CREATING A LEARNING AGENDA FOR SYSTEMS CHANGE:
A Toolkit for Building an Adaptive Public Health Workforce
Creating a Learning Agenda for Systems Change: A Toolkit for Building an Adaptive Public Health Workforce

is referred to throughout this document as the Learning Agenda Toolkit or the Toolkit. This is the first time the Learning Agenda Toolkit has been formalized and released. It is a work in progress. We welcome your feedback, reactions, and recommendations for change. Additionally, we would appreciate any stories of implementation and results of those implementations (what worked/what didn’t work). To provide feedback, please go to www.publichealthlearningagenda.org and follow the instructions.

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The public health workforce is currently facing many complex challenges that stand at the root of community health issues.

Existing public health workforce development models focus largely on improving individual competency. Individual competency alone, however, is no longer sufficient to create a workforce equipped to address the current complex challenges occurring at the individual, organizational, community, and systems levels.

The purpose of this Learning Agenda Toolkit ("Creating a Learning Agenda for Systems Change: A Toolkit for Building an Adaptive Public Health Workforce", or referred to throughout as the Learning Agenda Toolkit or the Toolkit) is to help public health organizations and their partners envision how the public health workforce can address and achieve systems change. By working through multiple Learning Approaches and Learning Opportunities, a workforce development leader can develop a Learning Agenda that will lead to systems change.

This Toolkit includes a conceptual Learning Framework, which illustrates the concepts behind the Learning Agenda, and the process planning tools necessary for public health leaders and workforce development specialists to accomplish the steps of the Learning Agenda, and achieve their vision of systems change.

**LEARNING FRAMEWORK**

A visual representation of the components, relationships, and processes between community and systems challenges, and how an organization might articulate the need for, and approach to, learning. The Learning Framework illustrates both the concepts behind the Learning Agenda, and the steps needed to develop it.

**The three tools described in this Toolkit are:**

1. **Rapid Self-Assessment Tool** – assesses an organization’s current learning state
2. **Discussion Guide** – helps to guide deep discussions about each step of the Learning Framework
3. **Learning Approach Planning Tool** – assists in designing the learning opportunities that will best fit the challenge type and desired level of impact

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**EXECUTIVE SUMMARY**

The public health workforce is currently facing many complex challenges that stand at the root of community health issues.

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BACKGROUND AND INTRODUCTION

“The governmental public health workforce will need to bolster its programmatic and scientific capacities with a broader set of skills and knowledge that support the multi-sector vision setting and leadership needed to address the social, community-based, and economic determinants of health. A more integrative approach is needed to effectively manage initiatives, engage across sectors, and influence key factors that affect health in communities.”

- Building Skills for a More Strategic Workforce: A Call to Action

The public health workforce is currently facing many complex challenges that stand at the root of community health issues. Challenges like racism, poverty, food deserts, mental health, climate change, the opioid crisis, police violence, and a growing political divide, increasingly require public health agencies to engage in multi-sectoral collaboration, promote collective learning, and implement multi-level interventions – often with limited resources and authority. Indeed, numerous public health reports highlight the expanded skill set needed for public health professionals to be effective as the world of public health evolves.

Developing the necessary cross-cutting skills (e.g., systems thinking, persuasive communication, problem solving, and policy engagement) requires a new approach to training and learning. Building the workforce’s ability to respond to existing, emerging, and urgent population-level challenges calls for focusing on the level of impact desired, and designing a learning approach that will achieve that impact.

In 2018, the Public Health Learning Network (PHLN) released its Strategic Workforce Action Agenda (SWAA) that included recommendations for how to address current and future public health challenges through a coordinated system of effective, efficient, and quality learning. The SWAA findings showed that existing workforce development approaches are inadequate to address the systems changes and complex challenges facing public health practitioners today.
Existing public health workforce development models focus largely on improving individual competency. Individual competency alone, however, is no longer sufficient to create a workforce equipped to address the current complex challenges occurring at the individual, organizational, community, and systems levels.

The SWAA called for a shift in thinking about workforce development. Recommendations included additional frameworks and assessment tools that:

- respond more directly to community-level challenges,
- address the social and structural determinants of health as root causes of public health issues,
- identify effective learning approaches that build on organizational and community competencies,
- and build an adaptive workforce that is collectively learning.

“**There was a strong call for leadership skills to help practitioners navigate multiple challenges simultaneously. Participants stated that the most commonly mentioned challenges are systemic and complex — challenges with many problems embedded within them and for which no one person or program can address.**”

- Strategic Workforce Action Agenda

“This transformative [learning] approach differs from traditional public health practice... it focuses on an underlying social problem rather than a single health problem.”


**TOOLKIT DEVELOPMENT PROCESS AND PURPOSE**

The PHLN is a national consortium of ten Regional Public Health Training Centers (PHTCs), and their partners, that provide high-quality, relevant training to address the learning needs of the public health workforce. The PHTCs, funded by the U.S. Health Resources and Services Administration (HRSA), collectively reached over 160,000 learners through more than 2,000 trainings in grant year 2018-2019, and are well-positioned to use the tools in this Learning Agenda Toolkit with their audiences. The PHTC program is located in top universities within schools/colleges of public health focused on evidence-based applied practice and workforce development. They collaborate with community-based training partners and extensive partner networks.

