the Department of Health. This often leads to confusion in communicating health personnel information, for instance when health budgets are submitted for approval. There

also may be differences in category designations between the core Department of Health staff and staff working in Federally funded health programs.

The Department of Health is acutely aware of the problems arising from lack of consistency in health occupation classification, and are attempting to bring Department of Health titles and descriptions in line with the Federal Standard Occupation Classification (SOC) System for health occupations.

Currently, the following categories of health personnel are employed by the Department of Health:

- . Physician - DMS
 - (foreign medical graduate)
- . Registered Nurse
- . Licensed Practical Nurse
- . Public Health Nurse, RN
- . Public Health Nurse, LPN
- . Nurse Practitioner
- . Environmental Technician
- . Federal health program coordinator
- . Health Planner
- . Statistician
- . Computer System Analyst
- . Community Health Assistant
- . Health Educator
- . Health Education Assistant
- . Nutritionist
- . Nutrition Assistant
- . Nurse Practitioner - Family Health
 - Women's Health

Several RN, LPNs, and other staff members also have advanced public health degrees (MPH).

2.1.2. Employers of health personnel

The Department of Health, with a total workforce of 123 in September, 1998, employs all public health personnel in American Samoa. The DOH also staffs a number of Federally funded categorical health programs and projects, and three major and two minor community health centers.

2.1.3. Age and sex distribution of the health workforce

The age of persons employed within the health sector is of concern to planners because age distribution determines the time of staff losses due to retirement and has a number of other implications relating to career progression and mobility. The

sex of health workers also has important planning implications because such matters as social/cultural acceptability of certain categories of workers, staff mobility, career patterns and availability for re-training and re-employment may be related to sex.

Sixty-eight percent of those career service employees (42% of males workers) working for the Department of Health are less than 50 (40% less than 40). Only 6% of DOH career service employees are within five years of the expected retirement age. Figures 1-3, Appendix B, provide graphic representation of the age/sex distribution of the Department of Health workforce.

The Department of Health career service workforce is predominately female (87%). Many of these are nurses who provide actual nursing services, or work in health education, health promotion, nursing administration, or head Federally funded health programs. All environmental health workers are male.

2.1.4. Current DOH health workforce establishment - numbers employed

The current DOH workforce numbers 123 employees. The majority are permanent career service employees, while a few work under service contracts with the American Samoa Government.

2.2 Deployment of the DOH Health Workforce

2.2.1. Places of Work

. Central Offices

The administrative center of the Department of Health is located at the L.B.J. Tropical Medical Center complex in Fagaalu on the main island of Tutuila. The offices of the Director of Health and all Division, Branch, and Section heads are located here, as are: Director of Public Health Nursing, Project Directors of all Federal Categorical Health Programs, Office of Policy, Planning, and Development, Finance, Personnel, and Health Information. Health inspectors and sanitarians are dispatched to the field from their central office in this facility.

. Health Centers

Primary level out-patient services, and community preventive services are provided at 6 health clinic locations. These services are provided in the community at five health

centers and at the central clinic in the L.B.J. Tropical Medical Center. Three of these health centers provide comprehensive health services, including dental preventive services, and the other two, located in the Manu'a Islands provide a more limited scope of treatment and prevention services. The community health centers also serve as the district "home base" for public health field nurses, and outreach workers.

. Community

The primary places of work for public health field nurses, outreach workers, and health inspectors are the respective communities where they perform their functions.

. ECE/Elementary Schools

Public health workers employed in the school health program provide services at the ECE and Elementary School campuses, on a rotational basis.

2.2.3 Current staffing problems

- . inability to utilize part-time employees
- . difficulty in removing ineffective, non-productive, or uncooperative career service workers
- . disparity in salaries between DOH workers and ASMC workers in similar occupation categories creates a force for migration of personnel from DOH to ASMC.
- . inconsistent position titles between DHS and DOH, and within DOH
- . Federal grant programs draw scarce expertise from other programs
- . difficulty recruiting certain specialist categories, particularly for the long term.
- . inability to establish and fund needed workers, due to ASG financial problems, and freeze on hiring (DOH)

3. TRAINING PROGRAMS AND TRAINING NEEDS

3.1 Training Principles

. So far as is practicable, health personnel are to be trained in American Samoa rather than elsewhere.

→ • Training principles should reflect the health workforce policies of the Department of Health. In general, support for education and training of health professionals should reflect the current and anticipated workforce need to employ such professionals.

. It is not cost-effective, nor appropriate, to hire highly trained and skilled individuals to perform functions that could adequately be performed by someone with a lesser level of knowledge and expertise.

