

Training and Policy Implementation: Turning Policy into Practice

Eugene J. Monaco,
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Whether providing new staff with the essential knowledge and skill to effectively carry out their job responsibilities or ensuring on-going professional development of incumbent staff whose knowledge and skill sets must remain current, training is about performance. That's why, year after year, federal, state, and local government continues to commit substantial resources to workforce development initiatives to achieve measurable performance outcomes and a quantifiable return on investment.

In this outcome-based environment, we must be careful not to neglect another significant application of training – its utility as a vehicle for policy implementation. Training for this purpose has proven viable by those interested in determining ways in which public policy implementation can occur. A recent study in the December 2007 issue of *Children and Youth Services Review* by Mary Elizabeth Collins, Maryann Amodeo, and Cassandra Clay from Boston University, reported on this. Their article, "Training as a Factor in Policy Implementation: Lessons from a National Evaluation of Child Welfare Training" focused on the effectiveness of training for enhancing policy implementation. Their findings, based on a series of case studies on the national evaluation of child welfare training grants, confirm that training can be a key variable in constructively effecting policy implementation.

In addition to various research studies, an example of how fundamental policy change can be carried out as a result of training is to observe the series of welfare reform measures beginning with the signing of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 by then President Clinton. Following the enactment of this historic legislation, fundamental policy change occurred at the federal, state, and local levels. At the same time, a number of practice examples appeared that further illustrate the way in which policy can be successfully implemented as a result of training. The Professional Development Program was in the unique position of being a major provider of welfare training and was particularly fortunate to play a significant role in assisting with redesigning training to meet the needs of welfare reform in New York State. PDP's work in concert with the NYS Office of Temporary and Disability Assistance provided additional evidence of the cause and effect relationship between policy implementation and practice by using training as a means to implement the new practices required as a result of this dramatic shift in policy.

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A Newsletter from the
**Professional
Development Program,
Rockefeller College**



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School of Social Welfare faculty member, Brenda Smith leads faculty exchange discussion

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Policy Into Practice: K. Michael Cummings on *PDP's* Tobacco Initiative

K. Michael Cummings, PhD, MPH
Chairman, Department of Health Behavior
Roswell Park Cancer Institute

Effective July 24, 2008, the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Regulation Part 856 Tobacco-Free Services requires all OASAS-certified and funded chemical dependence services providers to implement tobacco education, prevention and treatment services, and tobacco-free environment policies in their programs. To support the OASAS Regulation, the New York State Department of Health Tobacco Control Program has funded the Professional Development Program (PDP) to assist the 1400 programs in complying with the regulation.

PDP's Tobacco Recovery Resource Exchange Network of Regional Technical Assistance and Training Centers will provide training, technical assistance, and web-based resources to the 20,000-member NYS addiction workforce. Classroom training will include an overview/rationale/orientation to tobacco-free chemical dependence services and specialized trainings for administrators, medical staff, clinical supervisors, counselors, and support staff.

Dr. Cummings is widely recognized as one of the leading public health scholars in the field of tobacco control. He currently directs the operations of the New York State Smoker's Quitline and is a Principle Investigator of the Roswell Park National Institutes of Health-supported transdisciplinary tobacco use research center which is focusing research efforts on evaluating the impact of national level tobacco control policies being implemented in different countries around the globe. We asked Dr. Cummings to comment on his successes turning public policy into practice.

Q: Given your experience designing, implementing, and researching numerous tobacco control initiatives aimed at changing behavior please share your thoughts on how PDP's strategies may help influence desired behavior changes in chemical dependence workers and programs.

When the policy regarding tobacco changed, committees were developed to determine how the policy was to be

“Training is another way to say, ‘How are we going to roll this out?’”

implemented. It was never a question of what the policy would be, but how we would implement it. It was important for committees to not just announce the Smoke Free policy, but to train staff on how to facilitate the change. “Training is another way to say, ‘How are we going to roll this out?’” They started with front-line staff like security, nurses, and volunteers to begin execution of the policy. You need to give people ample lead time to communicate new policy as well as back-up and supports. Shared experiences are good to use in training. Implementing new policy is really a leadership issue. It is best practice to share experiences with other people who have been successful working with the Smoke Free policy.

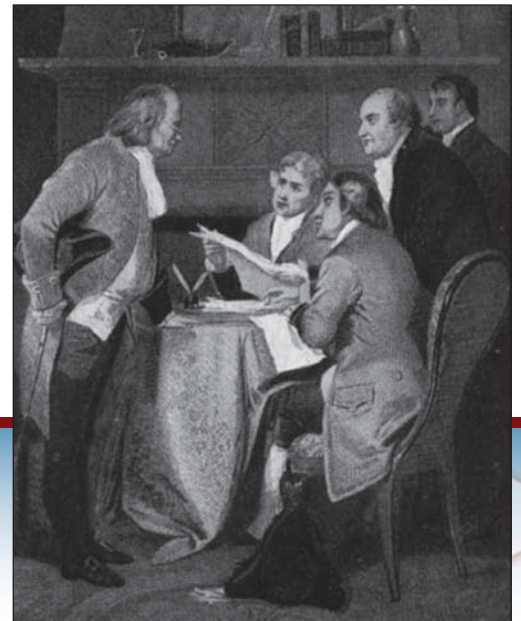
Q: Do you see any similarities between some of the strategies PDP is pursuing and those you have researched?