In 2019, the PHLN formed a workgroup to explore the development of a Learning Framework and other workforce development tools based on the SWAA recommendations. PHTC workforce development staff and faculty worked together to analyze peer-reviewed literature, review existing training and workforce development frameworks, and develop this Learning Framework as a foundation for a public health Learning Agenda.

*For more information on Toolkit Development, see Appendix.*
Learning must be responsive to community and systems challenges, not just individual roles/competencies.

Different challenges need different learning approaches; the most complex challenges require systems changes.

Greater systems change can be affected by developing a Learning Agenda that offers increasingly more impactful training that focuses on root causes of health and addresses organizational and community competencies.

**DEFINITIONS**

**Learning Framework**
A visual representation of the components, relationships, and processes between community and systems challenges, and how an organization might articulate the need for, and approach to, learning. The Learning Framework illustrates both the concepts behind the Learning Agenda, and the steps needed to develop it.

**Learning Approach**
A design guide that considers the length, dose, participants, and modalities needed for learning to have the desired impact on a community or systems challenge.

**Learning Opportunity**
The instances where training and learning take place (can be online or in-person).

**Learning Agenda**
The process of how the workforce and community can build its collective competency to address community challenges through multiple Learning Approaches implemented over time.
Public health has a long and thoughtful history of training its workforce. The Learning Agenda builds on these efforts in two important ways:

First, while an organization may have a workforce development plan, it often is one that addresses gaps in specific skills or content areas of individual learners and individual competencies. The Learning Agenda flips this notion by aligning skills and learning approaches to current public health challenges, in addition to focusing on individual learning needs.

Second, the Learning Agenda centers around the idea that understanding complex community challenges and their root causes, and aligning Learning Approaches, needs to be intentional and holistic. These complex challenges are ones that no individual can address alone, and no single solution or intervention will fix. The Learning Agenda details the process of how to build the collective competency of the workforce to address these complex challenges through multiple Learning Approaches implemented over time.

The goal of the Learning Agenda is to facilitate deeper, more robust stages of learning that can increasingly impact systems change. This often requires ongoing, long-range learning and skill building. Making adjustments to the Learning Agenda as challenges are revisited and reevaluated, and as learners see even more opportunities for systems changes, is recommended. A thoughtful, multi-layered Learning Agenda will lead to a public health workforce capable of responding to the complex challenges facing our world today.

"Systems change is inherently an “inner” and “outer” process or journey. This work involves deep shifts in mental models, relationships, and taken-for-granted ways of operating as much as it involves shifts in organizational roles and formal structures, metrics and performance management, and goals and policies."

- The Academy for Systems Change

An adaptive public health workforce is one that is resilient, and has the capacity to assess, explore, and lead through multi-level and multi-pronged evolving challenges.
To illustrate the thinking behind the Learning Agenda, the PHTC workgroup developed a Learning Framework. The Learning Framework (Figure 1) is a visual representation of the components, relationships, and processes between community and systems challenges, and how an organization might articulate the need for, and approach to, learning.

As Figure 1 shows, there are six major components of the Learning Framework:

1. COMMUNITY OR SYSTEMS CHALLENGE
2. CHALLENGE DEFINITION
3. IMPACT LEVEL
4. LEARNING APPROACH
5. LEARNING OPPORTUNITY
6. SYSTEMS CHANGE

The Learning Framework also shows the relationships between these components. Each component is a step in the process of developing a Learning Agenda. Multiple iterations of the Learning Framework process may be necessary in order to develop a Learning Agenda that will create an adaptive public health workforce that is prepared to address the root causes of complex community and systems challenges.

Figure 1: Conceptual Learning Framework
Step 1: Understand the Community or Systems Challenge

The public health workforce should have the competencies and capacity necessary to identify and respond to community challenges and opportunities. By engaging the community, public health professionals identify needs and assets, and explore the root causes of challenges. As an example, data may show high obesity rates. A collective exploration with community stakeholders may illuminate upstream challenges to health (e.g., poverty, lack of access to healthy foods, lack of sidewalks, unsafe neighborhoods). To create a Learning Agenda, organizations need to have an ongoing process for assessing the community’s (and/or system’s) strengths, challenges, opportunities, and threats. The community should be heavily involved in the process of gathering this information, and community members’ lived experiences and voices should be emphasized. Resources like the following can help facilitate the process of prioritizing and identifying root causes within a community:

- Mobilizing for Action through Planning and Partnerships (National Association of County Health Officials)
- Community Tool Box
- Describing Your Community, Collecting Data, Analyzing the Issues and Establishing a Road Map for Change (Community Anti-Drug Coalitions of America)

Root Cause: The fundamental reason for the occurrence of a problem

Upstream: Addressing social determinants of health (the conditions in which people are born, grow, live, work, and play)

