COUNTY OF **SAN DIEGO**
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Workforce Development Plan
2023-24 – 2024-25

ACCREDITED HEALTH DEPARTMENT

PHAB
Advancing
public health
performance

PUBLIC HEALTH ACCREDITATION BOARD

Public Health Services
July 1, 2023

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The *Workforce Development Plan* was developed under the *Public Health Services Strategic Plan*, in the County of San Diego Health and Human Services Agency, to advance the vision of *Live Well San Diego*. The Plan supports national public health accreditation. Public Health Services department was accredited on May 17, 2016.

Last Revised: July 1, 2023

WORKFORCE DEVELOPMENT PLAN
PUBLIC HEALTH SERVICES

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PART I: EXECUTIVE SUMMARY

Introduction

Our award-winning public health workforce is unequivocally our most valuable resource. The people who have joined the effort to protect and promote the health of our residents and visitors are some of the most engaged, compassionate, helpful, expert professionals. The staff of Public Health Services (PHS) at times are called to work extended hours, make great sacrifices and work under conditions that can be less than ideal (e.g., emergency response). Staff of PHS do this because they believe in the mission of the department. Our PHS family believe they

Caption: PHS Public Health Officer and Director at 2022 All-Staff Meeting.

are here to help and want to make a positive difference in the lives of their communities and for those they care for. The staff of PHS *are* the residents of the County of San Diego and as such, our workforce reflects the communities we are proud to serve.

The events of the last three to four years resulted in a transformation in our department and our public health workforce. The department said good-bye to several long-time dedicated employees and welcomed a brand-new cadre of inspired recruits ready to roll up their sleeves and make their contributions, alongside some of our most seasoned remaining veteran staff with over 10 years of experience who we strive to retain. The County of San Diego and its residents benefit significantly by being served by this dedicated, engaged, agile, highly skilled public health workforce. To continuously ensure new staff are properly oriented and trained in the various competencies, that leaders are poised to promote engagement and positive work environments, and our workplaces support the safety, development, connection and wellbeing of, not just residents, but staff alike, we have work to do over the next two years and beyond.

Therefore, workforce development and training efforts in PHS over FY 23-24 and FY 24-25 have been integrated with the current PHS Strategic Plan 2023-2025 and the *next* PHS 2025-2027 Strategic Plan. This plan, and the strategic planning process in PHS, includes examination of trends in the literature, the operating environment, and internal and external forces of change. Workforce development efforts of PHS, also align to the County of San Diego's Strategic Plan (i.e., investing in workforce), the County's General Management System (i.e., employee connection), the *Live Well San Diego* vision of a region that is healthy, safe and thriving, the HHSA's Strategic

[Plan](#) (i.e., engaged employees that feel valued, have a sense of belonging and are motivated to work together toward one vision), and various initiatives across the enterprise.

The [10 Essential Public Health Services](#) require building a diverse and skilled **workforce** and this Workforce Development Plan reflects our department's collective efforts to carry out that requirement across our seven departmental branches. This Workforce Development Plan meets the standards of the Public Health Accreditation Board (PHAB), which requires accredited public health departments to maintain a **competent public health workforce**. In the last few years, there have been significant federal and state investments in the development of the County of San Diego's public health workforce and its foundational capabilities to ensure we are meeting the needs of our residents and prepared for the future. Funding for these efforts was supported by innovative CDC Public Health Infrastructure Grant (PHIG), the California Department of Public Health (CDPH) Workforce Grant, the CDPH Health Disparities Grant, CDPH Career Ladder Grant, the Centers for Disease Control and Prevention (CDC). These investments are reflected in this plan.

Over the next two years, PHS is taking a **people-centered approach,** prioritizing the lifecycle from the student pipeline, to onboarding and training of new staff, supporting the engagement, development, health and **wellness** of all staff, and ensuring we are forward looking addressing coming challenges and the future skills that will be demanded of our workforce. This plan includes the department aligning its efforts to the U.S. Surgeon General's model of the workplace as an **engine of well-being**, and aligns with the [Baldrige Excellence Framework](#) (Figure 1), incorporating the Baldrige Excellence values for a robust workforce:

- Agility and resilience;
- Assessment of workforce capability and capacity needs;
- Benefits and needs of workforce;
- Continuity/planning and preparation for change;
- Customer-focused excellence;
- Delivering value and results;
- Diversity;
- Ethics and transparency;
- Fit;
- Focus on core values and concepts, processes, results, linkages and improvements;

- Focus on success and innovation;
- Health;
- Integration;
- Management of growth;
- Managing by fact;
- Managing for innovation;
- Organizational learning;
- Security;
- Societal contributions;
- Systems perspective;
- Value for customers/stakeholders;
- **Valuing people**; * and
- Visionary leadership.

*The Workforce Development Plan includes all elements of the Baldrige Excellence Framework, and the Baldrige element of **valuing people** (people-first strategy) is the focus and theme of this plan.

Purpose

The purpose of the PHS Workforce Development Plan (FY 23-24 and 24-25) is to describe the numerous efforts across the enterprise to continue to invest in and develop our public health workforce, and to answer **three primary questions** that are addressed through the Plan, Do, Study, Act (PDSA) Cycle (Figure 1). The PDSA cycle is reflected in this plan.

1. *How is our public health workforce doing?*

2. *What metrics and data are used to measure how our public health workforce is doing?*

3. *What and how should we improve to strengthen our public health workforce?*

Methodology

The PDSA cycle (Figure 1) is reflected in this plan and the accompanying work plan.

Figure 1. Act, Plan, Study, Do Cycle.

- Develop 2-year Workforce Development Plan aligned to all other plans and the detailed 2-year Work Plan updating quarterly

- Implement the plan and the Training Strategy for the each year.
- Continuously rollout the surveys, focus groups, listening sessions and evaluate the various efforts including training.

- Take action on the feedback, surveys etc.
- Adjust training schedules and content as need be.
- Continue to implement the plan and update the work plan quarterly.

- Continuously seek feedback from branch Training Champions, Branch Chiefs and Medical Directors, Senior Staff, Human Resources, Leadership.
- Analyze the results of all the surveys and other instruments. Share and discuss the results.

Source: The W. Edwards Deming Institute

Results

From this last two-year cycle, **seven goals were identified**, and for each, several objectives, performance metrics, targets, and activities have been identified (see Appendix 9 - Work Plan). The plan takes a **people-first approach**, prioritizing public health workforce staff health and supporting the workforce, critical infrastructure and shoring up foundational capabilities following the pandemic. The plan, its goals and objectives were reviewed and confirmed by Public Health Leadership with input from the PHS Training Champions Working Group. The priorities for the next two years (23-24 and 24-25) will include (Figure 2):

Figure 2. Seven Workforce Goals Aligned to the Baldrige Framework of Excellence.
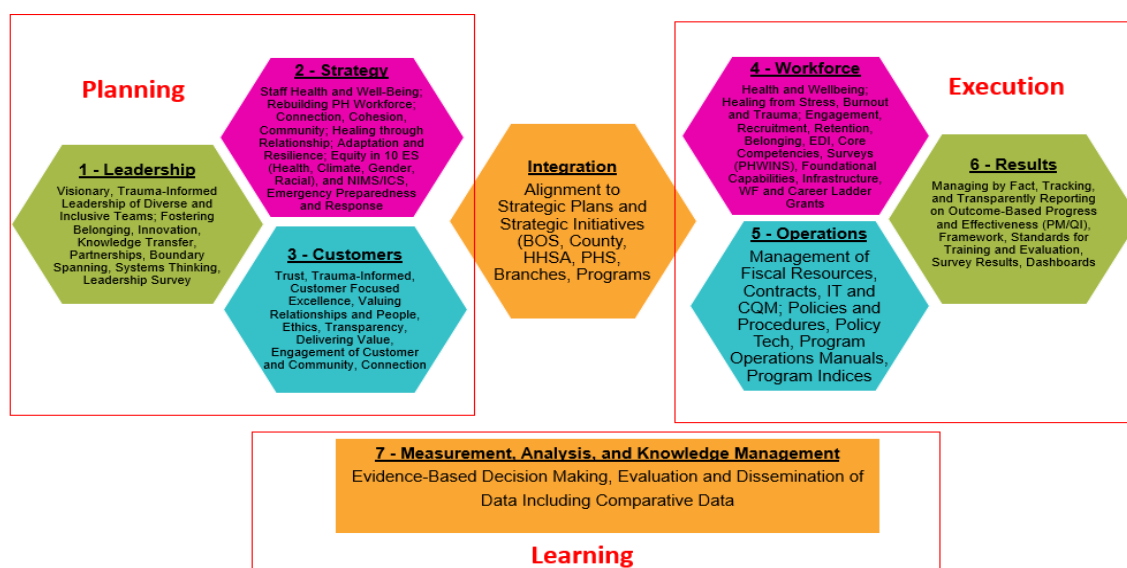
Source: Baldrige Framework of Excellence: NIST

GOAL 1 LEADERSHIP: To ensure that leadership competencies and needs are assessed, supported with consultants, resources, training and development.
GOAL 2 STRATEGY: To facilitate trainings that develop staff Core Competencies for Public Health Professionals.
GOAL 3 CUSTOMER: To measure customer service survey scores and promote TKC training on customer service.
GOAL 4 WORKFORCE: To strengthen workforce efforts including recruitment, retention, wellness, equity, diversity and inclusion, and professional development.
GOAL 5 OPERATIONS: To train and develop staff to implement, track and report on administrative processes, operations, programs, and population outcomes (Admin Professionals, PIM, Fiscal Literacy, Admin Analysts).
GOAL 6 RESULTS: To ensure PHS public health workforce and training efforts adhere to national standards for training and training evaluation to ensure effectiveness and accountability for results (e.g., develop, implement and disseminate the PHS Training Standards and Evaluation Framework).
GOAL 7 MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT: To provide successful oversight, coordination and administration of data literacy, workforce grants and knowledge management.

A series of objectives, performance measures and targets for each goal were developed and will be iteratively refined as we enter a continuous cycle of assessment and evaluation. Below are the goals, objectives and performance measures and targets for the next two years:

GOAL 1 – LEADERSHIP: To ensure that <u>leadership</u> competencies and needs are assessed, supported with consultants, resources, training and development.

Operational Objective	Performance Measure and Target
1. Conduct the County **Leadership Competencies Survey** Fall 2024	65% completion rate; survey results analyzed and shared
2. Ensure Regional Training Center **Consultants** are contracted with to support public health leaders	SOWs approved; contracts executed; services available, promoted and tracked
3. Reconvene the PHS **Strengths-Based Management Committee** for Supervisors and Managers	Revised Charter; regular meetings; trainings provided
4. Ensure all new staff receive all the **Gallup Strengths Based Management** books, and record their strengths in Share Point	Confirmation staff received the book and did the strengths test (see PHS Employee Engagement survey question)
5. Promote PHS participation in the **Great Leaders Academy (GLA)**	# of PHS staff who have completed the GLA relative to # of spots allotted to PHS
6. Conduct **BRAVE Trauma-Informed Leadership** and **All of Us** trainings	100% of 37 identified staff trained for BRAVE; 100% of 113 identified staff trained for All of US; performance dashboards for BRAVE & All of Us training
7. Identify issues related to **sustaining and supporting** staff, including barriers to **wellness**, and issues raised during the June 2022, PHS Leaders Listening Session (e.g., burnout, PTSD, workload, volume, pace, need for social connectedness)	# of listening sessions; summary table of outputs from listening sessions
8. Coordinate and host a **Nursing Leadership Academy**	15-20 Senior PHNs and above

GOAL 2 – STRATEGY: To facilitate trainings that develop staff Core <u>Competencies</u> for Public Health Professionals.
*Public Health Leaders set the goal of achieving a score of 3 out of 4 on the 2024 CCPHP Survey.

Operational Objective	Performance Measure and Target
1. Ensure all *identified permanent staff complete **Public Health 101: <u>History</u> of Public Health** training per annual training strategy (Mandatory)	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff; for FY 24-25, 100% new staff within the 1st six mos. of hire
2. Ensure all *identified permanent staff complete **Public Health 101: Key <u>Concepts</u> in Public Health** training per annual training strategy (Mandatory)	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff; for FY 24-25, 100% new staff within 1st 6 mos. of hire
3. Ensure all *identified permanent staff complete **Public Health 101: <u>Health Equity</u>** training per annual training strategy (Mandatory)	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff; for FY 24-25, 100% new staff within 1st 6 mos. of hire

6. Ensure all *identified permanent staff complete **Public Health 101: Data** training per annual training strategy	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff; for FY 24-25, 25% of Supervisors would have completed training discussions with direct reports using worksheet
7. Ensure all *identified permanent staff complete **Public Health 101: Climate Change** training per annual training strategy	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff; for FY 24-25, 25% of Supervisors would have completed training discussions with direct reports using worksheet
8. Ensure *identified permanent and temporary staff complete the **FEMA NIMS/ICS training** for emergency preparedness per annual training strategy (Mandatory)	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 and 24-25 was 100% of permanent staff per NIMS training instructions and as determined by Chief of PHPR with PHS Exec Team
10. Ensure all staff complete the *<u>**Outbreak**</u> **Management** under Incident Command System training per annual training strategy (Mandatory) *Developed to support PHS staff that may be required to respond in a *public health* emergency in the County of San Diego; purpose was to address gaps in FEMA training	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff
11. Strengthen County preparedness and ensure effective operations during emergencies by updating PHS Continuity of Operations Plan (COOP) and training staff on the **COOP** (Mandatory)	COOP updated and published; 90% staff participate in COOP training by Dec 31, 2024
12. Ensure *identified permanent staff complete **Implicit Bias** per annual training strategy (for FY 24-25 this is new staff and anyone who wants to take it that did not already take it)	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff
13. Determine appropriate rollout and requirement for **Customer Service** and **Cultural Responsiveness** (Cultural Competency) Training for PHS Staff	See Customer Goal Below (Goal 3)
14. Focus on prioritization of **professional competencies** in FY 24-25 using a **worksheet** to guide supervisorial discussions with staff to identify training priorities	New Worksheet on Workforce Development and Training; Identified Performance Indicator for application of the Worksheet (e.g., 25%)
15. Ensure all CCS Occupation and Physical Therapy staff will complete **state required** trainings per Department of Health Care Services requirements	CCS Performance Dashboards of completion; 100% of identified permanent staff complete training
16. Explore how **CDC TRAIN** can be leveraged in rollout of training in PHS	Meetings with Public Health Foundation (PHF); recommendations for integrating CDC TRAIN
17. Hire a **Staff Development Specialist** for PHS to support training and development effort	Reclass position; open recruitment; offers made; candidate selected and onboarded

GOAL 3 – CUSTOMER: To measure <u>customer</u> service survey scores and promote TKC training on customer service.

Operational Objective	Performance Measure and Target
1. Examine customer service survey scores and feedback from **surveys** by branch	Dashboard of rolled up scores and feedback by branch
2. Determine what **Customer Service training**, we want to ensure all new PHS receive	Decision on next steps for CS training for PHS; acquire TKC training presentation; disseminate through the PHS CS Working Group; have reps report back on branch rollout
3. Promote various Customer Service and Cultural Competency/ Responsiveness **Training Classes** offered by HHSA the Knowledge Center (TKC)	Emails and presentations to CS Working Group promoting the TKC CS and CR training
4. Ensure *identified permanent staff complete the **Health Literacy** training per annual training strategy	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 was 100% of permanent staff; for FY 24-25, 25% of Supervisors would have completed training discussions with direct reports using worksheet
5. Determine appropriate rollout and requirement for **Cultural Responsiveness** (Cultural Competency) Training for PHS Staff	Decision on next steps for CR training for PHS (per above); acquire TKC training presentation; disseminate through the PHS Health Equity Working Group; have reps report back on branch rollout

GOAL 4 - WORKFORCE: To strengthen <u>workforce</u> efforts including pipeline, recruitment, retention, wellness, equity, diversity and inclusion, and professional development.