. For the Department of Health, competency based curricula should be promoted wherever appropriate. The Department is more interested in hiring individuals for what they are capable of doing, rather than for what they are presumed to know, or for what degrees or titles they have acquired. However, in the American Samoa Medical Center there is also a need to comply with minimum U.S. standards for health professional categories in order to maintain eligibility for Medicare and Medicaid participation.

✓ . Training program development should reflect the desirability of providing for career progression by means of the completion of successive levels of training.

. In seeking education and training opportunities for its health personnel, the Department of Health should make maximum use of evolving technologies such as distance learning.

. An appropriate proportion of the total American Samoa Government annual financial support for students should be allocated for students electing to pursue public health careers, with priority given to highest need categories.

. Need for continuing education and training should be identified through, and linked to, effective continuing quality improvement programs and any existing statutory continuing education requirements as a condition of relicensing.

. All avenues of potential external financial support for education and training of students pursuing public health careers should be promoted and pursued with diligence, by the Department of Health.

. The Department of Health, supports in principle, the Human Resources Development recommendations of the Yanuca Island Declaration, and the Rarotonga Agreement.

3.2 Current Training Programs

3.2.1. Training responsibilities

In American Samoa there is no government agency charged with the responsibility for Territorial Health Workforce Development and Training. Therefore, the Department of Health, and the American Samoa Medical Center, which are the only two employers of health service professionals, and the American Samoa

Community College, which is the only local institution offering formal training courses for health professionals, each engage in health workforce planning, and health professions training, to varying degrees. It is hoped that this DOH Health Workforce Plan will provide guidelines which help coordinate and rationalize the workforce development efforts of the Department.

The responsibility for health professions education, training and continuing education, in the American Samoa Medical Center, rests with the LBJ Health Services Manpower Education Development Committee. The ASMC Director of Human Resources is the staff person responsible for this program. It is hoped that the ASMC will soon provide the Department of Health planning unit with requested information on medical workforce so that a Territory-wide health workforce plan can be completed.

The American Samoa Medical Center also manages and supervises the distance learning program using the developing telehealth/telemedicine capabilities of the Medical Center. The Department of Health is also served by this program. At this point it is not clear how the education and training needs of the public health workforce are to be reflected in the distance learning opportunities for health professionals under that program. The Department of Health needs to be more actively involved in this program.

While the ASG Scholarship and Educational Loan Programs are independent of the DOH and ASMC health workforce development programs, it has been recommended that these programs coordinate their selection criteria for student awards for education in the health professions with these programs, in order to best serve the needs of the Territory.

3.2.2. Description of current training programs

American Samoa has a population of only 63,000 (mid-1999), and the only local institution of higher learning is the American Samoa Community College. For these reasons, the Territory is heavily dependent upon external resources for the education and training of health professionals.

. Pre-service Programs

The Department of Health, and American Samoa Medical Center utilize the following resources for meeting the health professions education and training needs of American Samoa.

. American Samoa Community College: Schools of Nursing and Allied Health provide education programs leading to Associate Degree in Nursing, Associate in Science Degree in Nursing, Associate Degree in Practical Nursing (American Samoa Medical

*Insert
in Part III*

Center also offers an LPN training program), and Medical Laboratory Technician.

. Kapiolani Community College, University of Hawaii System: Dental Assistants, Associate level Dieticians, Hospital Housekeeping, Medical Laboratory Technician, Occupational Therapy Assistant, Radiology Technologist, Respiratory Therapist, Respiratory Therapy Technician, and other categories.

. University of Hawaii, and other U.S. Schools/Medical Schools: Pharmacists, Occupational Therapist, Physical Therapist, BS in Nursing, Medical Doctor, Audiologist, Biomedical Technologist, Medical Laboratory Technologist, Nutritionist, Registered Dietician, and Physicians Assistant.

. University of the South Pacific/Fiji Medical School: Physician - MB.Ch.B, Physician - MBBS, Physician - DSM, Dental Officer/Dentist, Dental Therapist, Dental Hygienist.

. Pacific Basin Medical Officers Training Program, Pohnpei, FSM: American Samoa presently has 8 graduates from the PBMOTP. These physicians hold a diploma in Community Medicine and Surgery, and are referred to generically as Medical Officers. This program was planned as a ten-year program, and having met its objectives, is no longer in existence.