Systems: The organizations, policies, laws, and power structures that impact health

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Step 2: Define the Challenge

It is important to spend time with community members and stakeholders to diagnose how you collectively perceive the situation. Defining the challenges is key to articulating a shared vision and to working collaboratively to address it, identify available resources, assets, and strengths that can be leveraged, and clarify a shared understanding of the pathway of learning and skill set required to achieve the desired impact. There are two major types of challenges that occur across a spectrum (as shown in Figure 2). At one end of the spectrum are technical challenges, which often have a single cause, may be addressed with focused, concrete knowledge or skills, and often have an already known or available solution. At the other end of the spectrum are adaptive and complex challenges, such as widespread opioid misuse, which often have many root causes, require multiple forms of knowledge and diverse skill sets, and to which there is no one solution (Heifitz, et al., 2009). All too often, we tend to reduce public health community challenges to the simplest, most technical form, when, in reality, they are very complex, and require systems-level changes and multiple people working together over the long term to address them.

Figure 2: Challenge Definition

Technical

Adaptive/Complex

Issue is well-known and there are proven best practices to address it.

Represents an emerging practice, requires adaptive and collaborative leadership and systems thinking
In addition to defining the challenge, we also need to determine the desired level of impact and collective change. How we define the challenge changes the impact, the scope of the necessary intervention, and the learning approach required.

The Learning Framework categorizes the learning needed to reach the desired impact into three levels:

- **Impact Level 1**: Learning for knowledge and skills change
- **Impact Level 2**: Learning for policy and practice change
- **Impact Level 3**: Learning for culture change

When viewed together with the Challenge Definition spectrum, the Impact Level spectrum illustrates that Impact Level 1 learning is adequate to address technical challenges, while Impact Level 3 learning will best address adaptive/complex challenges.

If we use racism as our example, at one end of the spectrum, there are technical challenges, such as the ways demographic data is collected and used. There is a well-known lack of data on indigenous peoples. This leads to an unclear picture of the health impacts on this population. This lack of data also leads to a lack of dedicated resources and a tailored response to address this important disparity. This technical challenge requires improved knowledge, skills, and learning from best-practices in data collection for underrepresented populations. As we move further along the spectrum, we run into increasingly more complex challenges, like policies and practices that may prevent organizations from having a workforce that is racially representative of the community they serve. More complex challenges like this often involve additional partners and require addressing multiple components (e.g., screening and interviewing practices, the need for pipeline programs). As we reach the opposite end of the spectrum, we arrive at addressing racism at the systemic level. This requires the mindset of individuals and the culture of organizations and communities to shift in order for antiracist approaches to be implemented and sustained. In our example, examining implicit biases that lead to things like unfair disciplinary practices against children of color, or inequitable distribution of program resources would be those adaptive/complex challenges.
Step 4: Design the Learning Approach to Align with the Challenge Definition and Desired Impact

Different challenges require different learning. As shown in Figure 4, as we develop our Learning Agenda, three aspects of the Learning Approach need to be considered:

1. **The length and dose of learning** - Technical challenges can often be addressed with a short knowledge or skill-building learning opportunity. More complex challenges necessitate systems-level changes and require longer periods of learning with greater doses of training and learning, even ongoing iterative cycles of learning.

2. **Who needs to participate/What is the scope of participation** - For Impact Level 1 challenges, learners can acquire new knowledge and skills independently, or as part of a group. Impact Level 2, which involves applying new skills to achieve policy and practice change, requires feedback, discussion, and practice as a part of a group. Impact Level 3, which works to change culture and impact the systems that affect health, calls on groups to work together to collectively identify, reflect on, and change their behaviors and organizational processes.

3. **What modalities of learning might be needed** - The modality of learning is the format through which the learning occurs. It should match the type of challenge being addressed and the desired impact. Learning can take place in-person or virtually (online); through didactic information-delivery or discussion-based application and practice; and it may be asynchronous (self-paced) or synchronous (live). Modalities include webinars, lectures, podcasts, courses, workshops, ECHO series, action-learning institutes, conferences, communities of practice, coaching, and more. Effectively addressing a challenge and desired level of impact may involve a single modality, or may require a combination of multiple modalities.

While we usually address one challenge type (technical or adaptive/complex) at a time, it is possible to develop a Learning Approach that addresses multiple types of challenges at once.
Step 5: Plan, Implement, and Evaluate a Learning Opportunity

Once you have developed the Learning Approach, the next step is to plan and implement a learning opportunity, and then to evaluate its efficacy in reaching the level of change desired. Evaluating the learning opportunity will give the workforce development team data that they can use to assess where they are relative to their desired systems change vision. They can then decide if they are in the position to plan for deeper learning. Ideally, the Learning Agenda would allow for several cycles of increasingly deeper learning opportunities and progress moving toward that vision.

Step 6: Realize the Vision

Depending upon the complexity of the community challenge you’re working to address, realizing the vision will likely require multiple iterations of the earlier steps. The Learning Framework is best used as a tool for building learning that will assist the public health workforce in achieving their envisioned systems change. The steps in the Learning Framework support the development of an adaptive public health workforce that is prepared to address the root causes of complex systems-level challenges.