Operational Objective	Performance Measure and Target
1. Assess current **recruitment** practices, plans, processes; collaborate to identify national best practices and areas to streamline recruitment with CDC and grant recipients.	PPT of best practices in recruitment
2. Develop **survey instrument** for **hiring managers** regarding satisfaction levels on the recruitment, hiring and onboarding of staff.	Survey instrument
3. Identify areas to expand workforce partnerships with **schools** of public health	Finalized Strategic Plan for Live Well Center for Innovation and Leadership (LWCIL); table of student internship opportunities; calendar of career fairs with common materials for use across department
4. Leverage recruitment opportunities for **student interns and fellows** especially internships and fellowships paid by state or federal governments	# of interns and fellows
5. Continue to participate in the **Preventive Medicine Residency Program** with UCSD	Completion of minimum of 3-5 preventive medicine residents per fiscal year
6. Consider pursuing additional grants from federal or state **departments (e.g., Workforce and Labor)** to strengthen the local public health and health care workforce	# of grant opportunities identified or applied for

7. Collaborate to identify retention issues and implement national best practices to improve **retention** (e.g., collaboration with CDC grant recipients)	Presentations that include the retention data from PH WINS Surveys; participation in National Workforce Director monthly meetings and regional convenings
8. Identify goals, objectives, and activities to improve **engagement** in support of retention	PHS Employee Engagement Action Plan; Branch Impact Plans on Employee Engagement
9. Identify consultant(s) to support **retention** efforts by providing exit interviews to departing staff and stay interviews to long term staff to assess employee retention best practices. Consultants will also support efforts by providing coaching sessions for supervisors to enhance employee retention and address other workforce issues	Stay and exit interview reports; SOWs for Consultants from RTC
10. Promote employee **wellness** through Wellness Wednesday Updates, Promoting County and HHSA Wellness Program	Weekly Wellness Wednesday emails; monthly emails promoting County and HHSA Wellness Program opportunities
11. Host optional workforce wellness **seminars** monthly through Anthem EAP	8-10 seminars per year
12. Define and evaluate PHS wellness efforts by developing and seeking input on a **PHS Wellness Plan**	Input from staff on PHS Wellness Plan; PHS Wellness Plan; evaluation metrics determined
13. Ensure the Belonging, **Equity, Diversity and Inclusion** effort is measured for impact and integrated across the department	Health Equity Plan; Bi-Monthly Meeting s of the Health Equity Working Group; Branch D & I Impact plans
14. Update, conduct, analyze **Core Competencies for Public Health Professionals Survey** and communicate results and recommendations for training	Updated CCPHP Survey; 60% response rate; survey results analyzed and communicated; recommendations integrated in next 2-year WFD Plan
15. Participate in the **PH WINS Survey 2024**	Obtain participation sufficient to obtain a personalized report for PHS; presentations communicating results
16. Conduct annual PHS Gallup **Employee Engagement Survey**	60% completion rate; survey results analysis
17. Launch **Career Ladder** Grant for PHS Staff who want to pursue advanced degrees and clinical credentialling	Completed proposal for grant funding; Program Guidance; Spend Down Chart

GOAL 5 - OPERATIONS: To train and develop staff to implement, track and report on administrative processes, operations, programs, and population outcomes (Admin Professionals, PIM, Fiscal Literacy, Admin Analysts).	
Operational Objective	**Performance Measure and Target**
1. Host monthly meetings of the PHS **Administrative Professionals** to ensure training and development of Tier 1 staff	10-12 meetings of PHS Admin Professionals
2. Train staff on **Performance Management and Quality Improvement** (the new performance management software, dashboards, QI methods and tools)	QI Resource Fair; Performance Management and QI PPT slides
3. Ensure **Fiscal Literacy** of key PHS staff including CORs, Admin Analysts, contracts staff, Senior Staff or Program Managers	COR trainings completed; 10-12 meetings of Admin Analysts (e.g., policy review); 3 contracts SMEs from other LHDs identified and connected with
4. Ensure departmental participation in **Clinical Quality Management** (CQM) to support all public health related practices with clinical implications	Number of CQM meetings; CQM work plan

5. Ensure appropriate staff participate in **Blood Borne Pathogen (BBP) and Emergency Life Support (ELS)** training	Training presentations created or identified; Performance Dashboard FY 24-25; goal for FY 24-25 would be 90-100% of those identified to complete the training (to be determined by CQM)
6. Ensure a robust **Knowledge Management** effort with up-to-date documentation (e.g., policies procedures, Program Operations Manuals, Managers Manual, NEWP)	% of up-to-date policies and procedures, POMs

GOAL 6 – RESULTS: To ensure PHS workforce and training efforts adhere to national standards for public health training and training evaluation to ensure effectiveness and accountability for results (e.g., develop, implement and disseminate the *PHS Training Standards and Evaluation Framework*).

Operational Objective	Performance Measure and Target
1. Develop and disseminate the PHS Training Standards and Evaluation **Framework**	Approved Training Standards and Evaluation Framework
2. Ensure application of new training standards by **revising** all PHS trainings to add pre and posttests, update purpose and outcomes, tie to core competencies, insert knowledge check questions, post training surveys and rollout of core competencies survey	Revised training presentations; Dashboards; rollout of CCPHP Survey
3. Tally and review all the results of the **Training Evaluation Surveys, Dashboards and results of Core Competencies Survey**	Survey results; meeting to review qualitative and quantitative data from dashboards
4. Produce a Targeted **Evaluation Plan** for the Public Health Infrastructure Grant related to training eval response rates and similar eval requirements	Final TEP report submitted to CDC
5. Create a Leaderboard folder on the PHS Office of Workforce Development Share Point site to share **key metrics** on workforce	Creation of Leaderboard folder with dashboards

GOAL 7 – MEASUREMENT, ANALYSIS AND KNOWLEDGE MANAGEMENT: To provide successful oversight of data literacy (CHSU), workforce grants (OWD) and knowledge management (Policies and Legislation Team).

Operational Objective	Performance Measure and Target
1. Train PHS staff on data literacy through the **Data Threading Group**	Training provided to staff through Data Threading Meetings
2. Ensure all new staff complete required **Data Literacy** e-Learning module in LMS training per annual training strategy	Performance Dashboards FY 23-24 and 24-25; goal for FY 23-24 and FY 24-25 is 100% of permanent staff
3. Facilitate **"R"** training for select PHS Epidemiologists in FY 24-25	Performance Dashboards of completion; 100% of identified permanent staff complete training
4. Provide successful **grant oversight, direction and administration** for the Public Health Infrastructure Grant	Action Plans; Work Plans; Budget narratives; Evaluation Plans; Progress Reports; Responses to Technical Reviews
5. Train staff on **Policy Tech** and the migration to **Share Point platform** and ensure staff have updated set of policies, procedures and Operation Manuals (POM)	Program POMs; PolicyTech trainings; migration to new Share Point training or presentations
6. Develop, promote and share with other LHDs the **Manager's Resource Packet**	Manager's Resource Package finalized and disseminated
7. Revamp **New Employee Orientation Welcome Program (NEWP)**	New Share Point site; New NEWP Presentation; eval of NEWP Survey one month after training

PART II: INTRODUCTION

The Workforce Development Plan covers the two-year period from FY 23-24 and FY 24-25 and builds on the foundational work executed over the last several years as reflected in the series of 2-year Workforce Development Plans and accompanying Work Plans dating back to public health accreditation in 2016. The FY 2023-24 and FY 24-25 Plan is evergreen and, like the workforce itself, it needs to remain **agile and responsive** to inevitable change. The selected goals were based on the continued priorities for the County Board of Supervisors and the Chief Administrative Officer, the Agency, and PHS, as well as on the review of trends in public health workforce, public health training feedback, SWOT analysis, surveys, focus groups, and their results. The plan positions PHS to evolve and reinforce its public health infrastructure with a people-first strategy. The plan aligns to the new 10 essential public health services, with equity at its core, the new 2021 **core competencies for public health professionals**, and the CDC **Standards for Training and Evaluation**. This plan positions leaders and staff to be able to adapt to the complex, dynamic current and future needs of San Diego County's population.

Purpose

As stated earlier, the purpose of the FY23-24 and FY24-25 PHS Workforce Development Plan is to describe the numerous efforts to develop our public health workforce and to answer **three primary questions:**

1. *How is our public health workforce doing?*

2. *What metrics and data are used to measure how our public health workforce is doing?*

3. *What and how should we improve to strengthen our public health workforce?*

The plan assesses the current workforce and makes recommendations for continuing to build the workforce of the future. Workforce development and training efforts are described in the plan which is integrated with the current [Public Health Services Strategic Plan](#) and will align to the subsequent Strategic Plan. Workforce planning is also integrated with Strategic Planning in PHS.

Background

The County of San Diego has a reputation for its disciplined management approach and its financial strength. It is maturing into a world class organization supporting a region that is Building Better Health, Living Safely and Thriving: The *Live Well San Diego* vision. This has helped to transform the County culture to value healthy living and see the strong link between health

and workforce productivity. The County's Department of Human Resources received NACo awards in 2021 for several of its programs including:

- 5 Day Challenge
- Health and Human Services Agency (HHSA) Ergonomic Tips: Working from Home
- Managing Remote Employees Virtual Course
- Trek Across County Trails
- Virtual Employee Wellness Program

The County's Department of Human Resources received the 2014 award from International Public Management-Human Resources (IPMA-HR) for "Excellence for a Large Agency," in tribute to its efficient and effective programs including an Employee Wellness Program, a Health Strategy Agenda for the County of San Diego which promotes employee health and wellness, and Employee Development Initiatives. In 2015, the County of San Diego was also nominated as one of the healthiest workplaces by the San Diego Business Journal for its renovated campus in Kearny Mesa, featuring ergonomic workstations, a gym, walking paths, natural lighting, lactation rooms, and a cafeteria offering a wide range of healthy foods. Public Health Services boasts its own Wellness Coordinator who promotes numerous wellness opportunities for staff each week (e.g., yoga, meditation, nutrition). The County of San Diego also won an award for its Diversity and Inclusion efforts (2017). The nationally accredited Public Health Services department benefits from being part of a County and super agency, Health & Human Services Agency (HHSA), which offers additional resources that can be leveraged towards developing the public health workforce and creating healthy working conditions. In 2017 the Health and Human Services Agency was awarded the California Award for Performance Excellence (CAPE) silver award.

Accomplishments FY21-22 and FY22-23

- Audited the California Health Executives Association of California (CHEAC) training courses from the new public health workforce training center
- CDPH Career Ladder Grant Development and Award
- Centers for Disease Control and Prevention (CDC) Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant Development and award
- Climate Change Training

- Clinical Quality Management (CQM) effort
- Collaborated with TKC to ensure training recordings were uploaded to LMS
- Conducted California Department of Public Health (CDPH) Workforce Grant Progress and Reporting
- Conducted Partner Relay training and/or drills for staff involved in Partner Relay Response efforts; presented to Partner Relay partners

- Coordinated Customer Service Survey efforts, increased number of survey responses, and reported on results
- Coordinated participation in the Public Health Workforce Interests and Needs Survey (PH WINS 2021)
- Coordinated Racial Equity Trainings 1-5 (offered in each fiscal year)
- Core Competencies for Public Health Professionals Assessment Survey
- Created a tracking and reporting system to monitor and evaluate PHS specific training goals
- Created and updated All PHS Training Performance Dashboards
- Created the PHS *Passport to Learning* for staff to track their PHS trainings
- Cultural Competency Training for Communicable Disease Investigators
- Cultural Responsiveness Training for all new staff
- Customer Service Training for all new staff
- Data Essentials (Epi and Biostatistics) 101 Training
- Data Literacy Training Updated
- Developed a draft of the Public Health Services (PHS) Training Standards and Evaluation Framework based on CDC Standards
- Developed and monitored an Annual Work Plan for Workforce Development
- Developed PowerPoint presentation on the Public Health 101 Series

- Diversity & Inclusion resources, activities, efforts, icebreakers, cultural and social observance fliers disseminated
- Employee Engagement Survey (2022 and 2023, PHS) and annual Branch Impact Plans
- Employee Engagement Survey (2022, County)
- Ensured new staff (hired after December 31, 2019) received the Public Health 101 series including History, Concepts, Data, Health Equity and Climate Change
- Established the new Training Champion Working Group (FY 2023-24)
- Health Equity capacity building, training, and resource sharing (e.g., HEWGs meetings, email, and Share Point)
- Health Literacy Training mandatory for all staff (FY 22-23 and 23-24)
- Hosted Building Expertise in Administration & Management (BEAM) Training Pilot
- IT gaps identified and addressed in a focus group
- Knowledge Management effort including Managers Packet, Managers Manual, Program Operation Manuals, Program Indices templates
- Leadership Development
- Leadership Development Survey
- NewP Onboarding Training updated and provided to all new employees
- NIMS/ICS Training for new staff

- Participated in CDPH Workforce Survey on Workforce Capacity
- Participated in Re-Accreditation efforts for Domain 8
- Performance Management, QI, Lean Six, Performance Management System training
- PHS Response to Outbreaks and Pandemics: Management Under Incident Command System training mandatory for all staff (FY21-22 and FY22-23)
- Produced 7 workforce development articles for the PHS newsletter
- Professional Development (annually for all staff)
- Promoted and hosted monthly EAP Self-Care Seminars for 2 years
- Promoted Data Literacy Training (LMS)
- Promoted TKC Cultural Responsiveness Training
- Promoted TKC Customer Service Training
- Recruited and hired three Staff through the Public Health Workforce Grant
- Revised and reissued the Diversity and Inclusion Checklist for Belonging
- Tracked and reported on Completion of all PHS training via dashboard
- Training on Policy Tech conducted
- Updated the Strategic Framework and Comprehensive Plan/List of Initiatives/Values/Priorities
- Various training modules through the agency Learning Management System (LMS) throughout the year (e.g., Sexual Harassment training, Lean Six, Ethics and Compliance)

Trends and Developments in Public Health Workforce Development: Highlights from Recent Literature (FY21-22 and FY22-23)

It is helpful to contextualize our workforce development efforts in the broader context of trends and developments as identified in recent literature (FY 21-22 and FY 22-23). Below are a few *highlights* from recent publications about the public health workforce in general with a spotlight on a few of the specific job class families that make up key components of our public health workforce. For additional information, public health leaders are encouraged to review the job outlook statistics from the Bureau of Labor Statistics (Figure 3) for each of the major classifications where available (e.g., epidemiologists, microbiologists).

Figure 3: Sample Job Outlook from the Bureau of Labor Statistics
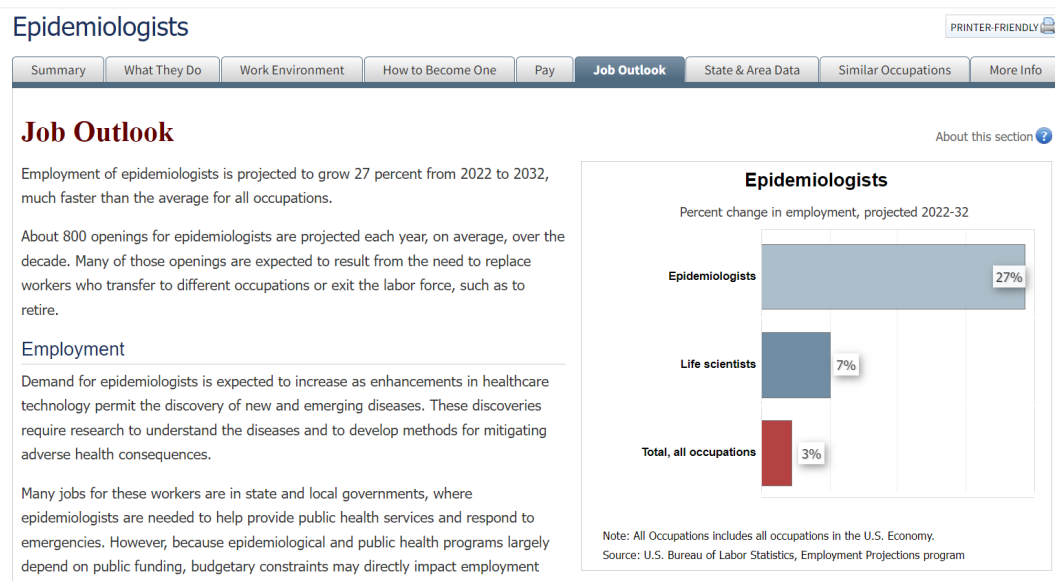
Source: Bureau of Labor Statistics

- Epidemiologists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)
- Microbiologists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)
- Occupational Therapists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)
- Physical Therapists : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)
- Registered Nurses : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)
- Physicians and Surgeons : Occupational Outlook Handbook: : U.S. Bureau of Labor Statistics (bls.gov)

1. Registered Nurses (RN)

According to *Forecasts of the Registered Nurse Workforce in California (2022),* which analyzed preliminary data from the *2022 Survey of California Registered Nurses* (not officially released yet) and the *2020-2021 Board of Registered Nursing Annual Schools Survey*, RN employment has remained stable over the past four years (Spetz, Chu, & Blash, Forecasts of the Registered Nurse Workforce in California, 2022). Many older RNs have left nursing, and a large proportion of older RNs intend to

retire or quit within the next two years. The preliminary data also indicated that a shortage of nurses was estimated to exist in 2022 but will diminish as RN education enrollments return to and pass pre-pandemic levels (Spetz, Chu, & Blash, Forecasts of the Registered Nurse Workforce in California, 2022).