. The Department of Health has a in-house training program for Community Health Assistants. Public health nursing training is also conducted by the DOH for LPNs and RNs. The American Samoa Medical Center also has an in-house training program for Dental Assistants, Operating Room/Surgical Technologists, Pharmacy Technicians, Radiology Technicians, Basic and Intermediate EMTs, Phlebotomist, and Nursing Assistants

. Post-basic and post-graduate programs

Graduates of non-U.S. medical education programs are not eligible for post-graduate specialization training in the United States unless they take and pass the U.S. Medical Licensing Examinations. This includes graduates of the PBMOTP, and Fiji School of Medicine. The American Samoa Medical Center medical staff organization is currently pursuing requests for admission of American Samoan graduates of the Fiji School of Medicine, with MBBS degrees, to post-graduate specialist training programs in New Zealand, and Australia. The Fiji School is also developing post-graduate training programs which will be open to American Samoan doctors.

Post-graduate specialist training for nurses is accessed at UCLA, University of Hawaii, and other U.S. Schools offering such courses. Master of Science in Nursing is available at the

University of Hawaii, and other U.S. Schools. New Zealand Schools are an alternative for Midwifery training.

. In-service training programs

In-service training programs for nurses are provided by the nursing in-service coordinators in the Department of Health, and the American Samoa Medical Center.

. Continuing education programs

The Department of Health currently does not have a separate budget for supporting long-term health professionals development and training, nor for continuing education. However, several Federal categorical health programs include funds for continuing education for program staff. The Department will utilize the capabilities of the telehealth/telemedicine system for distance education as part of its formal continuing education program. Continuing education priorities will be determined through the process of performance evaluation, responsibilities/competencies matching process, and CQI Program.

3.3 Teaching/learning facilities

American Samoa Community College, American Samoa Medical Center, Department of Health. Appropriate bodies within the ASCC organization, in collaboration with the ASMC and DOH determine and approve allied health and nursing program curricula, and are responsible for faculty recruitment and training.

3.4 Current training problems

- . no DOH budget for continuing education, or additional skills training.
- . inadequate secondary school preparation for health training programs
- . small health curricula student numbers and low faculty salaries work against sustainability of the ASCC training programs.

4. PLANNING FOR THE HEALTH WORKFORCE

4.1 The Need for a Health Workforce Plan

American Samoa continues to experience imbalances in the health workforce: inappropriate mix of skills; shortages in certain workforce categories; gaps in essential health competencies; low productivity due to lack of incentives; and, limited career opportunities.

There is a need to improve the cost-effectiveness of the Territorial investment in human resources for health. The investment period for training some categories of health workers is long. The need for different categories of health workers is dependent upon evolving patterns of health care, and decisions taken today will have significant impact on the ability to deliver services in the future. All these issues contribute to the need for a long term health workforce plan, and an ongoing planning process.

~~The widely used population:personnel ratio planning methodology is not an appropriate methodology for health workforce planning in American Samoa, particularly in regard to public health workforce planning.~~ The health workforce in this island community is very small and sensitive to management decisions by the only two employers of health personnel. Since public health services are primarily population-based services, population size is not the most important factor in determining health workforce need.

The following sections on determinants of need, and determinants of supply, further illustrate why department-specific planning methodologies are used in American Samoa. Long-range planning becomes problematic when supply and need determinants are affected significantly in the short run by agency management, and service delivery decisions. It is therefore appropriate to address the planning needs of the Department of Health, and American Samoa Medical Center separately.

4.2. Determinants of Need for Health Personnel

4.2.1. Determinants difficult to change in the short run:

- . Population growth rates, fertility and ageing rates
- . Most morbidity and mortality rates
- . Community and political expectations
 - .basic diagnostic and treatment needs
 - .essential public health functions
- . Government financing and provision of health care
- . Some aspects of the way health care is delivered
- . Functional allocation of health personnel between preventive and curative care
- . Utilization of inpatient services (patient days/1000 population)
- . Ageing rate of the health workforce

4.2.2. Determinants modifiable in the relatively short run by planned action:

- . Scope and standard of services provided

- . Utilization of services (outpatient vs. inpatient) (outpatient visits/person)
- . Organization and management of health services system
- . Some health related behavior
- . Functional allocation of health personnel between primary and secondary care

4.3. Determinants of the Supply of Health Personnel

4.3.1. Determinants difficult to change in the short term:

- . Number of school-leavers qualified to enter health occupations training programs
- . Total financial support for off-island education and training
- . Number of students currently in training
- . On-island training capacity
- . Salaries of public health workers
- . ASG career service policies and procedures