MOVING FROM CONCEPT TO ACTION: Tools to Create the Learning Agenda

“Challenges include an emphasis on really addressing social determinants of health and not just having evidence based practices that you can pick up and easily integrate. They require so much more multi-sector work and maybe longer term strategies. They’re not small programs. They’re big systems changes.”

- Strategic Workforce Action Agenda

Creating a Learning Agenda to address complex system and community challenges may seem daunting to an organization. Although creating one does take some time and effort, in the long run it will help the organization’s workforce more effectively address system changes. Leaders recognize that most current learning opportunities are designed to build individual staff skills and knowledge, but in order to address complex challenges within their community, learning must go beyond individual competency development.

This Toolkit offers three tools for organizations to use to help them develop a customized Learning Agenda to address upstream challenges impacting public health. These tools can be used together in sequential order, or individually. While each tool can be used without the others, we recommend reading the benefits of, and considering the impact of, using them all together. Used as part of an ongoing, iterative process, these tools can help organizations develop a comprehensive Learning Agenda that will offer professionals a progressively impactful series of learning opportunities, which will prepare them to achieve deep, systems-level change.
The three tools in this Toolkit are:

1. **Rapid Self-Assessment Tool** – assesses an organization’s current learning state
2. **Discussion Guide** – helps to guide deep discussions about each step of the Learning Framework
3. **Learning Approach Planning Tool** – assists in designing the learning opportunities that will best fit the challenge type and desired level of impact

<table>
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<th>WHO SHOULD PARTICIPATE?</th>
<th>HOW CAN THE TOOL DRIVE ACTION?</th>
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| **Rapid Self-Assessment Tool** (see Appendix for tool) | A short-term assessment of how an organization, community, or system defines challenges and approaches learning | • Leaders, workforce development coordinators, capacity building and training leaders, support partners (e.g., PHTCs)  
• Evaluators | • Increases readiness and urgency for action to get started  
• Illustrates the need for and identifies what the discussion, thinking, and learning needs are in order to move toward systems change  
• Shows progress in thinking and learning when repeated |
| **Discussion Guide** (see Appendix for tool) | A conversation guide for discussing a learning approach or opportunity, with the ultimate goal of developing a Learning Agenda | • All representatives who might participate in the planning, implementation, and evaluation of the learning process  
• Organizational, community, and systems partners interested in collaboratively addressing deeper systems change  
• Learning development partners (e.g., PHTCs) | • Helps create shared understanding and learning through dialogue and discussions  
• Develops an action plan to facilitate learning toward systems change |
| **Learning Approach Planning Tool** (see Appendix for tool) | A tool that demonstrates how learning approaches will occur across the spectrum of identified challenges | • Leaders, workforce development coordinators, capacity building and training leaders, support partners (e.g., PHTCs)  
• Instructional designers | • Communicates the learning approach to others  
• Highlights opportunities for additional learning approaches by showing strengths and gaps |
Organizations can use the two-part Rapid Self-Assessment Tool to quickly identify the type of challenge (on the technical to adaptive/complex spectrum) they are trying to address, to assess where their workforce currently is in terms of learning, and to determine the level of impact required to address the challenge. This tool can help organizations quickly, but critically, begin to think about where they are and where they want to be in terms of the learning needed to address a community problem in a way that leads to systems change.

Part 1 of the Rapid Self-Assessment Tool (see Figure 5) examines the current and desired learning stage of an organization’s staff. Working from left to right, the organization tries to answer:

- **What kind of community or systems challenge are we addressing?** Consider how the challenge was identified (should be based on a community, system, or agency assessment), and where the challenge falls along the technical to adaptive/complex spectrum.

- **What kind of change(s) are we seeking?** Think about both short- and long-term changes.

- **What outcome(s) do we want?** Determine if you’re looking for a change in knowledge, policy, or culture. This is a good opportunity to make sure your organization is heading toward systems change.

- **What is the scope of participation?** Consider the learning approaches that can help your organization address the challenge and reach the desired impact. Think about the scope of learning (individuals, team, organization, or multi-sectoral coalition) and type of engagement needed.

- **What is needed to reach our outcomes?** Think about how the Learning Approach will be implemented and evaluated. Consider timeline and modalities of learning.

Figure 5: Rapid Self-Assessment Tool, Part 1

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Once an organization has considered each question in Part 1, they can move onto Part 2 of the Rapid Self-Assessment Tool (see Figure 6) to quickly identify the type of learning they need to reach their desired impact. The impact level (1, 2 or 3) outlines the expected learning outcomes, level of engagement, typical learning approaches, length and dose of learning generally aligned with the learning level.

Self-assessment, and the accompanying discussion, should continue over time to allow for increasing learning impact levels over time. It may also be used to help evaluate progress throughout implementation of the Learning Agenda.