Nurse burnout has been an issue since before the recent pandemic; however, the pandemic exacerbated burnouts among RNs (and other health care and public health professionals). Burnout among nurses is a serious concern that has been correlated with negative nurse outcomes (Sullivan, Sullivan, Weatherspoon, & Frazer, 2022, p. 79); therefore, there is an urgent need for health care organizations, and public health departments, PHS included, to take the necessary steps to decrease nurse burnout, as well as burnout in other professional categories.

The recent literature review found that nurses experience high rates of burnout when working under normal circumstances, but even higher rates of burnout were being reported during the COVID-19 pandemic (Sullivan, Sullivan, Weatherspoon, & Frazer, 2022). One study indicated that contributing factors included job stress, inadequate staffing, and inadequate pay for the work performed (Sullivan, Sullivan, Weatherspoon, & Frazer, 2022). These findings point to the need for additional support in non-pandemic and pandemic times to decrease **burnout** and combat its negative outcomes (i.e., poor patient care quality, nurse turnover, and adverse consequences for the nurse's health) (Sullivan, Sullivan, Weatherspoon, & Frazer, 2022). In addition, many RNs reported that childcare and school closures during the pandemic made it difficult to work, and some reported feeling that that their employers did not care about their well-being or failed to recognize their contributions (Spetz, Chu, & Blash, Forecasts of the Registered Nurse Workforce in California, 2022). Employers, therefore, need to support nurses by implementing policies that protect nurses, monitoring nurses for burnout signs and symptoms, and assisting nurses to implement techniques that aim to protect their health and well-being. (Sullivan, Sullivan, Weatherspoon, & Frazer, 2022).

According to the American Journal of Public Health Nursing, public health is underfunded by federal, state, tribal, and local agencies, leading the public health nursing field stressed to accomplish goals for community health (Hassmiler, 2022). A CDC survey released in July 2021 identified that more than half (52.8%) of public health workers reported having mental health issues (i.e., depression, anxiety, suicidal thoughts, post-traumatic stress disorder) during the pandemic. Many public health nurses are deciding to retire or seek other health care careers that offer a better **salary** (Correction and Republication: Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, 2021, p. 123). Participation in the public health nursing profession has decreased more than any other field in public health (Pittman, 2021). One study from 2021 showed that 11% of surveyed nurses indicated they intended to leave their position, and 20% were undecided (Raso,

Fitzpatrick, & Masick, 2021). Now, more than ever, employers need to focus on employee recognition, rewards, and retention to appreciate nurses and reduce chances of them leaving their employment. Since nurses play such a vital role in strengthening, rebuilding, and reimagining the public health system in the United States and advancing public health, they should be represented properly in the policy- and agenda-setting spaces (Morone, Tolentino, Aronowitz, & Siddiq, 2022).

A survey in the *2023 NSI National Health Care Retention & RN Staffing Report*, the average cost of **turnover** for a bedside RN is $52,350, a 13.5% increase, resulting in the average hospital losing between $6.6m – $10.5m (NSI Nursing Solutions, 2023). Each percent change in RN turnover will cost/save the average hospital an additional $380,600/yr (NSI Nursing Solutions, 2023). Nurse **recruitment and retention** is essential for a health system's financial stability and as such is top of mind in 2022. The RN vacancy rate remains critical and is 15.7% nationally (NSI Nursing Solutions, 2023). While these results are not just for public health RNs, they are important to note as they are pertinent to public health nursing turnover and retention trends – especially when it comes to bearing the brunt of the turnover costs in an already underfunded public health workforce.

As for the racial/ethnic composition of the RNs in California, the workforce has become more **diverse** within the past 30 years. In 1990, over 75% of registered nurses were White compared to approximately 40% of employed White registered nurses in 2022. The next largest ethnic group of nurses are Asian, Non-Hispanic who account for approximately 21% of RNs in 2022. Working RNs who are of Hispanic descent account for approximately 17% of RNs. Working RNs of Black/African American account for approximately 7% of RNs (Spetz & Lallian, An Overview of California's Nursing Workforce, 2022).

2. Physicians

According to *The Complexities of Physician Supply and Demand: Projections From 2019 to 2034*, the U.S. faces a projected **shortage** of between 37,800 and 124,000 physicians within 11 years (Markit, 2021). The report projects that physician demand will grow faster than supply, with demographics (specifically, population growth and aging) being the primary driver for increasing from 2019 to 2034. This is largely because many physicians are nearing the traditional retirement age and more than two of five currently active physicians will be 65 or older within the next ten years. There is also growing concern about physician **burnout**, exacerbated by the COVID-19 pandemic, which is more likely to accelerate, rather than delay, expected **retirements** (Markit, 2021), which could negatively impact physician supply. COVID-19 has caused many disruptions and have uncovered many problems and significant disparities in the health care system, including disparities in access, the growing shortage of physicians, insufficient numbers of health care workers to respond to the surge in need, and a lack of pandemic

response planning. Not only is the physician workforce aging, but the population aged 65 and older is projected to grow by 42.4% — primarily due to the 74.0% growth in size of the population age 75 and older (Markit, 2021). Therefore, suggestions to alleviate physician workforce supply include, increasing numbers of medical school graduates, hiring doctors trained in foreign countries, and utilizing emerging technologies. Healthcare employers and leaders need to take adequate steps to ensure that the physician workforce can meet the growing demand for health services (Xiaoming Zhang, 2020, p. 8). It should be noted that given that there is a lag between events and when data is available to researchers, it will be several years before the physician workforce implications are completely understood (Markit, 2021).

A 2022 survey of over 1,500 American physicians found that 61% feel they have little to no time and ability to effectively address their patients' **social determinants of health** (SDOH). For the physicians who do address SDOH, 83% believe that addressing them contributes to physician burnout rates and 87% want greater time and ability to address them in the future. In addition, 84% of physicians in the survey indicated that they had insufficient workforce to steer patients to SDOH community resources. This has interesting implications for health equity and workforce development as many physicians are seemingly interested in addressing SDOH but feel that, due to time and insufficient workforce constraints, they are not able to fully discuss SDOH with patients or guide them to SDOH resources (2022 Survey of America's Physicians: Part One of Three: Examining How the Social Drivers of Health Affect the Nation's Physician and Their Patients, 2022).

3. Occupational Therapy

The Bureau of Labor Statistics predicts that job opportunities in the field of occupational therapy are set to expand by 12% between 2022 and 2032, which is significantly faster than the average growth rate among professions. The demand for occupational therapists is projected to rise due to the aging baby boomer population and the trend of people staying active well into their later years. Individuals are expecting to continue opting for noninvasive outpatient care for chronic disabilities and illnesses, leading to a sustained demand for occupational therapy services to enhance or maintain their independence (Jesus, et al., 2022).

In a recent study conducted in Sweden, researchers investigated the factors contributing to workforce attrition among occupational therapists. They found that 35% of occupational therapists expressed an intention to leave the profession. Common reasons included the need to enhance the work environment, high levels of stress and work pressure, perceptions of unfair wages, organizational dysfunction, limited managerial support, and inadequate recognition of knowledge and work (Porter & Lexen, 2021). In a Korean study using structural equation modeling, it was determined that presenteeism (working while sick or exhausted) played a significant mediating role between occupational stress and the intention to leave the profession. On the other hand, perceptions of

organizational support among occupational therapists helped mitigate turnover intentions (Chun & Song, 2020). Additionally, an older study in Australia surveyed job satisfaction among occupational therapists and found that 60% of respondents intended to leave the profession within 10 years. Factors such as lack of promotion opportunities were highlighted as leading contributors to dissatisfaction. Furthermore, within the occupational therapy field, 74% of male occupational therapists reported that they would leave the profession within a decade, especially considering the context of being a minority gender in the profession (Meade, Brown, & Trevan-Hawke, 2005).

4. **Physical Therapy**

According to the Bureau of Statistics, the employment outlook for physical therapy shows a projected growth of 15% from 2020 to 2032, significantly exceeding the average growth rate for other occupations. The need for physical therapy is set to rise because many patients are staying active later in life compared to earlier generations. Additionally, the increasing prevalence of chronic conditions such as diabetes and obesity, will require more Physical Therapists (PTs) to assist individuals in maintaining mobility and managing their health conditions (U.S. Bureau of Labor Statistics , n.d.).

The American Physical Therapy Association conducted a survey among its members and discovered that 77% have returned to pre-pandemic caseload levels or even higher. However, 22% reported a decrease in cases due to fewer employed fulltime physical therapists, dropping from 87% to 78% between pre-pandemic and fall 2022. Many therapists were furloughed or laid off during the pandemic because of restrictions on nonessential treatments. About 52% have resumed their pre-pandemic working hours, while 1/5 work more hours and 22% work fewer hours. Additionally, approximately 22,000 PT's exited the workforce in 2021, contrasting with only 12, 074 graduates from physical therapy programs. The pandemic has reshaped how therapy services are delivered, with the Centers for Medicare and Medicaid Services easing restrictions to allow billing for telehealth services by May 2020. Prior to the pandemic, 96% of PTs have not provided telehealth services before. Burnout is a concern among therapists still in the workforce, with many feeling overburdened, leading some to consider leaving their positions (American Physical Therapy Association, 2023).

In another article shared by the American Physical Therapy Association, it is stated that there are now 72 PTs for every 100,000 individuals, an increase from 65 per 100,000 in 2017. PT ranks as the fifth-largest licensed occupation. From 2016 – 2021, PT wages have dropped behind inflation rates in most regions, except the northwest central and New England regions. Data from the American Physical Therapy Association, Bureau of Labor Statistics, and U.S. Census reveal that two-thirds of PTs are female. On average, female PTs earn $0.95 for every dollar earned by male therapists in 2021. This wage gap is most pronounced among therapists with 11 to 15 years and 30 to 35 years of experience. Outside of these experience ranges, there is no significant difference in income between female and

male PTs. In the field of physical therapy, African American, Hispanic, and Latin American physical therapist workforce are underrepresented compared to the populations they serve, while White, Native Hawaiian, and other Pacific Islander workforce align more closely with the populations they serve (American Physical Therapy Association, 2023).

5. Public Health Laboratory System

In our nation's public health laboratory system, workforce challenges have emerged, as highlighted in the 2021 Association of Public Health Laboratories All-Hazards Laboratory Preparedness Survey. The survey revealed that the COVID-19 pandemic disrupted public health laboratory operations, affecting training, education, and practice. This highlighted the urgent need for more trained personnel. High testing volumes necessitated staff diversion and additional hours, while COVID-19 illnesses and social distancing measures further impacted laboratory operations. These challenges directly affected routine work and hindered adequate preparedness on performing laboratory exercises and trainings. One of the major challenges identified in the survey was the **shortage** of highly skilled laboratory personnel in the government sector. This scarcity makes it difficult to meet the growing demand for the services public health provides.

Additionally, **recruitment** has become a struggle for many public health laboratories as they face difficulties in attracting qualified applicants due to lower salaries and a lack of recruitment incentives. Another challenge identified was **retention**. It's crucial to keep highly qualified staff in the public health laboratories, but this can be challenging due to factors such as lower salaries, limited career advancement opportunities, and a growing number of retirees. **Bureaucratic** complexities also pose challenges, as administrative processes, at state and local governments, as well as reliance on federal funding, can hinder the recruitment and retention of a qualified workforce.

To address these challenges, APHL issued a brief identifying solutions to the survey's key challenges in the workforce. Firstly, there is a need for **increased staffing** in public health laboratories. More personnel are required to support laboratory preparedness and response activities, testing expansion, outreach efforts, and training initiatives.

Furthermore, **sustainable funding** is crucial. Long-term funding is necessary to support permanent positions in the laboratory, rather than relying solely on temporary funding during outbreaks and emergencies. In addition, APHL issued a Federal Policy Recommendations brief (link below) titled Public Health Laboratory Workforce Needs in fiscal year 2023 which highlighted the Public Health Laboratory Workforce needs and strategies to address them. Suggestions included provide $412 million annually to increase number of FTE in public health labs, expand national public health

laboratory pipeline to graduate programs, establish a new undergraduate public health laboratory program, and provide funding to CDC and other workforce development public health laboratory programs.

Professional development and continuing education are also vital needs. Providing public health laboratory personnel with access to ongoing training, workshops, webinars, and other educational opportunities will help the workforce stay updated on the latest developments in their field. Lastly, **mentorship** programs play an important role in supporting the current and future public health laboratory workforce. By establishing mentorship initiatives, experienced professionals can provide guidance and support to aspiring laboratory professionals, fostering their grown and development as future leaders. (Association of Public Health Laboratories , 2023). Lastly, APHL has a Public Health Laboratory Salary Comparison dashboard that uses salary data generated by the APHL 2022 Workforce profiles survey across all public health laboratories. This data is available here (PHL Salary Comparison Dashboard (aphl.org)).

California is experiencing an acute shortage of clinical laboratory scientists and public health microbiologists, a situation that has been highlighted and exacerbated by the COVID-19 pandemic. In 2023 the Clinical Laboratory Technology Advisory Committee (CLTAC) accepted a white paper report on challenges to California laboratory workforce capacity submitted by the California Association of Public Health Laboratory Directors (CAPHLD) (Clinical Laboratory Technology Advisory Committee, 2023). In California, workforce shortages and needs are being addressed by the Public Health Emergency Preparedness (PHEP) Lab Training and Assistance grant and Lab Aspire program. The PHEP lab training and assistance grants are awarded to local health jurisdictions to support training of local public health microbiologists. They provide stipends to cover the cost of a trainee as well as money to support onsite training if you are a training laboratory, which San Diego is. The lab Aspire Public Health Laboratory Assistant Director Fellowship program, sponsored by the California Department of Public Health (CDPH), Office of the State Public Health Laboratory Director (OSPHLD), CDPH Laboratory Field Services (LFS), and CAPHLD, trains and prepares qualified professionals to direct local California Public Health Laboratories. The Lab Aspire Assistant Director Fellowship is open to postdoctoral level candidates with a Public Health Microbiologist (PHM) certification, and California Public Health Laboratory Managers or Supervisors with four or more years of supervisory experience after PHM certification. Assistant Director fellowships are typically two years, but actual completion time depends on the Fellow's experience, background and successful completion of program requirements. The mission of the Lab Aspire program is designed to help experienced professionals complete their final requirements to qualify for public Health Laboratory Director positions in California. The fellowship provides the required supervisory experience for the fellow while providing workforce capacity to the Public Health Laboratory community (Clinical Laboratory Technology Advisory Committee, 2023).

6. Addressing Public Health Burnout, Moral Distress, and Moral Injury

Prior to the COVID-19 pandemic, the National Academy of Medicine (NAM) had created an Action Collaborative on Clinician Well-Being and Resilience to address clinician burnout. (U.S. Department of Helath and Human Services, 2022) The collaborative was to raise visibility, improve understanding, advance the evidence base and change culture among other aspects. The pandemic undeniably had a major impact on the clinical workforce around the world, which will probably continue to be the subject of numerous studies for years to come. During the pandemic, the Collaborative disseminated resources and strategies to address these issues which included numerous suggestions for consideration.

Post-pandemic, **burnout** continues to be a widespread problem reaching concerning levels among health care professionals, with more than 50% of physicians and as many as 80% of nurses reporting burnout symptoms (Dorothy Dulko, 2022, p. 122). Chronic workplace stress contributes to burnout, which has been characterized in **three dimensions: feelings of high exhaustion or energy depletion, an increased mental distance from one's job responsibilities or depersonalization, and a reduction in professional efficacy** (Dorothy Dulko, 2022, p. 122). Clinician burnout is a serious threat to organizational health, and it is related to employee turnover (Dorothy Dulko, 2022, p. 122). This will therefore need to be a focus of workforce efforts over the next two years.