4.3.2. Determinants modifiable in the short term by planned action:

- . Number of school-leavers choosing health careers
- . Student intake policies and requirements
- . Deployment of existing health personnel
- . Productivity level of health personnel
- . Competencies of existing health personnel
- . Job descriptions and worker specifications
- . Salaries of health service workers
- . Recruitment and retention policies
- . Number of established posts in the health service
- . ASG retirement program age limits

4.4 What Needs to Be Done

The primary objective of health workforce planning is to minimize the gap between the need for, and the supply of, health personnel. The health workforce policies noted in sub-section 1.3 of this document, and the major determinants of need outlined under 4.2 above, determine the current and future need for health workers in the Department of Health, and the American Samoa Medical Center. This plan is directed to gearing training programs, controlling exit from, and adjusting staff intake to, these health services to achieve this end. The following sections of this plan describe the processes for controlling these variables.

While it is expected that this plan will help ensure a health workforce supply that is consistent with American Samoa's available resources, the optimal deployment and utilization of

the personnel within that workforce is a function of health service management. This optimal use of the available personnel may require review of organizational structures, management policies and current procedures concerning workforce deployment. It may be necessary to undertake operational studies of selected elements of and activities within each health service entity to provide information for informed decision making in these areas.

5. PLANNED CHANGE - WORKFORCE PROJECTIONS AND TRAINING INTAKES

5.1 Introduction

This section is concerned with the numbers of staff required to satisfy health program or service needs, the numbers of staff to be employed, the numbers of staff expected to leave the health service, and the numbers of entrants to and graduates from training programs. Workforce supply projections and training schedules are linked, emphasizing that the intake and output of training programs are key factors in ensuring the timely supply of appropriately qualified health personnel.

The workforce projections and training schedules in this section are consistent with the workforce planning policy and training principles noted in sub-sections 1.3 and 3.1 above.

A distinction is made between the numbers of staff required, and the numbers of staff to be employed, particularly in planning for the Department of Health. There is often a clear need for additional Department of Health staff to perform essential public health functions, but this need may not be translated into demand for a number of reasons. This results when needed positions cannot be established and funded due to budget limitations.

*insert
in
need data
Methods*

A number of methods are employed by workforce planners to project health workforce need. The simplest and most widely used method makes use of population:personnel ratios. This method, and many of the others commonly used, are only appropriate when planning for large populations. In American Samoa, with a population base of only 63,000, and only two employers of health personnel, such methods would not produce realistic, or practical projections. Therefore, each health entity, employs its own methodology in seeking to determine its unique current and future health workforce needs.

5.2 Projection of DOH Workforce Requirements

Until the establishment of the Department of Health Workforce Development Committee, in 1998, long-term workforce requirements were not addressed through a planned approach.

The Department of Health workforce policy (ref. 3.1) below requires that the size and composition of the public health workforce be determined by its capacity to provide essential public health services:

" To employ public health workers in such numbers, at such levels, in such locations, and with such competencies, as to maintain a total public health workforce with the collective capacity to effectively and efficiently perform the basic public health functions of the Department of Health, and meet the evolving health challenges of the 21st century."

In this workforce plan, a competency is defined as: "A skill, blended with knowledge and behavior, that enables a person to perform specific work".

In its efforts to implement this policy, the public health workforce sub-committee will follow guidelines presented in the Report of the Public Health Functions Project, "The Public Health Workforce: An Agenda for the 21st Century", USPHS, September 1997. This report identifies a number of competency domains containing the skills required to perform each of the ten essential public health services.

Focussing initially on public health competencies, rather than personnel categories, is an appropriate methodology for American Samoa where planning for the public health workforce is essentially planning for a single department of government.

With limited financial and human resources available, it is often necessary for some health workers to perform more than one function. For this reason, many public health workers in American Samoa wear more than one hat, and we see more generalists than specialists. Thus, position descriptions are more important than occupation categories, or job titles.

The following ten essential public health functions are performed by the Department of Health, American Samoa Government.

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. inform, educate, and empower people about health issues
4. mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure

the provision of community health care when not otherwise available.

8. Assure an adequate and competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems.

It is important to know the specific competencies of individuals in the public health workforce, but essential public health services are provided through the efforts of more than one individual, and the effectiveness and efficiency of these services depends on how individual competencies are packaged and coordinated, through personnel deployment, assignment of responsibilities, and team development.