**Figure 6: Rapid Self-Assessment Tool, Part 2**

**Tool 1: Rapid Self-Assessment Tool**

1. **Learning for Knowledge Change**
   - Learning Outcomes: Change in knowledge or skills
   - Level of Engagement: Low
   - Typical Modalities: Webinars, didactic Presentations
   - Length, Scope, Dose: 1 – few hours, Low commitment

2. **Learning for Policy & Practice Change**
   - Learning Outcomes: Change in policies or systems
   - Level of Engagement: Medium/High
   - Typical Modalities: Coaching, Action Learning Institutes
   - Length, Scope, Dose: Multi-month, Cross-organizational

3. **Learning for Culture Change**
   - Learning Outcomes: Change in norms, behaviors, belief systems
   - Level of Engagement: High
   - Typical Modalities: Multi-layered
   - Length, Scope, Dose: Multi-year, Community/Multi-Sectoral commitment

**Tool 2: Discussion Guide**

The Discussion Guide helps facilitate an in-depth discussion between an organization and a workforce development partner, such as a PHTC or a human resources talent development expert, to build the Learning Approach.

The Discussion Guide is organized into five sections that align with the steps of the Learning Framework (see Figure 7).

Within each section, there are questions that probe further to better inform the development of a detailed Learning Approach.

**Figure 7: Illustration of Discussion Guide**
Section 1: Describe the community or systems challenge.

Questions in this section are designed to gain further insight into the community or system challenge the organization wishes to address, such as:

- Is it a technical challenge? Can the challenge be clearly defined?
- Is it an adaptive/complex challenge? Does solving the challenge require changes in values, beliefs, roles, relationships, or approaches?
- Is it somewhere in between? Perhaps the challenge is well-defined but difficult to solve.

Section 2: Articulate the type of change we wish to see.

Questions in this section are designed to flesh out the changes the organization is seeking, such as:

- What is the goal?
- What do you want to be different – at the individual level? organizational level? community level?

Section 3: Identify the outcomes we want.

Questions in this section help to further clarify the goals and outcomes desired by the organization, such as:

- What should learners know or be able to do after this learning opportunity?
- What results will show that the learning opportunity was successful and worthwhile?
- What is needed to translate learning to change/application?

Section 4: Design the Learning Approach.

Questions in this section consider the learning conditions that will help achieve the desired outcomes, and how individual learning opportunities can be layered in order to address complex community challenges, such as:

- Should participants be learning individually, with a group, or with a cohort from their organization or community?
- How do participants need to engage with the content or practice what they are learning in order to successfully apply their learning afterwards?
- How much time is needed?
- How will this learning opportunity build upon learning achieved through previous opportunities?
- How will this opportunity prepare the workforce to progress to deeper levels of learning moving forward?

Section 5: Evaluate and consider the Learning Agenda.

Questions in this section determine how to evaluate the learning opportunity, such as:

- Did the learning opportunity achieve its intended goals? How can we improve it in the future?
- To what extent has the community or systems problem been addressed?
The Learning Approach Planning Tool is a visual depiction that applies the concepts of the Learning Framework to the selection of learning modalities best suited for the challenge type and learning impact level (see Figure 8). With this tool, an organization can overlay the type of challenge they are trying to address and the level of impact they want to achieve, and have a general sense of the Learning Approach that might best address the problem.

The following two examples illustrate what the Learning Approach Planning Tool might look in practice.
Example 1:

Within the community problem of opioid misuse, several specific challenges were identified:

- Community health workers needed to be better informed
- Public health practitioners needed to apply systems thinking
- Partners across sectors needed to effectively work together

The challenge types, desired changes, learning goals, audience, and logistical considerations informed the development of a Learning Agenda, which included:

a. a webinar series to increase community health workers’ knowledge of the issue and specific action steps they could take with their clients;
b. personalized coaching on systems-thinking for public health professionals to support their work in this (and other) areas;
c. an action-learning behavioral health day for multi-sectoral partners to explore opportunities for collaboration and impact.

The layered learning opportunities within this Learning Agenda increase in scope, dose, participants, learning stage, and level of impact.

Example 2:

Example 2: Framework in Practice (Adaptive and Strategic Leadership)

Example #2 Summary:

This example illustrates how workforce development and practice partners can use the Discussion Guide to develop a Learning Approach for a broad and complex challenge. In this case, the challenge – to build adaptive and strategic leadership skills to tackle multi-faceted public health priorities – was further broken down into smaller components of the challenge, each with a different learning solution.

After defining the broad complex challenge, each component within the challenge, the Impact Level of Learning desired for each, and logistical considerations, the partners decided that the Learning Approach had to be one with multiple learning opportunities and modalities.

These learning opportunities were packaged together to form a cohesive, year-long, multi-layered Learning Agenda called the “Public Health Leadership Institute”.

Example 2:

In this example, the challenge identified was the need for leaders to partner across sectors to improve health equity by addressing the social determinants of health. This is a very large, complex challenge that requires adaptive and strategic leadership skills to tackle.