Moral distress is a phenomenon that can intersect with burnout and can manifest when healthcare workers know the best health care decision to make but are unable to act due to limited resources or due to circumstances beyond their control (U. S. Department of Health and Human Services, 2022). Long-term moral distress can then lead to moral injury. **Moral injury** and workforce burnout are an impediment to the public health workforce and its operational capacity (Morone, J. F., Tolentino, D. A., Aronowitz, S. V., & Siddiq, H., 2022, p. S231). While the COVID-19 pandemic has increased the urgency and scope of public health work, it has also **decreased individual effectiveness and capacity** (Morone, J. F., Tolentino, D. A., Aronowitz, S. V., & Siddiq, H., 2022). This has led to burnout, with 56% of public health employees reporting 1 or more symptoms of **posttraumatic stress disorder (PTSD)** and 25% reporting 3 or more symptoms, indicating probable PTSD (de Beaumont Foundation, 2022). To address burnout, the Surgeon General encourages empowering staff by transforming workplace culture, which involves being responsive to their voices and needs and seeking their involvement to ameliorate processes, workflows and overall culture burnout (U. S. Department of Health and Human Services, 2022). The Surgeon General also recommends showing healthcare workers how much they are valued through transparent communication, ensuring living competitive **wages** and affordable health coverage, promoting family friendly policies, and a periodic review of staff **workloads**. The

public health workforce's long-term **well-being** should be prioritized to avoid the downstream impacts on population health outcomes.

To support efforts for state, territorial and local health departments to address moral injury and burnout, improve retention, and strengthen the **sustainability** of the workforce, Association of State and Territorial Health Officials (ASTHO) recommends developing effective and skilled managers (Khalid, 2023); creating **positive workplace culture and connection**; building infrastructure for a supported and fairly compensated workforce; and staffing to advance workforce priorities and manage workloads (Morone, J. F., Tolentino, D. A., Aronowitz, S. V., & Siddiq, H., 2022).

The Public Health Workforce Interests and Needs Survey (PH WINS) from 2021 showed that the **top reasons** reported by national, public health staff who intend to leave their job were**: work overload/burnout** (reported by 41% of respondents) **and stress** (reported by 37% of respondents) (2021 Summary Report: San Diego County Department of Public Health Services, 2022). This data shows that a heavy workload, burnout, and stress are areas for further examination and potential opportunities for improvement.

More on clinician and healthcare worker burnout will be addressed in the "Addressing Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce for Local Health Departments" subsection below.

7. **Health Worker Burnout: The U.S. Surgeon General's Advisory on Building a Thriving Health Workforce for Local Health Departments**

Before the COVID-19 pandemic, the National Academy of Medicine found that burnout had reached "crisis levels" among the U.S. health workforce, with 35-54% of nurses and physicians reporting systems of burnout (U. S. Department of Health and Human Services, 2022). However, the pandemic increased burnout levels – extending from public health workers across state, tribal, local, and territorial governments – more than **50% of public health workers** surveyed early in the pandemic reported symptoms of **at least one mental health condition**, including increased levels of post-traumatic stress disorder (PTSD) when compared with rates previously reported among health workers, frontline personnel, and the general population (U. S. Department of Health and Human Services, 2022). There are many different factors that contribute to, and mitigate, burnout, including social and cultural, healthcare system, organizational, and workplace and learning environment. To compare numbers from a national survey to PHS, the PHWINS report indicates that 1 out of 4 public health workers in PHS rate their mental and emotional well-being as poor or fair (PHSWINS, 2021).

The report provides recommendations for Federal, State, Local and Tribal Governments, including:

- Ensure the health, safety, and well-being of health workers, including investing in evidence-based practices, plans and partnerships.
- Address punitive policies that deter health workers from seeking mental health and substance use care.
- **Reduce administrative and other workplace burdens** to help health workers make time for what matters.
- Recruit, expand, and retain a diverse health care and public health workforce to meet current and future health challenges.
- Address societal contributions to health to improve patient outcomes and decrease demand on health workers and health systems.
- Commit to a coordinated, whole-of-government approach to adequately prepare public health, health care systems, and health workers for future public health emergencies.
- Recognize **social connection** and community as a core value of the health care system.

1. The first recommendation above includes some suggestions such as creating a **Chief Wellness Officer** (executive champion) which shows a commitment to health worker well-being at the highest levels of leadership; showing health workers how much they are valued through the use of transparent communication, ensure living competitive wages, rest breaks, evaluation of **workloads** and working hours, educational debt support, and family-friendly policies including child care and care for older adults for all health workers.

2. The second recommendation includes ways to support staff in any spillover effects of burnout that may arise, such as anxiety and depression; eliminate punitive language in the licensing, accreditation, and credentialing of health professionals, in the use of mental health services for staff (i.e., rather promote self-care seeking as a sign of strength and as highly valued), and in board/committee meetings.

3. The third recommendation requires examining reporting requirements and identifying opportunities for aligning policy, improving health professional licensing processes, and ensuring equitable and increased access to telemedicine and other virtual care; partnering with health care delivery organizations, professional associations, and other stakeholders to **reduce documentation burden** by 75% by 2025; sustain support for CDC's Data Modernization Initiative to create resilient public health infrastructure that enable access to data in a timely manner.

4. The fourth recommendation includes recruiting, hiring, and training health workers from underrepresented backgrounds and addressing salary issues.

5. The fifth recommendation includes building **trust** between underserved and marginalized communities and health workers; and being open to considering other societal or cultural factors that may shape health and well-being with a nonjudgmental perspective.

6. The sixth recommendation includes supporting a National Health Care Workforce Commission, a multi-stakeholder workforce advisory committee charged with coordinating a national health

workforce well-being strategy, and strengthening health workforce education, training and resources for disaster and public health emergency response.

7. The seventh recommendation includes committing to strengthen **social connection** and community among staff which results in job satisfaction, creates a sense of belonging, and can improve the quality of patient care. For example, peer and team-based models are one way to strengthen collaboration, can create social support opportunities and a sense of community for health workers, while also mitigating burnout and moral distress.

8. **Public Health Graduates – Focus on Recruitment**

An assessment of the **pipeline**, first destination of public health graduates, is important to ensure there are enough trained public health professionals that can meet the rapidly changing demands of the public health workforce. Health departments are anticipating that public health graduates will fill in the vacancies of the exiting governmental public health workforce. The good news is that there has been an increase in public health enrollment and graduates. General public health is the most common area of study, followed by health policy and management, health education or behavioral sciences, and epidemiology. Among a cohort of 55 institutions of public health graduates from 2015-2018, bachelor's degrees increased by 62%, master's degrees increased by 21%, and doctoral degrees increased by 6%. Of the reported public health graduates, 83% had known first destination outcomes. Of the 83% public health graduates, 71% were bachelor's, 88% were master's, and 92% were in doctoral degree programs (Locke, McGinty, Guerrero Ramirez, & Sellers, 2022, p. e3).

It is important to assess the pipeline to monitor the supply and demand of the public health workforce. This also provides information regarding any changes to the job market which can influence what degrees and sectors will grow/decline in response to these trends. Since the COVID-19 pandemic has occurred, there will be new opportunities for employment as the government, businesses and communities continue to respond and update their practices (Locke, McGinty, Guerrero Ramirez, & Sellers, 2022, p. e7). Since enrollment in public health degrees are growing, it is also important to understand what areas of study are resulting in the best employment outcomes, recognize which sector best helps candidates achieve these employment outcomes, and assist schools and programs of public health to communicate their impact to prospective students and employers (Locke, McGinty, Guerrero Ramirez, & Sellers, 2022, p. e9).

Government public health agencies require a diverse, skilled, and motivated workforce to advance health and well-being; however, there are currently many **recruitment** issues (Locke, McGinty, Guerrero Ramirez, & Sellers, 2022, p. e9). For many reasons, individuals with a public health degree are underrepresented in the governmental public health workforce. One study conducted pilot focus groups to explore public health students' interest in working for governmental agencies, obstacles to

employment, and how this career path could be better promoted. The findings included that focus group participants found attractive job attributes included fulfilling, **meaningful work**; a position at a **mission-driven** organization; and the opportunity to make an **impact** on their community. Unfortunately, governmental public health agencies were viewed as bureaucratic, lacking innovation, and under resourced. Participants reported difficulties accessing and finding relevant job postings. While these jobs have desired attributes, participants reported that health departments are **not effectively recruiting them** (Locke, McGinty, Guerrero Ramirez, & Sellers, 2022, p. e9). To effectively recruit and retain new graduates it is key to understand their **perceptions** about/experiences within these agencies and to address some of the main barriers keeping public health graduates from entering the government workforce, including: lack of competitive **salary** and transparency about compensation, perceptions that governmental agencies do not value innovation, creativity, and diversity, and reduce/remove barriers for interested prospective job seekers, the job search and application process should be streamlined, easy, and user-friendly.

9. Public Health Workforce Shortage

The prolonged COVID-19 response fueled a considerable public health opportunity cost to the public health system. One study found that all public health program areas contributed at least 20% of their workforce time to COVID-19 response during the pandemic (McCullough & Robins, 2023). This is important because given existing public health workforce shortages, this shows a major opportunity cost in terms of other core public health work that were not able to be completed during this time. Much of this remains true as persistent understaffing in the public health system remains an important issue. It is therefore important to consider additional workforce development training **pipelines** or capacity enhancement mechanisms to staff up the workforce and to limit future pandemic responses and the opportunity costs they may have on the public health system (McCullough & Robins, 2023).

It is estimated that the US state and local governmental public health workforce needs at least 80,000 additional full-time employees to deliver core, foundational public health services (FPHS) post–COVID-19 (Leider, et al., 2023). Specifically, LHDs require approximately 54,000 more full-time employees, and states health agency offices require approximately 26,000 more (Leider, et al., 2023). In addition to the new staff that is required, more staff will also be required to replace those leaving or retire.

Using data from the PH WINS surveys from 2017 and 2021, one study found that nearly half of all employees in state and local public health agencies left between 2017 and 2021, a proportion that rose to three-quarters for those ages thirty-five and younger or with shorter tenures (Leider, et al., 2023). If separation trends continue, by 2025 this would represent more than 100,000 staff leaving their organizations, or as much as half of the governmental public health workforce in total (Leider, et al., 2023). It is estimated that 100,000 public health workforce employees could leave their jobs by 2023

Staffing up state and local public health departments and agencies will enable the delivery of FPHS (Leider, et al., 2023).

10. Public Health Workforce: Challenges and Future Directions

Across the U.S., the public health workforce has faced and continues to face, many challenges, including lack of public trust, new or temporary workforce, administrative burden, workloads, competing demands, worker safety, threats to funding, turnover, knowledge transfer, need for workforce planning, training and career development plans. Adequate compensation, robust benefits and modern recruiting processes are required to recruit and retain a competent workforce. The safety and well-being of the workforce must be embedded into public health workforce efforts (Leider, et al., 2023).

Even with a fully staffed, public health workforce, it is inevitable that staff will continue to seek employment elsewhere and retire. One way to preserve workforce stability is **succession planning** and the **transfer of institutional knowledge**. Individuals leaving the workforce, especially for retirement, have substantial institutional memory, experience, relationships, and knowledge, which are all essential to responding to public health challenges as well as during public health emergencies. However, succession planning and career development planning is not routinely used or thoroughly researched in the public health workforce (Leider, et al., 2023).

11. Innovation and Modernization Needed

Public health departments will need to define their strategic advantage, streamline, innovate, modernize, and potentially do more with less into the future. Recent grants such as PHIG should support these workforce and infrastructure modernization efforts. One study found gaps in public health competencies related to data, evidence-based approaches, health equity and social justice, factors that affect public health, cross-sectoral partnerships, and community health assessments and improvement plans (Balio, Galler, Meit, Hale, & Beatty, 2023). As all these areas are highly important to the evolving field of public health, it is essential to ensure that staff is being trained on the **Core Competencies of Public Health** which include these elements and essential to public health practice.

Another aspect in terms of innovation and modernizing the workforce is to foster an environment where innovation and creativity are rewarded. With a people-first approach, prioritizing the individual needs of staff is aligned with encouraging a staff member to bring their "whole selves" to work – including their creativity and innovation. In a survey which interviewed 29 Big Cities Health Coalition member Health Departments, only 43% of respondents said that they agree that "creativity and innovation are rewarded" (Juliano, Schaffer, & Gambatese, 2023). The current focus on public health infrastructure, workforce and

foundational capabilities because of the pandemic has created a window of opportunity to create much needed change.

Competencies for Public Health Professionals

In addition to the Core Competencies for Public Health Professionals that PHS workforce development efforts are guided by, additional sets of professional competencies were either identified, developed, updated, or were explored in the last two years. As a minimum, Public Health Leaders and Senior Staff should be aware of and/or make use of where applicable, the following sets of competencies as appropriate for staff within the branches (e.g., for program-level training and development).
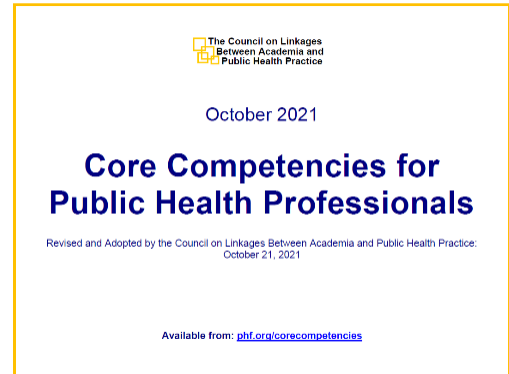
Source: Council on Linkages

1. Competencies for Performance Improvement Professionals

On June 1st, 2018, the Public Health Foundation issued the Competencies for Performance Improvement Professionals in Public Health (PI Competencies). They are a set of skills that are desirable for performance improvement professionals working in public health (e.g., integrate data and information to improve organizational processes and performance) (26) (Public Health Foundation, 2018). The Office of Performance Management, within PHS, is aware of these competencies and promotes them through the department's Performance Improvement Management Committee (PIM). A new Performance Accountability System (Figure 4) was adopted as policy in 2021 (see figure below) and the emphasis on all aspects of performance management—from strategic and operational planning, to maintaining and sharing performance data, to actively monitoring performance data—influences the training provided. There is also an emphasis on the integration of performance management and quality improvement, which influences training for both disciplines.

Figure 4. PHS Performance Accountability System.
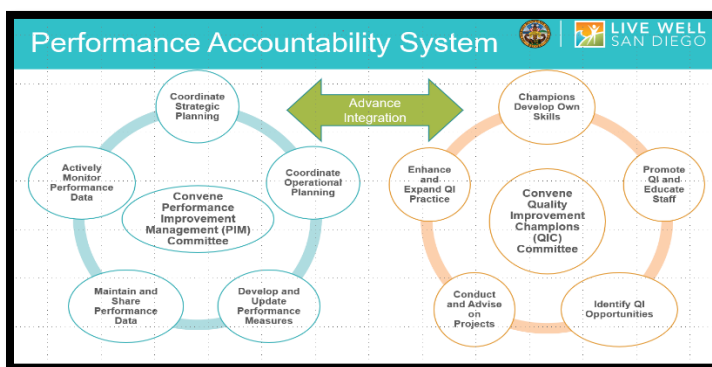
Source: PHS Office of Performance Improvement Management, 2021.

PIM members are asked at each monthly meeting about training needs. Resources are shared about both performance management and quality improvement—including links to training websites with robust on-line training opportunities (such as CDC's new public health training website and the TRAIN Network). Training is offered several times a year in the performance management application the PHS procured in 2019, which includes the basics in results-

based accountability and collective impact, as these are the principles upon which the application is designed. PHS has adopted the collective impact approach to performance management—referring to capturing the contributions of individual programs and activities across an array of partners from every sector to lead to big changes at the population or community level. *Live Well San Diego* reflects this collective impact approach. Branches are working to capture program activities as part of a larger picture of achievement of progress toward population improvement or community-wide goals. Training in performance management will reflect this new orientation toward results-based accountability and collective impact. Other trends in performance management that were also underscored by the COVID-19 pandemic is the importance of showing performance data that captures health equity and inequities, and to make performance data more accessible through business intelligence and various dynamic, interactive dashboards.

2. Competencies for Applied Epidemiologists in Governmental Public Health Agencies

The Competencies for Applied Epidemiologists in Governmental Public Health Agencies (Applied Epidemiology Competencies, or AECs) were developed to improve the practice of epidemiology among public health agencies by generating a list of competencies that defines the discipline of applied epidemiology and describes what skills different levels of epidemiologists working in government public health agencies should have. Epidemiologists and public health agencies are encouraged to use the competencies. The Council of State and Territorial Epidemiologists is updating the AECs and one of the major updates includes alignment with the revised Core Competencies for Public Health Professionals. For more information, see: *Competencies for Applied Epidemiologists in Governmental Public Health Agencies. CSTE also has a tool for evaluating competencies of Epidemiologists available from their site at HOME - Applied Epidemiology Competencies (AECs) (cste.org)*

3. Nurse Leader Core Competencies

In January 2024, PHS will be coordinating and hosting a Nursing Leadership Academy to advance nursing leadership core competencies. For more information, see Work Plan and: AONL Nurse Leader Core Competencies | AONL (Figure 5).