It's always best to start with those who have been through the process and learn from

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K. Michael Cummings



Public Policy Continuum

The Evolution of Policy
Begins a philosophical discourse
of solutions to meet a societal need

Did You Know?

Tobacco use is one of the biggest public health threats the world has ever faced.

- There are more than one billion smokers in the world.
- Globally, use of tobacco products is increasing, although it is decreasing in high-income countries.
- Almost half of the world's children breathe air polluted by tobacco smoke.
- The epidemic is shifting to the developing world.
- More than 80% of the world's smokers live in low- and middle-income countries.
- Tobacco use kills 5.4 million people a year — an average of one person every six seconds — and accounts for one in 10 adult deaths worldwide.
- Tobacco kills up to half of all users.
- It is a risk factor for six of the eight leading causes of deaths in the world.

Because there is a lag of several years between when people start using tobacco and when their health suffers, the epidemic of disease and death has just begun.

- 100 million deaths were caused by tobacco in the 20th century. If current trends continue, there will be up to one billion deaths in the 21st century.
- Unchecked, tobacco-related deaths will increase to more than eight million a year by 2030, and 80% of those deaths will occur in the developing world.

— WHO Tobacco Free Initiative (TFI)



Making Laws
From discourse to legislation



Interpreting Policy Details
Developing policy rules
and regulations



Policy Implementation
"Where the rubber meets
the road"

New York State Plans Quality Rating System for Early Childhood Programs

Meg Meehan, Director, Professional Development Program

While state regulations provide the foundation of quality, a substantial body of research indicates that high quality programming across all child care settings is essential for children's optimal growth and development. Higher quality child care leads to increased cognitive, language, and social skills. New York has joined a growing number of states in moving toward a Quality Rating Improvement System (QRIS) for early childhood programs. The emphasis on improving quality (not just meeting regulations) offers an opportunity to realign the training activities currently offered with the goals of a QRIS. Most experts believe that a QRIS can maximize resources, inform the general public about quality, enhance coordination of related initiatives, and align efforts related to licensing, standards, professional development, and program accountability. Other states typically use licensing standards as the starting point or base of the QRIS system. In most states, progression through the quality

rating levels is built upon meeting and maintaining compliance with the lower level ratings. It is anticipated that New York State's QRIS will be based on maintaining regulatory compliance (Level 1) but will focus on moving programs through higher levels by attaining progressively higher credentials and accreditations.

Because many child care programs need guidance and support in achieving the higher standards associated with a QRIS, most systems include provisions for program and practitioner outreach and support. These efforts can include scholarship programs targeted to specific credentials or college study, ongoing training that is linked to specific credentials such as the Child Development Associate (CDA) credential or National Association for Family Child Care (NAFCC) accreditation or in-depth technical assistance. In many cases, states that have implemented a QRIS have also implemented support systems to organize training opportunities, recognize practitioners' achievements, and create quality parameters for available training, or approved trainers.

As the focus of the Office of Children and Family Services (OCFS) moves from simply sustaining programs in meeting the regulatory requirements to improving early childhood program quality, it is important to consider developing a training system that will support this initiative. In fact, the National Child Care Information and Technical Assistance Center (NCCIC) offers specific advice on addressing increased expectations for professional development (nccic.acf.hhs.gov). NCCIC recommends

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Policy to Practice

Policy becomes the solution to meet societal needs

Did You Know?

In 2006, there were 73.7 million children 0 – 17 in the United States. Of those children, 18% lived below the federal poverty level.

– childstats.gov

There are over 20 million children in the United States under age 6.

– *National Association for the Education of Young Children*

In 2005, 59% of mothers with children under age six and 73% of mothers with children ages 6 – 17 years were in the labor force.

– *U.S. Department of Labor*

In 2005, 61% of children 0 – 6 who were not in kindergarten (about 12 million children) received some form of child care on a regular basis from someone other than their parents.

– *National Association for the Education of Young Children*

Reading to young children promotes language acquisition and is linked to literacy development and, later on, overall success in school. In 2005, 60% of children ages 3 – 5 who were not yet in kindergarten were read to daily by a family member. This is up significantly from the rate in 1993 (53%).

– childstats.gov

Twelve states and the District of Columbia have statewide quality rating systems. Eleven link their quality rating system to their state's tiered reimbursement program.