The ten essential functions of public health are performed by individuals working in various program areas, and while individuals performing similar functions form specific workforce categories, they may not necessarily be working in the same program area. This may occur as a result of geographic decentralization of services (district health centers), or may also be attributable to program fragmentation resulting from the establishment of categorical Federal health programs. Federally funded programs include: MCH, Immunizations, Breast and Cervical Cancer Research Project, Health Promotion and Disease Prevention Program, STD and AIDS Program, Diabetes Prevention and Control, and others. These programs provide approximately half of all funds available for public health services, and employ (%) of the entire public health workforce.

Therefore, the determinants that most significantly affect future need for Department of Health workforce members are: (1) community and political expectations regarding the provision of essential public health services; (2) requirements created by initiation of Federally funded health programs and services; (3) scope and standard of services provided; (4) health program priorities and emphasis; and (5) vacancies resulting from death, retirement, resignation, or reassignment of existing personnel.

The significance of health program priorities and emphasis, among these determinants of need is evident in the Department of Health Action Plan, 2000-2005. Action Plan goals and objectives are to be achieved through the implementation of planned activities, programs, and services. These activities, in turn, require certain resources, including human resources. Hence, in addition to the essential public health services expected by the public and elected officials, Department of Health workforce requirements follow from the delineation of program activities

considered essential to the successful achievement of Health Action Plan objectives.

Certain practices can serve to confound the purposes and reliability of long-range workforce needs planning:

(1) need is often confused with demand. Demand for additional workers may be generated from within existing staff ranks by members who argue that they are overworked, or that they need an "assistant";

(2) short-term contract workers, or those hired with Federal funds, or other "soft money", may generate pressure for continued employment after the expiration of these Federal programs, or when the original need for short term employment no longer exists. This "humanitarian imperative" can easily develop from a policy of seeking Federal health program support without regard for the existence, or absence, of real community need (priority) for such programs;

(3) new Federally funded categorical health programs may also result in the inter-program transfer of key staff members, leaving vacancies in essential public health services, thus creating an unanticipated "demand" that cannot be easily filled in the short run.

The DOH Action Plan has identified the need for the specific categories and numbers of health personnel, including: those already employed; those needed to improve the capability to perform essential services and meet expected standards; and those needed to implement new initiatives, programs, or services recommended in the plan.

5.3 Projection of DOH Workforce Supply - Gains and Losses

Prior to the establishment of the Department of Health Workforce Committee, in 1998, public health workforce supply was not considered an area of Department responsibility, other than in the limited areas of recruitment and retention.

The determinants that most significantly affect the supply of public health personnel are: (1) number of students currently in training, and graduating from training; (2) number of students entering training, which is greatly influenced by: (a) availability of government financial support through scholarships and loans; (b) salaries of public health workers, relative to other workers, particularly hospital workers; (c) number of established posts in public health; (d) on-island training capacity; (e) student health career choices; and, (f) student intake policies and requirements of local and off-island training institutions.

Intake to the nursing and allied health training programs of the American Samoa Community College is only indirectly influenced by local health workforce need, and the size of the unemployed pool of such graduates (supply) in the Territory. Intake appears relatively independent of these two factors and is subject mostly to student's career interests and limitations on class size.

It is also necessary to have information regarding likely future losses from the workforce. The numbers and dates of some of these are known well in advance of their occurrence - for example retirements due to age, and exits due to expiration of fixed term contracts. Others are predictable to some degree on the basis of past trends, but some losses are completely unpredictable.

In spite of these complicating factors, the best possible estimates of gains and losses must be made on the basis of past experience, and available information.

5.4 Training Intakes and Outputs

The future numbers of new entrants to training, continuing students, graduates, and graduates actually entering employment must be determined, having regard for past experience and the needs of the workforce. Table 2. below provides information of value to this planning process.

Table 2

Nursing and Allied Health Graduates, American Samoa Community College, 1995-1998

Degree Attained	School Year			
	1995	1996	1997	1998
Certificate in Nursing	7	6	2	8
A. S. / Nursing	5	0	4	2
A. S. / Allied Health	8	10	15	11

Source: Nursing Program, American Samoa Community College,
2/8/99

5.5 Closing the Gap - Supply v. Requirements

Section 4 of this document shows the need for a plan to ensure that the supply of health personnel in future years will be adequate to meet the demand for health care and public health services at a level appropriate to American Samoa's overall resources.

It must be noted that the ability of the Department of Health to adequately meet its need for public health personnel, is not so much influenced by the supply of workers, as it is by restrictions imposed by an inadequate personnel budget. Also, the supply of public health personnel, particularly certain specialists, is not limited to those produced through local training programs. When the need for such personnel is high, they can also be recruited from the United States or Pacific region workforce pool, although this is not the most desirable option. While this practice is discouraged, it is not prohibited by ASG law, or Department of Health policy.