Additional Comprehensive List of Competencies from CDC website:

Public Health Law Competency Model: Version 1.0 - CDC's Public Health Law Program (Latest edition: 2016)

Legal Epidemiology Competency Model Version 1.0 - CDC's Public Health Law Program (Latest edition: 2018)

Figure 5. Nurse Leadership Competency Model.

Source: American Organization of Nursing

[Public Health Emergency Law Competency Model Version 1.0](#) - CDC's Center for Preparedness and Response and CDC's Public Health Law Program (Latest edition: 2013)

[Applied Epidemiology Competencies](#) - CDC and the Council of State and Territorial Epidemiologists (Latest edition: 2023)

[Community/Public Health Nursing Competencies](#) - The Council of Public Health Nursing Organizations (Latest edition: 2018)

[Competencies for Population Health Professionals](#) - Association for Community Health Improvement, Catholic Health Association, Council on Linkages, Association of American Medical Colleges, and Association of State and Territorial Health Officials (Latest edition: 2019)

[Environmental Health Competencies](#) - The American Public Health Association with support from CDC's National Center for Environmental Health (Latest edition: 2020)

[Applied Public Health Informatics Competency Model](#) - The Informatics Academy at the Public Health Informatics Institute (Latest edition: 2016)

[Immunization Information System (IIS) Core Competency Model](#) - Public Health Informatics Institute with support from CDC (Latest edition: 2021)

[Including People with Disabilities: Public Health Workforce Competencies](#) - A national committee comprised of disability and public health experts with support from CDC (Latest edition: 2016)

[Responsibilities and Competencies for Health Education Specialists](#) - The National Commission for Health Education Credentialing, Inc. (Latest edition: 2020)

[Competency Guidelines for Public Health Laboratory Professionals](#) - CDC and the Association of Public Health Laboratories (Latest edition: 2015)

[Public Health Associate Program (PHAP) Cohort Competencies](#) - CDC's Public Health Infrastructure Center (Latest edition: 2022)

[Accreditation Criteria: Schools of Public Health & Public Health Programs – includes MPH and DrPH foundational competencies](#) - The Council on Education for Public Health (Latest edition: 2024)

[Racial Justice Competencies for Public Health Professionals](#) - The Public Health Training Center Network in partnership with the National Network of Public Health Institutes (Latest edition: 2022)

PART III: WORKFORCE DEVELOPMENT – COUNTY OF SAN DIEGO

County of San Diego

1. General Management System 2.0

The County's General Management System GMS 2.0, guides planning, implementation, and monitoring of all County functions that affect how we deliver services to County residents, businesses, and visitors (Figure 6). It is a closed loop of overlapping elements that form an ongoing cycle of sound fiscal management and operational excellence. More information about the GMS and the GMS Manual can be accessed on this website:

http://insite.sdcounty.ca.gov/fg3/cao/gms/Pages/default-old.aspx

Figure 6. County of San Diego Expanded General Management System.
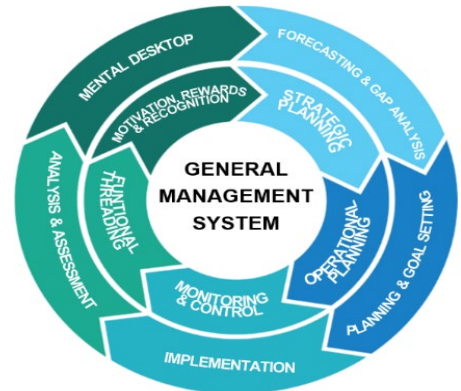
Source: County of San Diego, 2021.

2. GMS Reimagined

The County has reimagined its operational approach to planning and decision making by integrating the General Management System (GMS) with the strategic framework adopted by the Board of Supervisors. It takes the GMS in a direction that is reflective of today's communities while preserving the core management principles of strategic planning, operational accountability, enterprise-wide collaboration, and employee connection. At the core of the reimagined GMS is Community Engagement, based on the principle that all that we do should be for, and created in partnership with, the people we serve (Figure 7). The outer ring is included to reflect the core values of everything we do: integrity, equity, access, belonging, excellence, and sustainability.

Figure 7. County of San Diego General Management System Reimagined.

Source: County of San Diego, 2021.

3. Strategic Plans and *Live Well San Diego*

The County's strategic planning process is an ongoing activity and revisited annually to adjust, as necessary, to ensure that the priorities articulated in the Strategic Plan reflect the changing environment, economy, and community needs. The Strategic Plan is the first element of the County GMS business model.

As the first step of the GMS, the Strategic Plan outlines the priorities that identify where the County wants to be in five years and the goals set for the organization and the community. The County's Operational Plan, or budget document, outlines how the organization will achieve the goals, as the second step of the GMS. The Operational Plan includes the concrete steps that County departments will take to assign resources and staff toward achieving the priorities and goals laid out in the Strategic Plan over a two-year cycle.

The County's 2019-2024 Strategic Plan is aligned with the *Live Well San Diego* long-term vision to achieve a healthy, safe, and thriving San Diego County. Strategic initiatives focus on priorities that continue to advance the County's *Live Well San Diego* vision. Integrity, stewardship, and commitment share a part in efficiently providing services that build strong and sustain able communities.

1. Building Better Health;
2. Living Safely;
3. Sustainable Environments/Thriving;
4. Operational Excellence.

In keeping with the mission, vision, values, San Diego County has fully optimized its health and social service delivery system to make it an industry leader in efficiency, integration, and innovation. The County makes health, safety and thriving a focus of all policies and programs through internal and external collaboration.

Similarly, the 2022-24 Health and Human Services Agency Strategic Plan was developed using the Agency Playbook, a five-step process in alignment with the County of San Diego Strategic Initiatives, General Management System (GMS), and HHSA Vision, Mission, and Values. Collectively, these guiding principles highlight what we do best every day: Advancing Opportunities For All San Diegans To Live Well. The Workforce Development Plan aligns with the HHSA's Strategic Plan and its identified six Agency Strategic Initiatives (Sustainability, Workforce, Community Engagement, Equity, Service Delivery Coordination, and Systems & Technology) that drive long-term Agency-wide performance excellence and focus our efforts on Agency goals to deliver increasing value to the people we serve. These Agency Strategic Initiatives directly support our County Strategic Initiatives (Sustainability, Empower, Community, Equity, and Justice).

4. County Workforce Expectations

Fundamental for the County of San Diego is the expectation that all County employees are ethical and demonstrate the highest standards of legal and ethical conduct in the workplace. The Code of Ethics and the Code of Conduct capture these expectations.

a. Code of Ethics

The importance of an ethical County workforce is reflected in the County seal, *The noblest motive is the public good.* The Code of Ethics was created to serve as both a pledge and a guide for all County of San Diego employees. The Code of Ethics includes Standards of Conduct and General Principles which is intended to guide and assist staff in the actions taken and the decisions made as public servants of the County of San Diego. The County's Code of Ethics is the foundation of the organizational culture and must be reflective in everything staff does. All employees are expected to be aware of, and behave in accordance with, the County's Code of Ethics. Staff are required to review the Code of Ethics regularly and completion of the review is tracked and reported.

b. Code of Conduct

The County of San Diego Board of Supervisors has established a zero-tolerance policy toward internal and external fraud. To encourage its employees to demonstrate the highest standards of legal and ethical conduct in the workplace, the County implemented a Code of Conduct and Statement of Incompatible Activities policy.

The standards required by the Code of Conduct and Statement of Incompatible Activities can only be achieved through the efforts of dedicated employees who conduct themselves with honesty, integrity, and professionalism and in adherence to the letter and the spirit of all applicable laws, rules, regulations, policies and procedures. All County employees, officers, and agents shall perform their duties in accordance with the principles outlined in the policy including annual declarations of no incompatible activities.

Health and Human Services Agency

HHSA is one of five business groups of the San Diego County government. HHSA provides a broad range of health and social services, promoting wellness, self-sufficiency, and a better quality of life for all San Diego County individuals and families. The Agency was created in 1998 and includes the Departments of Aging and Independence Services, Public Administrator/Public Guardian, Behavioral Health Services, Child and Family Services, Medical Care Services, Housing and Community Development, Eligibility and Operations, and Public Health Services, the Department of Homeless Solutions and Equitable Communities, as well as six regional service areas that include North Inland, North Coastal, North Central, Central, South, and East Regions. Each Department is headed by a Deputy Director. The Agency integrates health and social services through a unified service-delivery system referred to as 'no wrong door' and is supported by an interagency system or coordination and referrals. This system is person-centered, family-focused, and community-based, reflective of business principles. Additionally, the services are delivered in a cost-effective and outcome-driven fashion.

1. CAPE and Baldridge

In alignment with the County's expectation of operational excellence, HHSA has been pursuing the CAPE and Baldrige Awards, which recognize organizations based on performance excellence.

Recognition is based on the Criteria for Performance Excellence, consisting of seven categories: **leadership, strategic planning, customer focus, measurement, analysis and knowledge management, workforce focus, operations focus, and results**. HHSA shows its commitment in striving for County operational excellence and striving to achieve the goal of the best managed county in the nation by pursuing the CAPE and Baldrige Awards. HHSA has set several goals to achieve operational excellence, and numerous changes have already been made to achieve these goals.

2. Criteria for Performance Excellence

Figure 8. Baldridge Components.
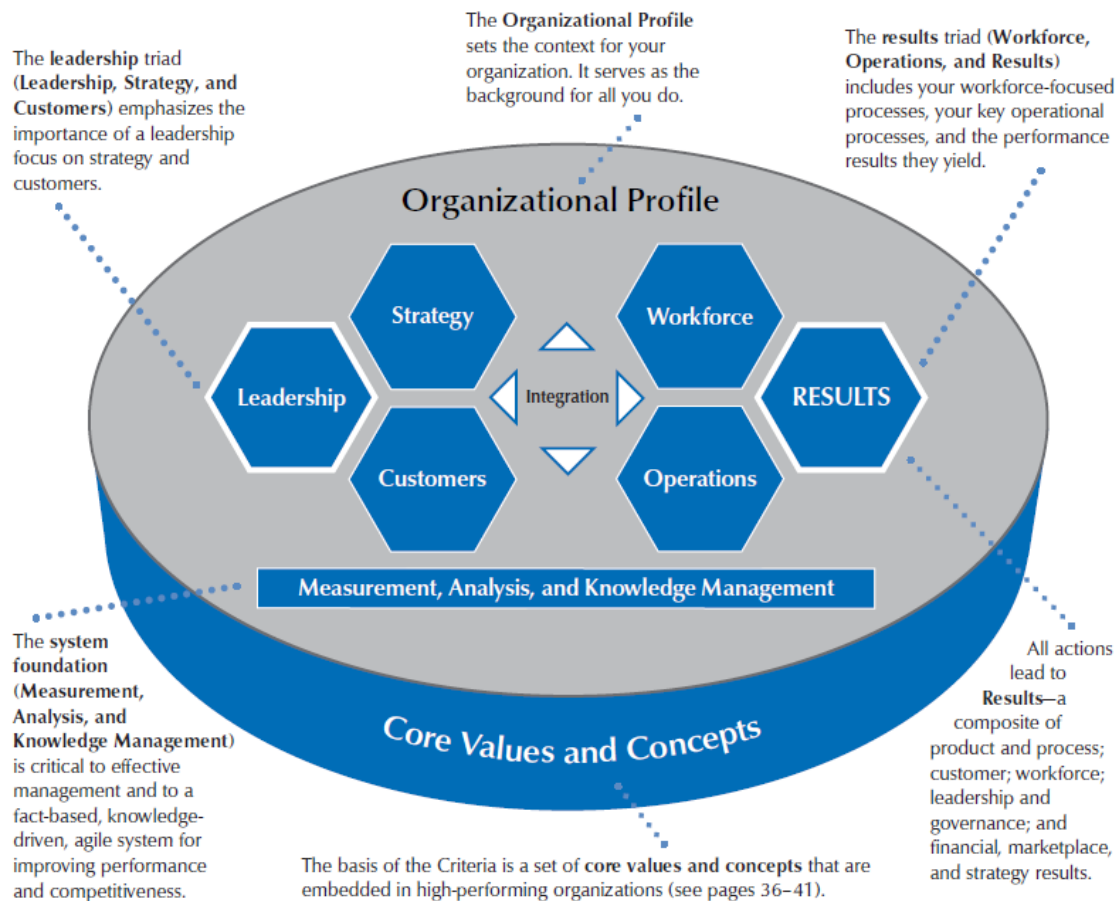
Source: Baldridge Excellence Framework, 2023.

3. Performance Excellence in Public Health: Public Health Accreditation

Another element that contributes to performance excellence is public health accreditation. The County of San Diego achieved national accreditation for public health services from the Public Health Accreditation Board (PHAB) on May 17, 2016. This recognition signifies that the County has demonstrated meeting national standards in providing essential public health services—which include investigating public health problems; informing and educating the public about public health issues; enforcing public health laws and regulations; and preparing for, and responding to, public health threats, emergencies, and disasters. This was done in partnership with County Groups, HHSA regions

and Departments, and community stakeholders. The Regional Chairs from the Community Leadership Teams were also involved in the community partner site interview. Public Health Accreditation was an important step and will contribute to the operational excellence required by Baldrige.

Public Health Services

As one department of the HHSA, PHS employs 750+ staff who provide services for the 3.3 million residents of San Diego County and numerous visitors to the region. The Director of the Department of PHS is also the Public Health Officer. PHS is divided into six branches, each headed by a Chief who oversees the various programs and services in each branch, and one administrative office:

- **PHS Administration** directs public health programs; provides grant management, financial, contract, legislative and administrative support to all branches; and coordinates Border Health efforts, Workforce Development, Health Equity, Climate Change, Customer Service, Trauma-Informed Services, Diversity and Inclusion, performance management and quality improvement as well as other special initiatives across the 7 branches. PHS Administration also includes Community Health Statistics Unit, Information Technology and other essential units key to the administrative and operational of the department.
- **California Children's Services (CCS)** assesses families for eligibility for the State funded program and where eligible, administers occupational therapy and physical therapy to children.
- **Epidemiology and Immunization Services Branch (EISB)** works to identify, prevent, and control communicable diseases and includes the Public Health Lab.
- **HIV, STD, and Hepatitis Branch (HSHB)** helps to assure the development and delivery of quality HIV, STD, and Hepatitis prevention and treatment services.
- **Maternal, Child, and Family Health Services (MCFHS)** works to promote health and to protect and support pregnant women, children, families and communities.
- **Public Health Preparedness and Response Branch (PHPR)** provides planning and medical response activities for bioterrorism, natural, and man-made disasters.
- **Tuberculosis Control and Refugee Health Branch (TBC-RH)** detects, treats, manages and prevents the spread of tuberculosis through treatment, case management and contact investigation, as well as administering the State funded Refugee Health Assessment Program (RHAP) that evaluates the health of newly arrived refugees and makes referrals to health care services in the community.

The work of these 7 branches is described in the two-year Strategic Plan (FY2022-2023 and FY2023-2024). See Figure 9 for vision, mission and values from the PHS Strategic Plan. PHS leadership is currently developing the next Strategic Plan, which will be a rolling two-year Plan.

Vision, Mission, and Values

County of San Diego

VISION: A just, sustainable future, and resilient future for all

MISSION: Strengthen our communities with innovative, inclusive, and data-driven services through a skilled and supported workforce

VALUES: Integrity, Equity, Access, Belonging, Excellence, and Sustainability

Health and Human Services Agency

VISION: A region that is Building Better Health, Living Safely and Thriving to advance a just, sustainable, and resilient future for all

MISSION: To make peoples' lives healthier, safer and self-sufficient by delivering essential services in San Diego County

VALUES: Integrity, Equity, Access, Belonging, Excellence, and Sustainability

Public Health Services

VISION: Healthy people in Healthy Communities

MISSION: To promote health and improve quality of life by...
- preventing disease, injury and disability
- and by protecting against, and responding to, health threats and disasters.

VALUES: Diversity, Respect, Collaboration, Responsiveness, Transparency

The Vision, Mission, and Values establish the overall future direction for the organization. Because the County, HHSA, and PHS are part of an integrated enterprise, the Vision, Mission, and Values of all three entities is important. *Live Well San Diego* is the overarching vision for this collective impact effort that engages the County enterprise along with many partners across every sector.

viii

Source: PHS Strategic Plan, FY2022-23 and FY2023-24.

1. PHS Vision

The vision of PHS is: "Healthy people in Healthy Communities." This aligns with the County *Live Well San Diego* vision of promoting health, improving quality of life through preventing disease, all while maintaining a value of respect, collaboration and responsiveness. PHS continues to maintain an engaging effort County government and multiple partners across all sectors—businesses, schools, cities, and community or faith-based organizations.