The larger challenge was broken down into smaller problems, each of which had a different learning solution. Defining each specific problem made identifying learning outcomes easier. That, then, led to the development of a Learning Agenda with multiple learning opportunities packaged together to form a cohesive, year-long, multi-layered leadership institute.
The three tools in this Learning Agenda Toolkit are designed to help public health organizations develop a Learning Agenda for systems change, in which learning opportunities build upon each other, and progress through deeper levels of learning, as they work to address complex community or systems challenges (see Figure 9).

Workforce development organizations, such as PHTCs, are beginning to use this Toolkit to bundle learning opportunities together to develop the strategic skills (e.g., systems thinking, persuasive communication, change management) the public health workforce needs to address complex upstream factors and systems that impact health outcomes.
CONCLUSIONS & CONSIDERATIONS

Improving public health in the 21st Century requires practitioners to address the complex social, environmental, and economic factors where we live, work, learn, and play. As the world of public health evolves, so do the professional skills required to adapt, work across sectors, and seek out and address root causes. Developing these cross-cutting, strategic, leadership skills calls for a new approach to learning.

The Learning Framework shows how diagnosing challenges and articulating desired impacts can lead to a responsive Learning Agenda that offers learning opportunities that progressively build the workforce’s ability to achieve meaningful systems change. The tools in this Toolkit can help organizations and communities be more intentional with their learning to achieve the change they envision. We hope this Learning Agenda Toolkit will be used by practice partners, including public health organizations, workforce development specialists, and associations that champion national workforce strategies, to achieve their goals.

Principles Behind the Learning Agenda Toolkit:

• Learning must be responsive to community and systems challenges, not just individual roles/competencies.
• Different challenges need different learning approaches; the most complex challenges require systems changes.
• Greater systems change can be affected by developing a Learning Agenda that offers increasingly more impactful training that focuses on root causes of health and addresses organizational and community competencies.

Considerations Moving Forward

• As this is the first release of this Learning Agenda Toolkit, the intention now is to:
  » increase awareness of the Learning Agenda with partners,
  » assess their understanding of the terms and concepts referred to and described herein,
  » analyze the ways in which the Toolkit is used,
  » and more fully connect the Toolkit to literature on learning.

• Public health organizations are short-staffed and under-resourced. In order for them to take on this advanced/in-depth level of work, they will need support from professional associations, workforce development and accreditation champions, and funders.

• It is critical for organizational and workforce development leaders to lead the charge toward building a Learning Agenda that integrates community learning opportunities with individual capacity building ones. This will enable true momentum toward addressing the upstream factors impacting public health.

• The PHTCs have the training and workforce development expertise to lead and support organizations, communities, and systems as they adopt an approach to learning that addresses broad, cultural, and systems-level change. We look forward to partnering with others to make this important work a reality.
BIBLIOGRAPHY

The recommendations in this report are based on the following sources:


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Conceptual Learning Framework

Technical Challenge

Level 1: Learning for knowledge and skills change
Short scope individual and group
Plan, implement, and evaluate
Continue Learning, Planning & Community Engagement Process

Level 2: Learning for policy and practice change
Medium scope group and organizational

Level 3: Learning for culture change
On-going and transformational organizational and community

Adaptive/Complex Challenge

APPENDIX

Learning Framework and Tools


Learning Agenda

Iterative and increased levels of learning & impact occurs

[Diagram showing a flowchart with multiple stages labeled as 'Learning Agenda', 'Technical Challenges', 'Continuing Education', 'Community Engagement Process', and 'Public Health Vision'.]

Tool 1: Rapid Self-Assessment Tool

What kind of community or systems challenge am I addressing?

Technical – the answer is known or there is an established best-practice to address it

Adaptive/Complex – the issue is nuanced and requires systems thinking and adaptive leadership to address it

What kind of change(s) am I seeking?

Level 1: Change in Knowledge

Level 2: Change in Policy or Practice

Level 3: Culture Change

What outcome(s) am I seeking?

Knowledge, Skills

Policy & Systems Change

Norms & Behavior

What is the scope of participation?

Individual

Organizational

Community/ Multi-Sectoral

What’s needed to reach your outcomes?

Short, single-event, e.g. Webinars, Presentations

Medium, Multi-week or Multi-Month e.g. Courses, Action Institutes, Coaching

Long, Year, or Multi-Year, e.g. Multi-Layered

IMPACT LEVEL 1:

Learning for Knowledge Change

Learning Outcomes: Change in knowledge or skills
Level of Engagement: Low
Typical Modalities: Webinars, didactic Presentations
Length, Scope, Dose: 1 – few hours, Low commitment

IMPACT LEVEL 2:

Learning for Policy & Practice Change

Learning Outcomes: Change in policies or systems
Level of Engagement: Medium/High
Typical Modalities: Coaching, Action Learning Institutes
Length, Scope, Dose: Multi-month, Cross-organizational

IMPACT LEVEL 3:

Learning for Culture Change

Learning Outcomes: Change in norms, behaviors, belief systems
Level of Engagement: High
Typical Modalities: Multi-layered
Length, Scope, Dose: Multi-year, Community/Multi-Sectoral commitment
Tool 2: Discussion Guide

Describe the community or systems challenge

Articulate the type of change we wish to see

Identify the outcomes we want

Design the learning approach

Evaluate and consider learning agenda

How would we classify (describe) the challenge?