There are a number of long-standing practices that weaken the ability to predict long term need for public health personnel, and to the extent that student intake at the ASCC is influenced by job prospects, the local supply of workers. Some of these practices are:

(1) the practice, described earlier, of hiring personnel trained in one discipline to fill positions requiring other competencies. This happens when: (a) position descriptions do not adequately specify qualifications; (b) specified qualifications are waived, or revised, because ideally qualified persons are unavailable; or, (c) qualifications are ignored in order to hire persons favored for the position, regardless of qualifications;

(2) the hiring of individuals trained in specific technical areas to fill administrative positions, for example; when public health nurses become program directors for new Federally funded programs;

(3) in American Samoa, where certain health positions are limited in number, and are often already filled by career service employees who would be expected to remain employed for many years, students may be discouraged from entering these fields of study, since the chances of one of these positions being open in the near future is slim;

(4) as a further complication of the situation in (3) above, it cannot be predicted with any certainty, when those holding such positions, may decide to retire (retirement is not mandatory by

age), resign, or transfer to another position. Thus, the unpredictability of a position being vacant restricts supply, and in the event an incumbent does leave unexpectedly, there are then no new candidates waiting to take their place. This, in turn, may lead to a less than ideally qualified replacement being hired, which in turn again removes the position from the potential employment market, etc. etc.;

(5) the rapidly developing disparity between nurse salaries in the Department of Health, and those in the American Samoa Medical Center, may result in unforeseen resignations from public health, and associated difficulties in recruitment of nurses.

Therefore, it is recommended that the Department of Health examine existing policies and practices that work to confound long term health workforce planning, on both the demand, and supply sides of the equation, and to modify these policies and/or practices in ways that benefit the Department.

It is also recommended that the Department of Health, as part of its long-range workforce planning process, actively seek to modify certain determinants of supply in ways that may enhance the supply of public health personnel, or in ways that may make supply more predictable in the long run.

There are a number of other actions that can be taken by the Department of Health to improve its ability to predict workforce need and supply, effectively utilize its workforce, and more actively determine specific needs for continuing education and skills development to increase overall workforce capacity and performance. Among these are:

(1) annually compile data on the characteristics of the existing workforce; the number of new students and graduating students in health careers at the ASCC; and the number of students pursuing health studies in colleges and universities abroad.

(2) a more diverse, structured DOH health workforce planning committee should be formed, and its duties and responsibilities prescribed. This committee should meet at least quarterly, and make recommendations to the Director of Health on the need for numbers and categories of public health personnel, and on the supply of health personnel.

(3) mount an active health careers promotion effort through public information messages, and meetings and information for individuals and groups of students, beginning with high school.

(4) work more closely with the ASG Scholarship Committee to seek priority targeting of financial assistance for students

wishing to pursue health studies in critical public health categories.

(5) seek to establish greater salary parity between Department of Health and American Samoa Medical Center positions of the same type, particularly LPN, and RN positions.

(6) optimize existing avenues of promoting and supporting employee capacity development and the acquisition of appropriate new knowledge and skills, and developing new avenues, such as distance learning. This effort should be linked to annual assessment of employee job performance, and the degree of fit between position requirements and employee qualifications.

(7) appoint a small committee (could be the workforce committee above) to review and analyze each new opportunity for Federal grant programs as to the real community, or Department, need for the program, and its potential effect on other programs and services, particularly its effect on the utilization and availability of key DOH personnel.

(8) effectively utilize the DOH Action Plan, and DOH Workforce Plan as justification tools to seek budget approval of needed new public health personnel.

(9) work collaboratively with the American Samoa Medical Center to most effectively utilize available health workers, including; the potential for contracting for part time services, or transfer of services, with personnel and budget (community oral health services).

6. EXTERNAL SUPPORT NEEDS AND PRIORITIES

6.1 Financial, Technical, or Consultant Workforce Support

Use of consultants, short term technical expertise, source of financial support for consultants, use of telemedicine for consultant support, etc.. National Health Services loan forgiveness program, Indian Health Service, roving specialists, USPHS, etc.

7. IMPLEMENTATION, MONITORING, REVIEW AND EVALUATION OF THE HEALTH WORKFORCE PLAN

All the effort expended to develop this Health Workforce Plan will be wasted if adequate attention is not given to the Plan's adoption and implementation, regularly reviewing and up-dating its content in light of experience and changing circumstances, and from time to time conducting a thorough evaluation of all aspects of the Plan and its operation.