The PHS vision, mission, values, and guiding principles reflect a focus on healthy people in healthy communities, such as building better health, living safely, thriving and having operational excellence. These are all priority components that have multiple measures as noted above that advance the *Live Well San Diego* vison.

2. PHS Strategic Plan

The PHS Strategic Plan is a two-year plan (2023-2025), and this workforce development plan supports that strategic plan and the subsequent Strategic Plan.

3. The *new* 10 Essential Public Health Services

The new 10 Essential Public Health Services, updated in 2020 (*Figure* 10) describe the public health activities that all public health systems should undertake including assuring a competent workforce:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

Figure 10. The 10 Essential Public Health Services.
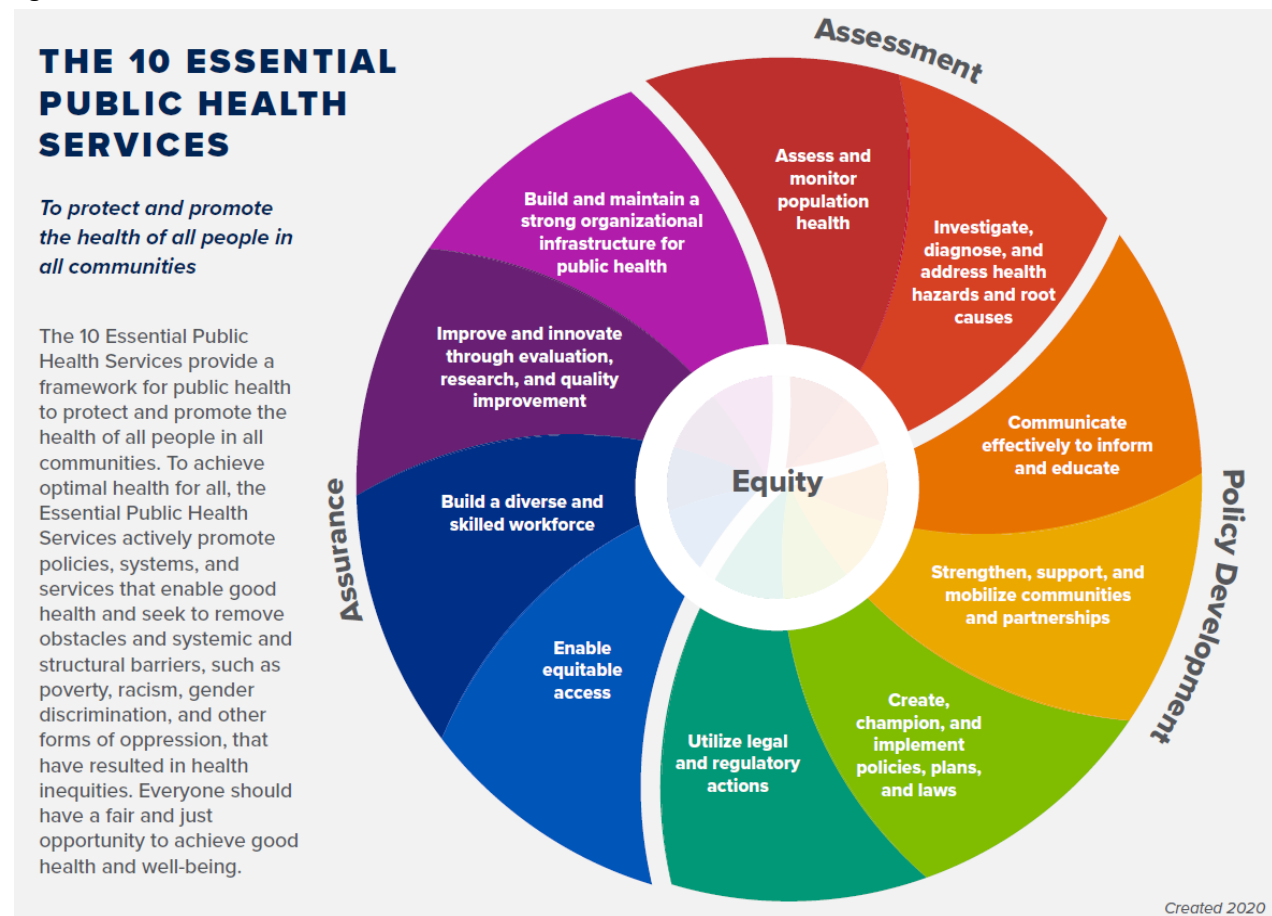
Source: Centers for Disease Control and Prevention.

The new *10 Essential Public Health Services* framework is organized around three core functions: assessment, policy and development and assurance. Over time, the public health landscape has changed. Issues such as health equity, climate change, housing, and homelessness, behavioral and mental health, opioids, and complex issues and emerging threats from infectious disease have changed the public health discourse. As public health infrastructure, services and competencies shift it will be critical to ensure the public health workforce is nimble and able to pivot and adapt to these changing forces. Therefore, examination of the environmental forces and factors is essential including the changing demographics of the County and its workforce. Another document that defines the roles and responsibilities of public into areas and capabilities is the Foundational Public Health Services, which is found below (Figure 11).

4. Foundational Public Health Services

Figure 11. Foundational Public Health Services.

Foundational Public Health Services
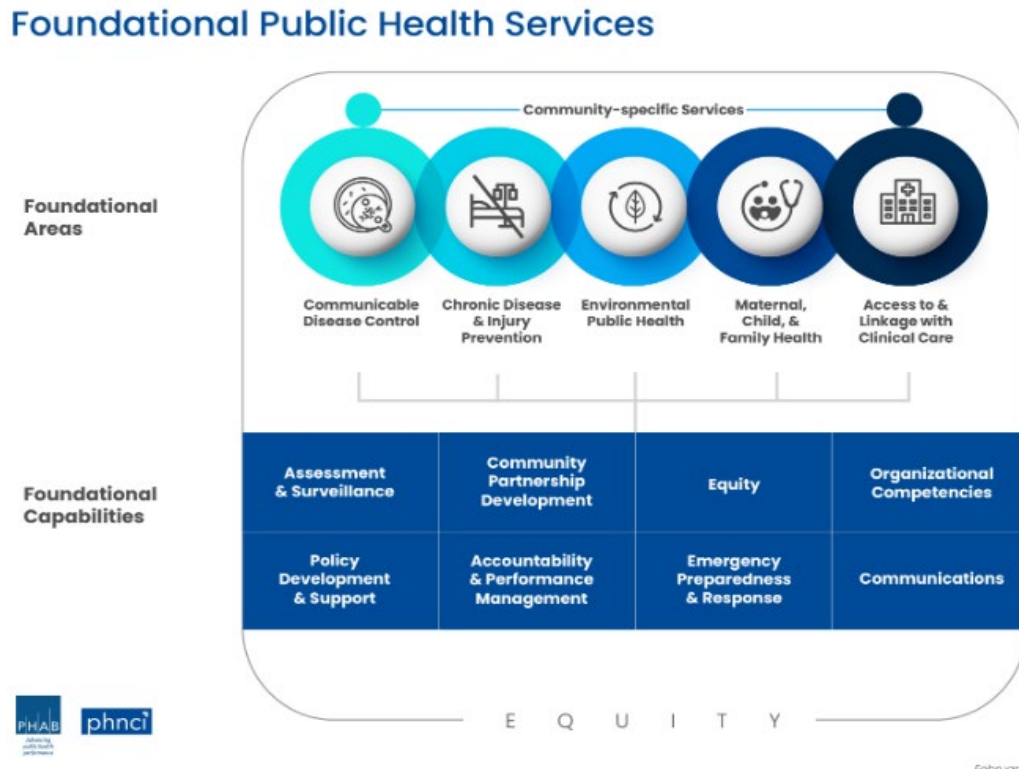
Source: FPHS | PHNCI.

Originally developed in 2013, the Foundational Public Health Services define a minimum package of public health program and capabilities that no local health department can do without. In 2022, the framework (Figure 11) was updated to reflect the evolving role and modernization of governmental public health. As with the 10 Essential Public Health Services, equity was prioritized and added as one of the capabilities.

5. Profile of the Community and Workforce

Figure 12. San Diego County, Regional Data.

County of San Diego Regional Data

18 Incorporated Cities

Unincorporated Area

Population

2019: 3,340,312

2020: 3,331,279

2021: 3,315,404

Median Home Price

Single Family Homes

January 2020: $670,000

January 2021: $744,000

Attached Homes

January 2020: $435,000

January 2021: $485,000

January 2022: $595,000

Median Household Income

2018: $74,855

2019: $78,980

2020: $82,426

Civilian Labor Force

2019: 1,590,600

2020: 1,538,400

2021: 1,543,700

Unemployment Rate

2020: 9.2%

2021: 6.5%

February 2022: 4.0%

San Diego County Population Distribution by Race, Ethnicity and Age

2020 Total Population: 3,343,349

Source: San Diego Association of Governments 2020 Demographic & Socio Economic Estimates, as of July 2021 reflects latest data available.
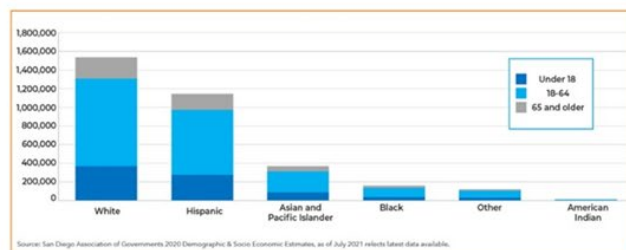
- SANDAG projects San Diego's population will continue to grow in diversity by 2035, estimating: 36.3 % White, 41.4% Hispanic, 13.9% Asian and Pacific Islander, 4% Black and 4.4% all other groups including American Indian.
- San Diego County has the largest number of Indian reservations of any County in the United States – 18

Source: 2022/23 Adopted Operational Plan Executive Summary.

a. Recruitment Practices that Encourage Diversity

The County, through its Department of Human Resources (DHR), facilitates ongoing efforts across all County departments to recruit individuals who reflect the ethnic, language, and cultural aspects of the populations served. The intention is to build a workforce that directly reflects the diverse population served, including focus on ethnicity and language and cultural aspects, when needed. All County departments, including PHS, need a diverse workforce to meet the needs of a diverse population.

In terms of race and ethnicity, PHS assesses how the demographic of the PHS workforce compares to the local Census and SANDAG data. For example, if Census data were to show that 30 percent of the community were a particular race/ethnicity, PHS aims to have approximately 30 percent of its workforce reflect the community as well. In this way staff of the department are representative of the communities we serve ideally.

For language recruitments, if the department needs a new hire that speaks a specific language, staff will include the request in the recruitment. For example, during COVID-19, Communicable Disease Investigators were needed that spoke Spanish, Tagalog, Somali, Vietnamese, Farsi, Arabic, etc., to better help the population served locally. Based on cultural needs, depending on the position, staff are encouraged to look for candidates that are knowledgeable or able to work with people from different cultural backgrounds.

b. Diversity Population Served

- The County *Operational Plan* provides some demographic data (Figure 12) for San Diego County.
- San Diego County is the 5th largest County in the nation, and includes the City of San Diego, which is the 8th largest city in the nation. The county has a population of over 3.3 million people, living over an area of 4,200 square miles. The HHSA is responsible for serving all residents of San Diego County and visitors to the region. A third of the population identifies as Latinx or Hispanic (33%) and many residents (12%) identify as Asian or Pacific Islander, which underscores the importance of Cultural Humility and Responsiveness, or Cultural Competency, among the public health workforce (Figure 12 below).
- San Diego County also shares a border with Baja California and is considered the busiest border crossing in the world with approximately 904,000 Northbound border crossings every single day (source: SANDAG).
- San Diego County is a popular tourist destination, and it is estimated that at any given time, there could be nearly an additional 100,000 individuals in San Diego that are not permanent residents.
- Many individuals live, work, shop, receive health care and visit family on both sides of the border. Recognizing this fluidity, from a public health perspective, the San Diego-Tijuana border region is interconnected with a shared community.

- The border region is also defined as 60 miles north and south of the physical border, including communities as far south as San Ysidro and as far north as Oceanside. Therefore, one could argue that all County of San Diego programs serve the border community.
- In terms of cross-border emergency preparedness, several activities have taken place to address opportunities for collaboration and improved coordination in specific areas of binational emergency medical services such as cross-border trauma patient transfers and notification pathways for ambulances transporting individuals with infectious disease. The Office of Emergency Services developed a draft binational communications protocol to be utilized during large-scale regional emergencies that will impact both San Diego and Tijuana. As of May 2023, the protocol currently exists and will be reviewed/updated in the Fall of 2023.

c. Current Workforce Demographics

The 2023 workforce was relatively close to reflecting the County population in terms of race/ethnicity per available People Soft data (2023), and U.S. Census Bureau's American Community Survey (ACS) data at that time (2021). As demonstrated below, approximately 27.16% of PHS employees identified as Latinx or Hispanic, compared to the San Diego County (SDC) population of 34.3% identifying as Latinx or Hispanic. More of the PHS workforce identified as Asian (23.05%) than was true for the total county population (11.7%). African American identification in the PHS workforce (5.12%) was higher than for the county (4.6%). In terms of gender, the PHS workforce overwhelmingly identifies as female (77.93%). See Figures 13-16 below for the graphic depiction of these data.

Figure 13. San Diego County (SDC) and Public Health Services (PHS) Demographics: Gender.

San Diego County (SDC) Demographics: Gender

50.60%
49.40%
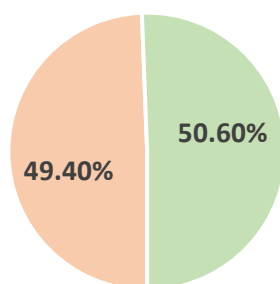
■ Female ■ Male

Public Health Services (PHS): Gender

22.07%
77.93%
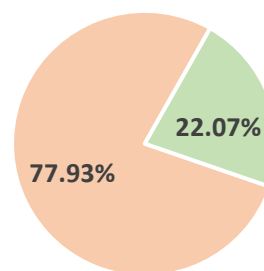
■ Female ■ Male

Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table B01001; 2023 Employee demographics data from PeopleSoft, County of San Diego HHSA Department of Human Resources.

Figure 14. San Diego County (SDC) and Health and Public Health Services (PHS) Demographics: Race/Ethnicity.

San Diego County (SDC) and Health and Public Health Services (PHS) Demographics: Race/Ethnicity

Legend: ■ SDC Race/Ethnicity ■ PHS Race/Ethnicity

Data labels:
- American Indian or Alaska Native (Not Hispanic): 0.30%, 0.12%
- Asian: 11.70%, 23.05%
- Native Hawaiian/Pacific Islander: 0.40%, 1.34%
- White: 44.10%, 36.95%
- Black: 4.60%, 5.12%
- Hispanic: 34.30%, 27.20%
- 2 or More: 4.20%, 6.22%

Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table B01001; 2023 Employee demographics data from PeopleSoft, County of San Diego HHSA Department of Human Resources.

Figure 15. San Diego County (SDC) and Health and Human Services Agency (HHSA) Demographics: Race/Ethnicity.

San Diego County (SDC) and Health and Human Services Agency (HHSA) Demographics: Race/Ethnicity

Legend: ■ SDC Race/Ethnicity ■ HHSA Race/Ethnicity

Data labels:
- American...: 0.30%, 0.35%
- Asian: 11.70%, 19.10%
- Native...: 0.40%, 1.30%
- White: 44.10%, 25.29%
- Black: 4.60%, 8.88%
- Hispanic: 34.30%, 40.59%
- 2 or More: 4.20%, 4.49%

Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table B01001; 2023 Employee demographics data from PeopleSoft, County of San Diego HHSA Department of Human Resources.

Figure 16. Age of San Diego County (SDC), Health and Human Services Agency (HHSA), and Public Health Services (PHS) Employees.