Is it a “Technical” challenge?
- Can the challenge be clearly defined?
- Are there clear answers, solutions, or best-practices to address the challenge?
- Are there experts who have the answers, solutions, or best-practices?

Is it a “Complex” challenge?
- Is the specific challenge hard to define?
- Do answers to the challenge not currently exist?
- Do the answers require emerging evidence?
- Does addressing the challenge rely on expertise by those in the field?
- Does solving the challenge require changes in values, beliefs, roles, relationships, or approaches? Does solving the challenge require a cultural shift?
- Does addressing the challenge require experiments and new discoveries?
- Does addressing the challenge require systems thinking skills (e.g., looking for root causes, discovering patterns, and working across systems)?

Is it somewhere in-between technical and complex?
- Can the challenge be clearly defined?
- Are the answers to the challenge complicated, nuanced, or situationally-dependent?
- Do the answers rely on promising practices?
- Does addressing the challenge rely on expertise from experts and the field (i.e., some elements are universally true and based on research while others depend on the situation)?
What is the impact of learning?

- What will change as a result of the learning opportunity?
- What type of change are we looking to see? (3 Domains of Learning)
- Who benefits if we achieve the goals of this learning opportunity (individual learner, team, unit/division, organization, community)?
- What additional support will supervisors/organization provide to sustain a change? (Culture of Learning)

What are we trying to achieve?
What does success look like?

- What are our goals?
- What level of learning are we seeking? (Bloom’s Taxonomy)
- What should learners know or be able to do after this learning opportunity?
- What results should we see to consider the learning opportunity successful and worthwhile?
- What level of proficiency is needed for participants to apply this information?
- What is needed to translate learning to change/application?
What learning approach will achieve the goals?

Who is the audience?

What are the learning conditions that will achieve the intended learning outcomes?
- How much new content do participants need?
- Are participants learning individually, with a group, or with a cohort from their organization or community?
- What does engagement or practice with the content look like, in order to lead to successful application?
- What amount of time is needed?

What does participants' application of the learning look like?
- How will learners use or apply the information and skills from this learning opportunity?
- To what extent is an individual participant able to apply learning on their own? (Or is the successful application contingent on multiple members of the team/organization participating? Or on having broader organizational support?)
- What barriers are there to application? How might the design of the learning opportunity address some of these?

How can individual learning opportunities be layered in order to address complex community change?
- How will this learning opportunity build upon the learning achieved through previous opportunities?
- How will this opportunity prepare professionals to progress to deeper levels of learning moving forward?

What did we learn? What’s next?

Did the learning opportunity achieve the intended goals?
- How can we improve in the future?

To what extent has the community or systems challenge been addressed?
- How might we further define the challenge?
- What additional changes do we wish to see?
- What additional outcomes do we want?
- What would a learning agenda look like to move us to the next level of learning and impact?
Tool 3: Learning Approach Planning Tool

**CHALLENGE**

- Technical
  - Level 1: Change in Knowledge/Skills
    - Online: Webinar/Video/Podcast, Online Module, Online Toolkit, Live Learning Session
    - In-person: Presentation
  - Level 2: Change in Policy/Practice
    - Online: Multi Hour/Day Conferences, Online Course, Online Workshop, ECHO Series
    - In-person: In-person Training, Skill-Building Workshop
  - Level 3: Change in Culture
    - Online: Learning Community/Community of Practice
    - In-person: Action Learning Institute

**DEFINITION**

- Technical
  - Issue is well-known and there are proven best practices to address it.
- Adaptive/Complex
  - Represents an emerging practice, requires adaptive and collaborative leadership and systems thinking.

**IMPACT LEVEL**

- Technical
  - Level 1: Change in Knowledge/Skills
  - Level 2: Change in Policy/Practice
  - Level 3: Change in Culture

- Adaptive/Complex
  - Level 1: Change in Knowledge/Skills
  - Level 2: Change in Policy/Practice
  - Level 3: Change in Culture

**LEARNING APPROACH**

- Technical
  - Online: Webinar/Video/Podcast, Online Module, Online Toolkit, Live Learning Session
  - In-person: Presentation
  - In-person Training
  - Skill-Building Workshop
  - Action Learning Institute

- Adaptive/Complex
  - Online: Multi Hour/Day Conferences, Online Course, Online Workshop, ECHO Series
  - In-person: In-person Training, Skill-Building Workshop
  - Action Learning Institute

Example 1: Framework in Practice (Opioids)

Example #1 Summary:

This example illustrates how using the Discussion Guide in dialogue with practice partners can address a single topic (Opioids) by revealing multiple challenges needing definition. The challenges around the topic can range from Technical to Adaptive/Complex.

The PHTC and practice partners discussed and applied a number of Learning Approaches leading to multiple Learning Opportunities in a variety of modalities.