7.1 Arrangements for adoption, implementation, review, and evaluation of the Health Workforce Plan.

When completed and approved by the Director of Health, the DOH Health Workforce Plan will be forwarded to the Director of Human Services for review and comment. Finally, it will be presented to the Governor for approval and adoption. When adopted by the Governor, the DOH Health Workforce Plan becomes an official statement of health workforce policy.

The Department of Health will implement the Workforce Plan through organizational units, and will develop an implementation process for this purpose.

The DOH Health Workforce Development Committee will monitor implementation of the recommended health workforce development activities, and in this process will meet from time to time to review and update the overall Plan, and will meet at least annually to evaluate the Plan and its operation.

7.2 Implementation of the DOH Health Workforce Plan

Implementation of the Department of Health Workforce Plan will be the responsibility of Workforce Development Committee. This Committee will meet regularly to monitor implementation of the recommended activities in the Plan, and in this process will meet from time to time to review and update the Plan, and at least annually will evaluate the Plan and its operation. The Health Policy, Planning, and Development Unit will provide staff assistance to the Committee.

7.2.1 Responsibilities of the Health Workforce Development Committee

The responsibilities of the Health Workforce Development Committee are:

1. to quantify the supply and demand of personnel providing essential public health services, and community-based primary personal health care and dental care in American Samoa, where demand is expressed in terms of short (2-year); intermediate (5-year); and long-term (10-year) objectives;

2. to work to develop standard definitions for public health workforce categories, and seek to have these definitions adopted by the Department of Human Services, American Samoa Government;

3. to identify essential public health services competencies within a set of skills domains, and attempt to sub-classify these competencies for specific workforce categories and job descriptions;

4. to attempt to utilize job description competencies as a means to annually evaluate individual job performance, and identify needed in-service, or continuing education needs, and to attempt to incorporate this process into a public health CQI program.

5. to identify basic, advanced, and continuing education curricula elements needed to train current and future public health personnel in the identified competencies, recognizing the need to direct resources toward meeting the greatest skill enhancement needs first; and

6. to plan for maximum use of evolving technologies such as distance learning, making information and best practices readily available and integrating distance learning techniques with existing strategies for training, education, and communication in developing public health competencies.

7.2.2 The Planning Rationale and Process

Knowing which professionals are currently performing specific public health functions is integral to projecting what types of public health professionals will be required in the future. Similarly, a clear understanding of the evolving public health workforce is necessary for effectively and efficiently providing training and education opportunities for that workforce.

It has been noted that many public health workers, although competent in specific technical fields, may lack: management, planning, and/or communication skills; political skills; and, community organization and diagnosis, all of which are essential for leadership in the complex multifaceted public

health activities that form the Department of Health strategy for Health for All in American Samoa (HEALTH ACTION - 2005).

Also, because health professionals are often recruited from the hospital to fill public health roles, these workers, although well trained in such fields as medicine, nursing, dentistry, or administration, may be lacking in formal public health training.

In addition, support staff (e.g. receptionists, clinic assistants, etc.) often are not effectively oriented to the public health goals of the Department of Health and are thus limited in the contributions they are able to make to the overall health effort.

Lack of a standardized classification of public health workers presents difficulties in assessing public health

workforce capabilities and future demand. Information on the current supply of public health workers is based on the recent survey of health workers conducted by Paz Associates, as part of a government-wide manpower study, and analysis performed by the Public Health Workforce Committee. There is often disparity between a person's DOH job title, ASG personnel classification title, and his/her actual job responsibilities.

Because the scope of the public health workforce plan is limited to a single department of government, the methodology used to assess the capabilities of the current workforce, and to project future workforce development needs, is interdepartmental and internally focused.

The Health Workforce Development Committee will meet regularly, seeking input from other appropriate DOH staff to assess the individual and collective competencies of the workforce, in light of current needs, and to determine the need for additional competencies based upon apparent competency gaps, or changes in public health approaches and strategies over time.

A plan of action will be developed to address gaps between workforce need and supply, and the need for additional competencies. This action plan will weigh the options of: (1) hiring additional personnel possessing the needed competencies; (2) short term education and/or training of existing personnel to acquire needed skills; or, (3) identifying and supporting individuals in long term career paths to attain needed competencies.

Hiring policies will be redefined, and greater attention will be given to selecting individuals based upon specific competency requirements clearly described in the job description. A review of public health professions job descriptions and job titles will be conducted in an attempt to discover and eliminate overlap with regard to knowledge base, responsibilities, skills, and tasks, and to move toward greater conformity with the Federal Standard Occupational Classification for health occupations.