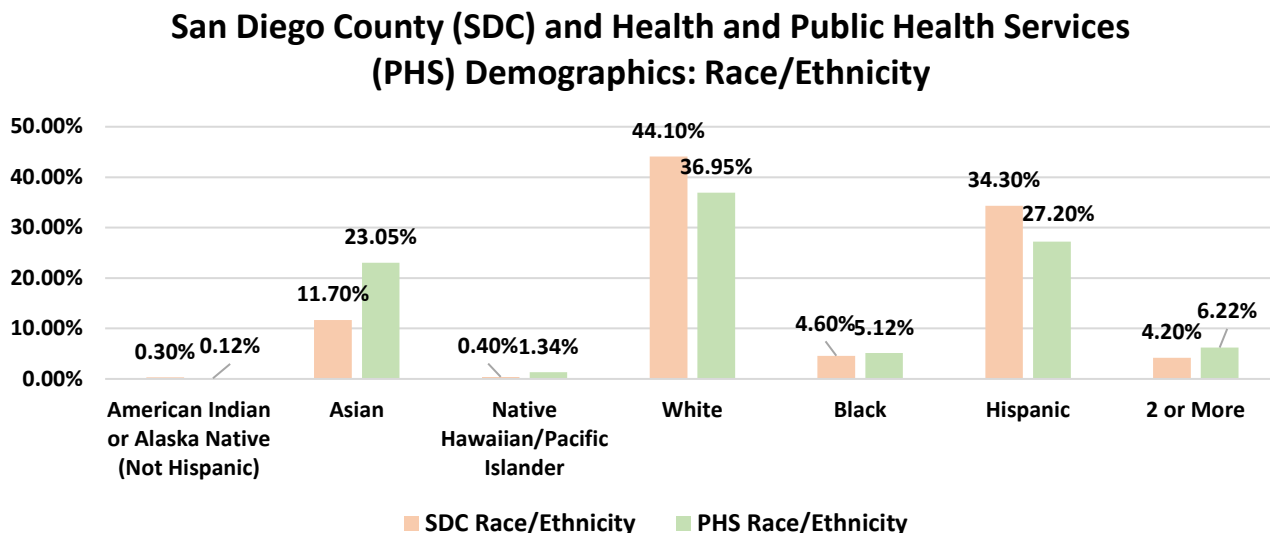Age of San Diego County (SDC), Health and Human Services Agency (HHSA), and Public Health Services (PHS) Employees
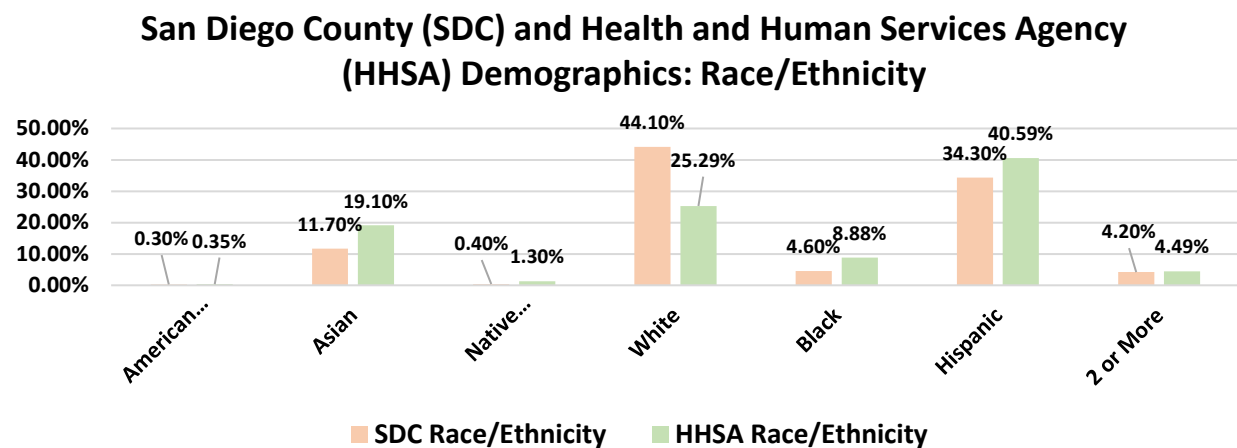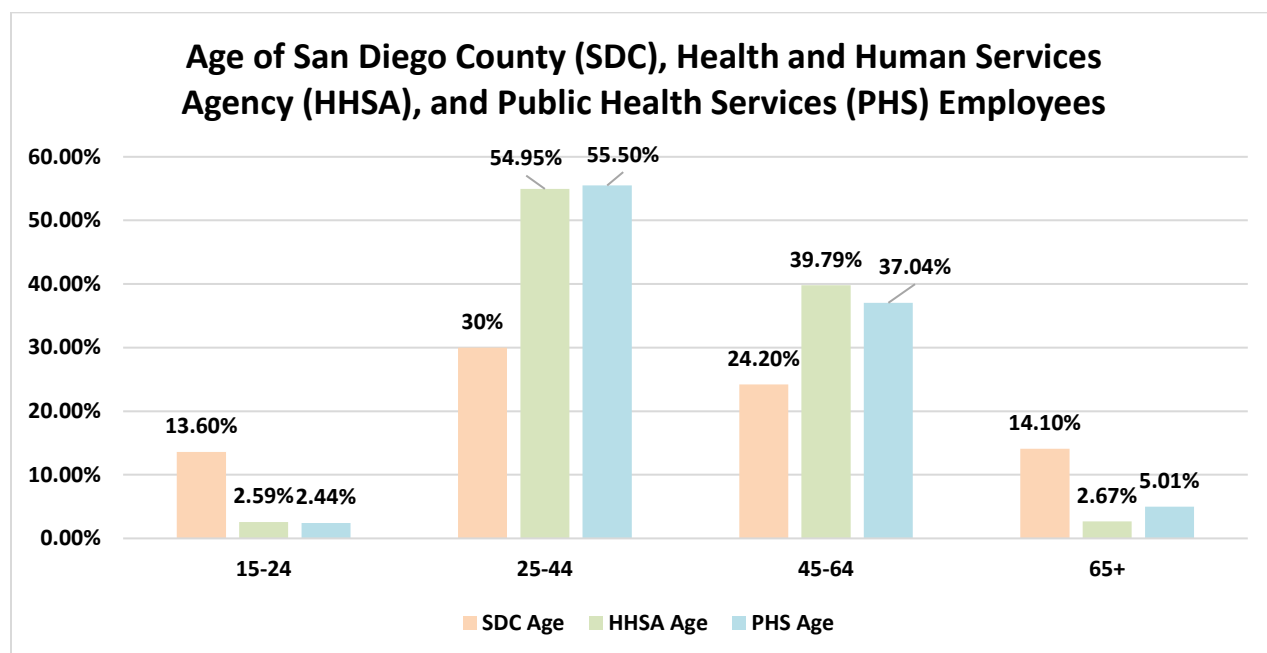
Source: U.S. Census Bureau; 2017-2021 American Community Survey 5-Year Estimates, Table B01001; 2023 Employee demographics data from PeopleSoft, County of San Diego HHSA Department of Human Resources.

6. Turnover Analysis

In 2021, PHS participated in the Public Health Workforce Interests and Needs Survey (PH WINS), which is the first and only nationally representative source of data about the governmental public health workforce. According to the national PH WINS Survey 2021, more than a quarter of employees nation-wide are considering leaving their organization within the next year and among those who intend to leave, 39% said the pandemic impacted their decision. The top reasons for leaving among those who intend to leave include work overload/burnout (reported by 41%) and stress (reported by 27%). Within PHS, 25% of employees intended to leave in one year, which is nearly the same as the national percentage. Within PHS, 8% of staff said prior to the pandemic, they intended on staying but now intend to leave, 6% intended to leave and want to leave more, and 75% said there was no impact on their intent to stay or leave. These findings indicate the PHS leadership should consider retention strategies that address and find solutions to work burnout, overload, stress among staff. PHS is prioritizing staff retention these next fiscal years through the implementation of stay and exit interviews. These interviews will provide valuable insights into the factors that contribute to employee turnover. Additionally, PHS aims to analyze turnover data across different branches, tiers, and job titles to identify any recurring trends or patterns. This analysis will help inform targeted strategies to address specific retention challenges within the department.

7. PHAB Standards

    a. Core Competencies of Public Health Professionals

An adoption of <u>Core Competencies for Public Health Professionals</u> (Table 1), and the inclusion of standards for workforce development that are part of PHAB Standards, reflect the imperative of growing the professionalism of the public health workforce. The Core Competencies, a consensus set of skills for the broad practice of public health as defined by the 10 Essential Public Health Services, were adopted in June 2014. These Core Competencies were the product of a collaboration of 23 national organizations that formed the Council of Linkages Between Academia and Public Health Practice to strengthen the integration of academia and practice to ensure a well-trained, competent workforce, and evidence-based practice.

They are organized into eight domains of knowledge and skills (e.g., Financial and Management Skills). Each domain is split into three tiers, which represent different job classifications. Tier 1 applies to entry level employees. Tier 2 applies to program management and supervisors. Tier 3 applies to senior management and executives. In 2021 the Council on Linkages was conducting a national consultation to update the Core Competencies and the Public Health Services Workforce Development lead was participating on the national working group and 2 of its subcommittees (i.e., cultural competency/health equity and climate change/environmental health). The revised set of competencies were launched in the fall of 2021 and include a new domain for **health equity skills** (previously the cultural competency skills domain).

In 2022, PHS conducted its second assessment of staff core competencies, and the results of the survey were shared with all staff and used to train staff on the new set of core competencies. The goal for FY23-24 and FY24-25 is to increase all domain scores above 3, which equates to "knowledgeable" on their scale. More information is available on the Public Health Foundation website: <u>Core Competencies for Public Health Professionals</u>.

Table 1. Domains for the Core Competencies for Public Health Professionals, 2021.

1. Data Analytics and Assessment Skills
2. Policy Development and Program Planning Skills
3. Communication Skills
4. Health Equity Skills
5. Community Partnership Skills
6. Public Health Sciences Skills
7. Management and Finance Skills
8. Leadership and Systems Thinking Skills

Source: Council of Linkages Between Academia and Public Health Practice, Core Competencies for Public Health Professionals.

8. **PHAB Standards for Workforce Development**

PHAB incorporates the standards for workforce development to help ensure public health departments place a priority on developing future public health workers and take actions along several dimensions, including designing workforce development strategies and plans, implementing the plan, promoting professional and career development for all staff, and creating an environment that is supportive of the workforce. The workforce development plan must do more than "sit on a shelf" and must actively address gaps in capacity and capabilities of the department workforce and its units and be responsive to the changing environment, including consideration of areas where there is significant change (e.g., information technology, data analysis, health equity). Training curriculum must be shown to address these emergent trends and close gaps in capacity and capabilities identified.

9. **Public Health 3.0**

Expectations are rising for public health workers not only as reflected through national standards but also by a transformation within the County of San Diego. The County of San Diego has long had a history of commitment to excellence as reflected in its General Management System 2.0 and the County Strategic Plan that includes the goal to "invest in our workforce and operations by providing support services and excellent customer service to ensure continuity of operations remains at its best."

Moreover, with the adoption of the *Live Well San Diego* vision, every public health employee—regardless of branch, program, classification, or level—is engaged in executing strategies to help San Diego County residents "live well" as part of the *Live Well San Diego* vision. *Live Well San Diego* has a strategic Framework that directly reflects the General Management System in its strategic initiates. All public health employees will be expected to serve residents using the latest evidence-based approaches in consultation with community priorities that recognize the socio-economic determinants of health and leverage the collective efforts across County departments as well as partners within the community. This requires systems thinking and the ability to communicate and collaborate across governments and sectors. It requires an understanding of boundary spanning, political and governmental acumen. It also requires strong emotional intelligence (EQ), communication and interpersonal skills. The goal is to have a collective impact and bring positive, measurable change across all San Diego communities in terms of key indicators of community wellness, called the Top 10 *Live Well San Diego* Indicators. This is a very ambitious agenda for the PHS team as a significant contributor to the *Live Well San Diego* vision.

10. **County, HHSA, and PHS Initiatives**

    a. *Live Well San Diego Vision*

All HHSA partners and contractors, to the extent feasible, are expected to advance the *Live Well San Diego* vision. Building Better Health focuses on improving the health of residents and supporting

healthy choices. Living Safely seeks to ensure residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies. Thriving focuses on promoting a region in which residents can enjoy the highest quality of life. The County of San Diego Board of Supervisors, the CAO, the Agency, and the department have launched several strategic initiatives (e.g., Customer Service, Trauma-Informed Services). All these initiatives are described in the PHS Comprehensive Plan (Uber Plan) and the FY 2022-2024 Strategic Framework document (Figure 17) is maintained by PHS Admin and will be available on the County SharePoint.

Figure 17. Strategic Initiatives Framework.
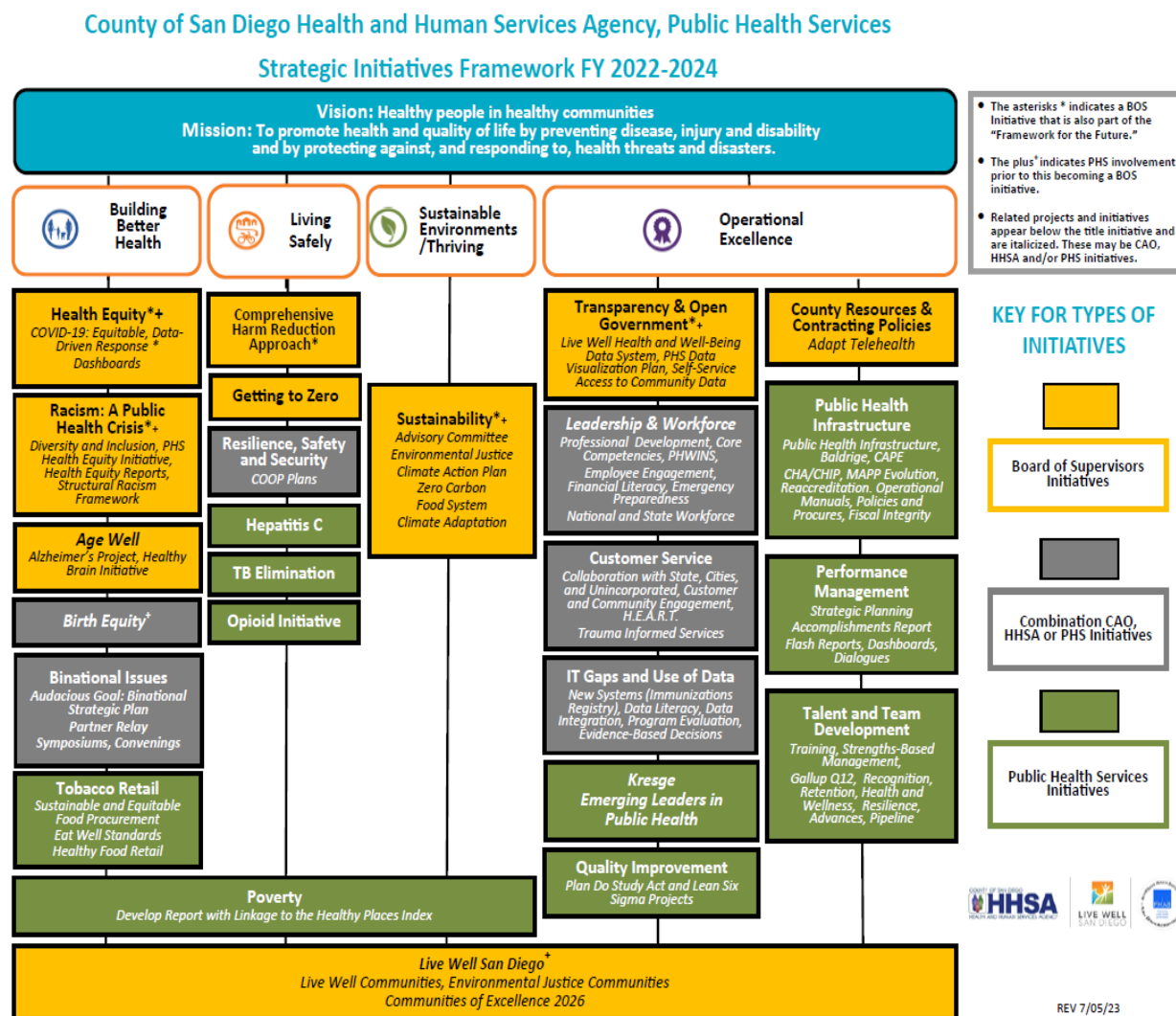
Source: Public Health Services, 2023.

b. Strategic: Initiatives, Review, and Planning

Every year the HHSA Executive Office provides departments with guidance on the strategic reviews that roll up to the agency level. Each year PHS engages with Senior Staff and/or Public Health Leaders on this exercise. The results are compiled and provided to the Agency Executive Office. The scope usually includes identifications of strengths, weaknesses, opportunities, threats (SWOT) and strategic advantages and disadvantages. The purpose is to provide an environmental scan and look outside the department into the operating environment with a view to describing the existing and coming challenges for management and staff. This is helpful to consider when developing the workforce as it is the workforce that must flex and respond to these challenges, potential threats and opportunities.