By focusing intentionally with practice partners on the challenge and desired Systems Change, the Impact Level of learning reached deeper levels by increasing the scope and dose of learning.


Example 2: Framework in Practice (Adaptive and Strategic Leadership)

Example #2 Summary:

This example illustrates how workforce development and practice partners can use the Discussion Guide to develop a Learning Approach for a broad and complex challenge. In this case, the challenge — to build adaptive and strategic leadership skills to tackle multi-faceted public health priorities — was further broken down into smaller components of the challenge, each with a different learning solution.

After defining the broad complex challenge, each component within the challenge, the Impact Level of Learning desired for each, and logistical considerations, the partners decided that the Learning Approach had to be one with multiple learning opportunities and modalities.

These learning opportunities were packaged together to form a cohesive, year-long, multi-layered Learning Agenda called the “Public Health Leadership Institute”.

Multiple steps and methods informed the development of the Learning Agenda Toolkit including workforce development assessments; lessons learned from pilot capacity building initiatives; review of the literature; and the application and integration of several data sources and concepts through iterative facilitated discussions with workforce development experts. The following is an abbreviated summary of its development; a more comprehensive description is being submitted for peer-review publication.

The Learning Agenda Toolkit was adapted from a former workforce development tool entitled the Learning Typology. From 2014 - 2018, the University of Illinois at Chicago School of Public Health, Great Lakes Public Health Training Collaborative (GLPHTC) conducted several workforce development assessments and literature reviews to answer questions about the role of collective learning in creating strategic and sustainable change to address population health and health equity challenges. Based on the information gathered, GLPHTC developed several pilot workforce development initiatives to examine what learning approaches might address long-term, greater impact change that are described elsewhere (Welter et al., 2017; Welter et al. 2020a).

Based on evidence gathered and its experiences, the GLPHTC developed the Learning Typology to be a critical thinking tool with two purposes: 1) To help workforce development practitioners and scholars analyze how different learning approaches may vary for different types of community challenges; and 2) To increase the availability of learning approaches that address systems change and collective learning needs, rather than individual learner needs alone. The Learning Typology was a static table aligning the factors of problem type with type of learning, structure of learning (e.g. individual, group, organizational), and Bloom’s levels. GLPHTC presented the Learning Typology at the American Public Health Association in 2016 and drew interest from other Public Health Training Centers (PHTC), namely the Rocky Mountain PHTC who was also exploring ways to help assess how learning could address different types of public health challenges. Together, GLPHTC and RMPHTC presented their combined ideas and examples at the Society for Public Health Education annual conference in 2018. RMPHTC also designed its own tool based on the Learning Typology called the Spectrum of Learning as a conceptual image to illustrate how different types of learning modalities were necessary to address different types of challenges.
Based on the recommendations included in the Public Health Learning Network’s (PHLN) Strategic Workforce Action Agenda (SWAA), released in 2018, and findings from Welter et al. 2020b, a call went out for additional frameworks to expand how public health defined and implemented training to address complex challenges using more robust learning approaches that impact systems change. The Learning Typology was proposed as the framework and a workgroup was created to formally analyze how it could be used more broadly in public health workforce development. Two approaches were used to test its application: 1) A practice-based assessment subgroup; and 2) A literature review subgroup. The literature review subgroup conducted an extensive public health and non-public health hybrid integrative review that broadly informed the Learning Agenda Toolkit, but is still underway to influence the next version of the document.

The practice-based assessment subgroup attempted to apply and analyze a variety of different types of PHTC Learning Opportunities using the Learning Typology as a diagnostic tool. The subgroup found that the Learning Typology terms and definitions did not easily apply to PHTC trainings by topic, as a single “topic” could include both technical and complex challenges. Instead, the subgroup recommended several changes including:

1. **Defining the community challenge, rather than the training topic, as the problem type.**

2. **Considering the learning approach needed to address a community challenge through a more explicit, stepwise process as opposed to simply ‘assessing needs through a table’.** The use of a table was not intuitive to practitioners to help address systems change as it led to an overemphasis on modality, rather than focusing on the impacts desired and the approaches to get there. In addition to the stepwise process shown in a Learning Framework, the image should also portray a spectrum to help demonstrate the diversity of challenge types experienced in practice and how learning approaches may align to these. This allows the Framework to fully respect individual and competency-based learning approaches, while also focusing on systems change.

3. **Illustrating that designing learning for systems change is not a one-time activity.** Rather, to create to deeper, more impactful learning, training activities may be developed over time or may even address all three levels at once, hence the ‘Learning Agenda’ concept.

4. **Highlighting the need for the PHLN to develop a shared vision of a learning framework.**

To address the practice-based subgroups recommendations, several facilitated discussions occurred over the course of spring 2020 to explore what format and approaches would be needed. These discussions resulted in the Learning Framework as a process to connect the previously identified learning factors in more explicit ways, and tools to help address several of these process steps. Other PHTC and PHLN partners reviewed the draft Framework and tools and their feedback was integrated into the document and produced as it is seen today.