The annual performance evaluation of key health professionals will include an assessment of minimum competencies (strengths and weaknesses) required for each position, against the individual's demonstrated competencies, and where appropriate, a plan for continuing education/training for each individual will be developed to increase competencies where needed. The intent is not to use this process as a punitive mechanism for poor performance, but to use it as a positive tool for continuous quality improvement.

As a result of the annual performance evaluation process, each health professional will agree to reasonable compliance with

*Insert
in the
Classification*

provide the ASG Scholarship/Loan Program Committee with copies of the latest Health Workforce Plan, and will work with the Scholarship Committee, to attempt to give priority funding for students wishing to pursue studies in health fields of greatest local need.

* 7.3 Review and evaluation of the Health Workforce Plan

In view of inevitable and sometimes unforeseeable changes in the health field and in the wider political and economic situation, it is essential that regular and systematic reviews of the Health Workforce Plan be undertaken.

The Health Policy, Planning and Development Unit of the Department of Health will prepare annually a report on the Plan's implementation and the circumstances likely to affect implementation in the future. The annual report will contain proposals for any amendments to the Plan which appear to be necessary in light of the past year's experience and future expectations.

This report will be presented to the Health Workforce Development Committee for review and possible action, including revision of the Workforce Plan.

These procedures are designed to ensure that the Health Workforce Plan does not become a static and out-dated document but provides a timely guide to action, a "rolling plan" based on experience and up-dated appropriately in light of changing circumstances.

PUBLIC HEALTH COMPETENCY SKILLS DOMAINS

Within each skill domain a number of specific skills may be identified. Some of these skills are newly added due to changes in public health intervention strategies and approaches.

1. Analytic Skills
2. Communication Skills
3. Policy and Development/Program Skills
4. Basic Public Health Sciences Skills
5. Cultural Skills
6. Financial Planning and Management Skills
7. New Skills
 - . Competencies required by new public health approaches
 - . health promotion skills
 - . leadership development
 - . program management (particularly Federal program management)
 - . data analysis
 - . community organization and mobilization, building partnerships
 - . health delivery systems, and system development
 - . use of new information technologies
 - . uses of data in policy development and decision-making
 - . continuous quality improvement
 - . Writing and oral communication skills,

Evaluate strengths and weaknesses in each skill domain.

1. Can we develop job descriptions based upon specific competencies required in each of these skill domains for the adequate performance of the position duties and responsibilities?
2. Can we then utilize these competency lists to perform an annual evaluation of the person's demonstrated competency against the required competencies, thus discovering areas where in-service, or continuing education may be directed?
3. Can we develop a Continuous Quality Improvement program that also utilizes this process to initiate action toward improved performance?

If so, we will have indeed discovered a powerful tool for improvement of individual job performance, and a tool for assessing and improving overall workforce competencies required to perform the 10 essential public health services.

DOH sponsored/provided training as a prerequisite for the next annual step increment, if required by the person's supervisor. In this environment, an effective continuous quality improvement program (CQI) would have as one of its primary objectives to assess gaps between required position competencies, and those actually demonstrated by position incumbents, and to recommend needed continuing education or training to acquire knowledge or skills that are lacking.

A list of suggested new positions will be developed by the Health Workforce Development Committee and submitted to the Director of Health for approval. These required new positions will be included in the Department annual budget request, consistent with available funding.

In the short run, recruitment for vacant, or new budgeted positions will be pursued locally, and externally if required. If qualified staff can only be found off-island, the Committee will seek local candidates who may be willing to enter career paths to acquire the necessary education and skills for such positions. In such case, the Department of Health will take an active role in seeking appropriate candidates, advocating for financial support from ASG, and mentoring individuals during their schooling, with the agreement that the candidate is willing to return to work with the Department.

The Health Workforce Development Committee will work closely with designated representatives of the L.B.J. Tropical Medical Center to ensure that appropriate distance learning opportunities are available to meet the continuing education/training needs of the Department of Health.

7.2.3 Other ASG Departments and Agencies

7.2.3.1 Department of Human Services

The Health Workforce Development Committee will work with the Department of Human Services in an attempt to streamline the number of public health occupation categories, and to standardize job titles to more accurately describe the actual nature of the job. Job descriptions for key public health positions will be reviewed and revised to include statements of the specific skills required for the position incumbent to adequately perform the required duties and responsibilities of his/her position. These revised position descriptions will be submitted to the Department of Human Services for adoption and implementation.

7.2.3.2 ASG Scholarship/Loan Program

The Health Workforce Development Committee will