– *National Association for the Education of Young Children*

News and Views

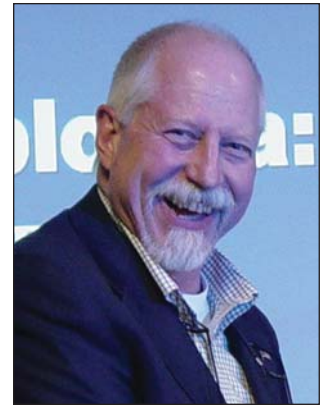
Long Time Communiqué Editor Leaves PDP

Kary Jablonka, founding editor of the PDP Communiqué and guiding hand since 1998, announced in April that he was leaving PDP after 25 years to begin a second career as the Commissioner of Aging in Columbia County.

During his tenure with PDP, Kary made many lasting contributions across nearly every program area and willingly provided guidance and mentoring for many of our staff. This combined with his keen

intellect and scholarship provided PDP with a rich resource to call upon. It's difficult to think of PDP without Kary's quick wit and humor. His departure represents another major milestone in PDP's history. Looking back, he said, "My tenure with PDP has been a rare privilege. I learned so much about so many aspects of training and development—for this I am grateful to all of the people for teaching me so much. I take with me the lived wisdom of a quarter century with a truly remarkable organization and the exceptional staff who make it possible. Indeed it is true that none of us is as smart as all of us. Remember that — I will."

We are fortunate, however, that Kary will remain connected to the Communiqué by agreeing to serve as contributing editor. **PDP**



*Kary Jablonka,
Contributing Editor*

PDP Hosts Spring 2008 Faculty Exchange

On April 24, PDP staff and faculty from the School of Social Welfare gathered at their spring 2008 PDP/faculty exchange to discuss the preliminary findings of a two year collaborative study to assess influences on the transfer of training to practice. Also discussed were the challenges and benefits of the collaborative approach.

Phase I of the study included the distribution of surveys to 207 training participants who attended the programs, "Working with Alcohol and Substance Affected Families" and "Introduction to Self Sufficiency" to help determine if the organizational culture in which they work is supportive of education and training. Of the 207 participants given the surveys,

185 completed them, resulting in an 89% response rate.

Led by Brenda Smith, Associate Professor in the School of Social Welfare, a lively and informative discussion ensued, concluding that this is a valuable process that links theory and practice to produce positive and productive outcomes for both researchers and practitioners. **PDP**

Policy Into Practice: Michael Cummings on PDP's Tobacco Initiative

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what they did. Some of the strategies that we have learned are take the time to communicate the policy; inform front line staff, put up signs, provide strategies for a non-confrontational approach, use effective marketing and communication, and educate on supports available for individuals to be smoke free. At one facility they had children write on the sidewalks "Please don't smoke here." Go beyond classroom interventions to online services, free nicotine replacement therapies, and individualized treatment plans. Utilize electronic resources like email, text messaging, and in one case, a reality show regarding quitting. All of these interventions can be used with more traditional training to facilitate change.

Q: Please comment on any additional thoughts you have regarding training as a vehicle to implementing public policy.

You need a culture that supports change. Change in culture must be fully supported by the leadership of the facility in order to have an impact. Education must be provided to everyone by every means available to you to support the continued change in the culture. **PDP**

New York State Plans Quality Rating System For Early Childhood Programs

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the following criteria be addressed:

- A professional development system must be in place and providers must be made aware of it.
- Educational/training entities need to be apprised of the effort and their potential involvement.
- If the Child Development Associate (CDA) credential is part of the criteria, the state must have enough trained CDA advisors.
- Providers must be educated about the CDA, the Certified Child Care Professional (CCP) and other national and/or state early childhood credential requirements that will be included in the quality criteria.

In preparation for the introduction of a QRIS in New York State, OCFS has asked PDP to assess the training services provided under General Child Care Training/Educational Incentive Program in light of both these recommendations and the anticipated professional development standards. **PDP**

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GEORGE DOWSE

*Eugene J. Monaco, Executive Director
and Public Service Professor*

The realization of welfare reform with the call to end welfare as an entitlement program dramatically changed the way workers were expected to do their jobs. The primary responsibility of workers now became to assist clients in moving from welfare to work. Implementing this public policy change was quite an undertaking. Simply put, the challenge was to turn policy into practice with high expectations for this change to occur instantaneously. What happened next was the influx of new rules, new regulations, new skill sets, new behaviors, and a whole new way of thinking. In rapid succession, these were introduced into the welfare bureaucracy to make the policy change an immediate reality. Further, this policy change mandated a complete system realignment to achieve both large

scale and small incremental changes to be instituted at every level of government.

PDP's training in New York State was a key mechanism for uniformly translating the social policy change into operating practice. PDP designed new training programs in an astonishingly short time frame that reflected the many new rules and regulations that came about. This all occurred in a political climate in which elected officials were eager to show results.

Today, PDP continues to use training as a means to implement policy as seen in the two accompanying articles about our Tobacco Intervention Initiative and our Early Childhood Education Program. Public policy is filled with opportunities to turn promises into performance through training. PDP is positioned to continue to be at the forefront of this important work. **PDP**

“Public policy is filled with opportunities to turn promises into performance through training.”

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