PHS Admin also maintains a Comprehensive (Uber) Plan and Strategic Initiatives Framework (Figure 15) document that maps out and keeps track of all of the priorities and initiatives of the County Board of Supervisors, the Chief Administrative Officer, HHSA and PHS. In the summer of 2021 PHS Admin updated the Comprehensive Plan and Strategic Initiatives Framework document in advance of the Strategic Review Process with PHS Senior Staff.

c. Customer Service H.E.A.R.T.

In 2014, the County launched a new effort was launched called H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, and Timeliness). The H.E.A.R.T. vision is that all the County's customers and staff will have a **positive** experience. The County is committed to using a positive approach to provide customers and staff with a positive experience. The initiative entails an eight-step journey to a positive experience:

1) **Commit to have H.E.A.R.T.,**

2) **Know our customers,**

3) **Know ourselves,**

4) **Set goals,**

5) **Develop skills,**

6) **Measure success,**

7) **Improve and collaborate, and**

8) **Recognition.**

Source: CX Journey

Each County department has an Ambassador that establishes and manages a H.E.A.R.T. team to integrate the initiative within their respective branches. PHS has one or two H.E.A.R.T. team members from each of the branches and is led out of PHS Administrative Services Branch. The PHS H.E.A.R.T. Team develops an annual Work Plan with identified priorities and activities for each year and maintains a customer facing webpage. The vision of the PHS H.E.A.R.T. team is to create a culture of Trauma-

Informed, Customer Service excellence within PHS. The PHS H.E.A.R.T Team is responsible for implementing the agency's Trauma-Informed effort as this is closely related to Customer Service.

Part of H.E.A.R.T. process is to assess the customer service provided to clients. Each PHS Branch takes part in this process by providing the H.E.A.R.T. Survey to external and internal clients. Results are gathered and analyzed to assess areas of strength and opportunities for improvement. The feedback from this annual survey also helps to influence the goals for the branch impact plans, the PHS H.E.A.R.T. Working Group Work Plan, and the PHS workforce development efforts. Baldridge award winning organizations demonstrate that customers are not only served but *engaged*. Engagement of customers and communities is also a priority of the County Board of Supervisors (2022). Therefore, PHS Admin has challenged all Branches to think about how to enhance the customer engagement effort (i.e., how to incorporate technological innovation) in the next FY 23-24 and FY 24-25 Plan and beyond. PHS has many advisory boards and similar opportunities for stakeholders to be engaged (e.g., HIV Planning Group). PHS has made basic customer service training mandatory for all PHS employees to ensure our customers are being served with H.E.A.R.T. Annually PHS gives H.E.A.R.T. awards to the staff who demonstrate the most H.E.A.R.T. Additionally, the HHSA Knowledge Center provides various nuanced trainings on Customer Service and the Chair of the PHS Customer Service Working Group promotes those trainings in the department and through the Working Group.

d. Trauma-Informed Services and Systems Integration

As a result of growing research showing trauma's adverse impact on health and community well-being (i.e., Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study), as well as its association with negative individual outcomes, many organizations have been investigating trauma informed services and developing practices to approach issues with a trauma-informed lens. In 2011, Child Welfare Services began a trauma-informed initiative to improve services for the children and families they serve, and in 2015, PHS, and all HHSA departments, conducted trauma-informed scans of their departments. Since then, trauma-informed efforts are part of the Customer Service H.E.A.R.T. Team and branches are required to update their trauma-informed impact plans annually. In July 2014, HHSA committed to becoming a trauma-informed agency, which included developing a Trauma-Informed Systems Policy Statement (TISPS) and creating the Trauma Informed Systems Integration (TISI) team. In 2018-2019, all staff were assigned an e-learning module as **mandatory training** and new staff are assigned this training upon hire. HHSA and PHS becoming a trauma-informed system is part of its effort to build a better service delivery system in alignment with *Live Well San Diego*, Customer Service H.E.A.R.T. (Helpfulness, Expertise, Attentiveness, Respect, and Timeliness) Initiative, and PHS's Strategic Plan health equity and workforce priorities. There is a HHSA Trauma-Informed Integration Site and a PHS Trauma-Informed SharePoint site.

e. Diversity and Inclusion (D & I)

The first ever Diversity and Inclusion (D&I) Strategic Plan from 2015 – 2020 (Figure 18) demonstrated San Diego County's commitment to D&I. The plan aimed to attract, retain, and maintain a workforce that reflected the diversity of the County. The D&I Strategic Plan has four desired outcomes: 1. Exceptional Services to Our Diverse Customers, 2. Inclusion for all Employees & Customers, 3. A Motivated & Engaged Workforce, and 4. Organizational Effectiveness & Innovation. A 2-page summary of the Plan

Figure 18. County of San Diego Diversity and Inclusion Logo.

Source: County of San Diego, 2015.

was **mandatory** reading for all PHS staff, and the full Plan was mandatory reading for all PHS Senior Staff. An Executive D&I Council was established to oversee implementation of the plan and guide the County's D&I strategy. Since the plan's creation, many historical achievements have been made on the D&I front at the County and departmental level. For example, in 2015, the HHSA lead for D&I cohosted a Health Equity and D&I launch event inviting executive leadership from the D&I Council, the Employee Resource Groups (ERGs), and staff and leadership from PHS. There were speeches, dancers, booths, and international food sampling. The D&I work and the plan were guided by the Global Benchmarks document, a consensus set of guidelines for government organizations seeking to embed equity, diversity and inclusion in their organizations. In 2018 and 2019, PHS hosted sessions during the senior staff meeting where branches conducted self-assessments of their leadership and accountability for the equity, diversity and inclusion efforts. Based on these scores, each branch created a D&I impact plan for the year ahead. These impact plans continue through the PHS Health Equity Working Group.

Since 2015, PHS has maintained a cultural and social observance calendar and fliers. The fliers were expanded in 2021 to include recent reports, **academic papers, publications and research emergent** on the various communities featured in the fliers to **tie the monthly publications back to public health practice** and ensure the fliers were content rich, value added an opportunity to continuously develop and train our workforce on the nuances of the customers and communities they are serving. This

supported keeping staff current on emergent data and academic publications.

The D & I effort in PHS is part of the PHS Health Equity Working Group (HEWG), its Charter, the PHS Health Equity Plan, and annual Work Plans for the HEWG. PHS's current D&I efforts are in line with the strategic framework and priorities of the Board, the County, and HHSA. These initiatives include D&I participation on the HHSA D&I Transformation Team. PHS promotes, ethical and trauma-informed leadership of diverse and inclusive teams, ensures the development of annual D&I branch impact plans, and that best practices and communications are shared across the department through the working group. PHS has also been tracking and reporting on the diversity of its staff relative to the local census tract data since 2015 in the PHS Workforce Development Plan, to ensure that the workforce reflects the various communities and populations being served. In 2022 PHS produced a presentation on the D&I journey for all branches to use to level set for new staff on where we have been in the D&I work. New staff should be aware of this presentation and the past, current and future D&I efforts of the branch, department, Agency and the County.

One of the components of the 10 Essential Public Health Services is to "Build a diverse and skilled workforce". A diverse (and inclusive) workforce can bring a variety of perspectives and experiences to public health work, which can lead to more effective and innovative approaches to improving community health and advancing health equity. D&I initiatives also relate to the Baldrige Excellence Framework by helping organizations understand and meet the needs of their customers, stakeholders, and workforce. A diverse and inclusive workforce can also help organizations meet the needs to a diverse customer base (residents of San Diego County).

HHSA and PHS have many valuable resources regarding D&I. The Knowledge Center (TKC) offers several trainings on D&I through Learning Management System (LMS). Examples of D&I related training offered by TKC on LMS include topics on introductions on equity, diversity, and inclusion, promoting an inclusive workforce, and serving diverse customers. Additional D&I resources include the Strategic Plan for Diversity & Inclusion 2015-2020 and a D&I webpage available on Insite that includes upcoming D&I events, D&I Annual Reports, and the D&I Digest (Stories of Us). The webpage includes tools to promote D&I such as D&I custom virtual backgrounds, the Hiring Manager Interview Quick Glance Guide, and the Compassionate Leadership Toolkit by TKC. TKC also created a D&I SharePoint site where you can request departmental EDI training, utilize inclusion activities, and view the PHS Inclusion and Belonging Checklist, which was developed with input from all PHS staff prior to the pandemic.

f. **Health Equity**

Since 2015 PHS has maintained a Health Equity plan, policy and working group. Each year the PHS Health Equity Working Group draws from the Health Equity Plan to create its annual Work Plan of Health Equity related activities. One of the key elements of the plan is organizational transformation including education and training of staff and leaders on Health Equity related topics. All staff are

required to complete this series as it supports the Core Competencies of Public Health Professionals (e.g., Public Health Sciences Skills). Starting in FY22-23, all "new," permanent staff (hired after December 31, 2019) who have not taken the 101 series were assigned the series. Starting in FY23-24, all "veteran," permanent staff (hired prior to December 31, 2019), and any new staff that missed the trainings in FY22-23, will be required to take the 101 series which includes Health Equity 101. Health Equity is now also coordinated across the Agency.

Addressing and operationalizing health equity in local public health practice will require systems thinking, boundary spanning (e.g., with local partners), communication, problem solving and community dimensions of practice (e.g., Resident Leadership Academy Network). Efforts are being considered for 2023-24 to use the BARHII survey for external partners, and engage the community (e.g., Health Disparities Summit at the *Live Well* Advance). All efforts will be coordinated across the enterprise as appropriate.

g. Future Skills

In 2019, PHS Admin rolled out a series of branch workshops on Core Competencies for Public Health Professionals and conducted focus groups on **future skills** in support of workforce development and planning. As part of the 2019 workforce development effort, the need to identify a set of future skills that would allow staff to meet the challenges of the future was identified as a key goal. In 2019 PHS conducted a series of workshops for staff across all classifications to identify those skills. Workshop participants were invited to consider how their work and the environment in which

Figure 21. Future Skills.

Source: Public Health Services.

they work may evolve in the next 5 years through to **2024**) and what skills could be necessary to meet those challenges (Appendix 8). The results were summarized in branch reports by classification and shared individually with Branch Chiefs and Managers for their consideration. This will be repeated in FY 2024-25.

PART IV: METHODOLOGY

This section summarizes which surveys that were pursued over the last 2 years (FY 21-22 and FY 22-23) to identify opportunities for workforce development. The subsequent section (Results) will describe the key findings. These two sections form the foundation upon which the priorities for the next two years are selected. In the last 2 years the following were the major surveys, focus groups, and workshops, aligned to the key elements of the Baldrige Framework:

1. **CDPH Baseline Organizational Assessment for Equity Infrastructure Survey**

PHAB requires accredited health departments to conduct equity assessments. PHS participated in the CDPH Baseline Organizational Assessment for **Equity** Infrastructure Survey was designed to collect information on the public health equity capacity in Local Health Jurisdictions (LHJs) in California. PHS, County of San Diego, like other LHJs, was asked to provide information on the extent to which PHS has operationalized and embedded health equity into departmental operations. The information provided was used to understand the state of the health equity efforts within the public health departments in California and to develop an approach to advancing health equity within LHJs in the State. This survey effort represents one of the sources of comparative data available to PHS as it allows us to compare input with that of other local health departments in California. This survey was re-issued by the State for completion by June 30, 2023.

2. **Core Competencies of Public Health Professionals**

PHAB required accredited health departments to assess competencies. In 2016, PHS first conducted a self-assessment of its core **competencies** (Figure 22) for public health professionals and scored an average of 2.68 out of 4. Two of the areas for focus following that survey were financial and management skills and public health sciences skills (e.g., Public Health 101 series). The senior staff of the department set the goal of increasing that score to 3 out of 4. PHS reissued the core competencies self-assessment survey for the second time in February 2022. The average score was 2.65 and the goal continues to be 3 out of 4. PHS focused on training new staff in 2022-2023 and will reissue the survey in FY 24-25.

Figure 22. Core Competencies for Public Health Professionals.
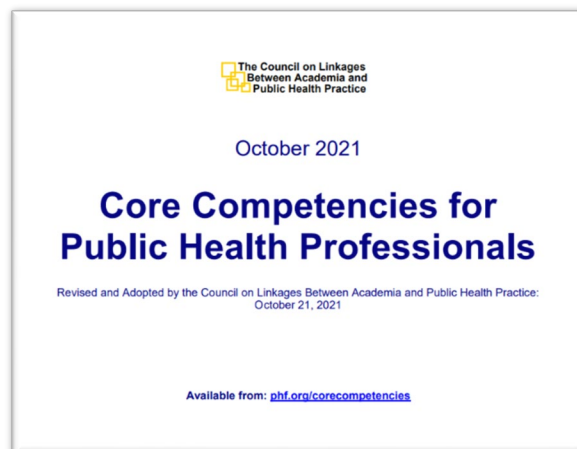
Source: 2021 Core Competencies for Public Health Professionals (phf.org).

3. Employee Engagement Surveys (PHS)

Employee engagement is strongly correlated with retention. Every year for over 10 years, PHS has conducted an employee engagement survey based on the 12 Gallup questions (e.g., Do I have a best friend at work?). 2018 was the 10th year of conducting the survey and a decade's worth of survey data was featured and reviewed at the Senior Staff Advance on October 31st, 2018. Branches used the findings to build branch impact plans and tracked progress monthly throughout the year. The PHS Employee Engagement Survey explores trends in the drivers that engage the workforce in achieving the mission and vision of PHS.

4. Employee Engagement Surveys (County)

In 2018, the County conducted a first-ever survey of employee engagement for all County of San Diego staff. Then, in partnership with CPS Consulting, the County issued a new iteration of the employee engagement survey in December 2021 that was repeated in February 2023. Scores are shared with departments that select a low scoring question for focus in the year ahead tracked by an employee engagement plan per department. This effort is coordinated at the Agency level and PHS participates.

5. Public Health Workforce Interests and Needs Survey (PH WINS) 2021

In 2014 a major, national and state survey was conducted of government public health department staff and management asking about their workforce needs and interests. The survey included anticipation of attrition (turnover). The survey was important for public health departments as it revealed the national trends for the government public health workforce. What was noteworthy was the degree of anticipated turnover amongst government public health workers (up to 38%). In 2017 the survey was conducted again but this time it included County public health departments and San Diego participated.

Figure 23. PH WINS.
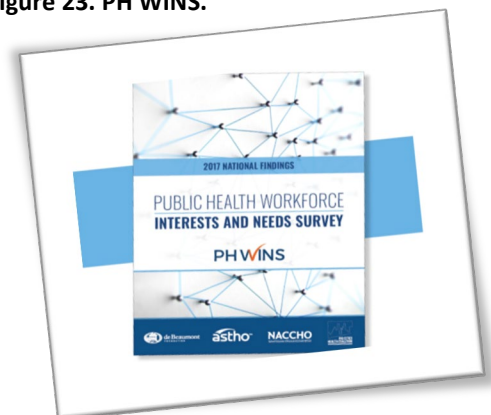
Source: PH WINS 2021: Key Findings and Data Dashboard (debeaumont.org).

The survey results show how much turnover can be expected, the reasons for the turnover, and key areas staff want to be trained on. Like the CDPH Survey, this national survey provides PHS with the comparative data it needs to explore how we rank relative to other local, State and federal public health departments. The survey was reissued in September 2021 and closed on January 14, 2022. Results were widely shared across PHS in 2022-23 including at the PHS all-staff meeting, senior staff meeting, and executive leadership meetings. PHS is participating in PH WINS 2024 to launch September 2024.

6. CDPH Workforce Capabilities Survey

In October 2021, the CHEAC Annual Meeting presented the findings of the CDPH Workforce Capabilities Survey in a document titled "The future public health system in California: Workforce Development." In order to develop a baseline of the current state of the California public health workforce, CDPH launched the survey to collect information from both CDPH and Local Health Jurisdictions (LHJs) in California. In this survey, respondents were asked to provide information on services provided, staffing levels, and workforce capabilities across each LHJ and CDPH. Specifically, the objectives of the survey were to determine the staffing levels across each role category at both the CDPH and LHJ levels, evaluate the core program areas supported by each LHJ and differences in programmatic support for varied population sizes, and self-report an assessment of the technical and strategic competences across key public health domain areas (i.e., chronic disease prevention, data science and analytics).

Using this information, the California Future of Public Health Workgroup will develop an approach to designing the public health system of the future. The survey included 51 of the 61 LHJ respondents to capabilities assessment questions.

7. PHS Quality Improvement Self-Assessment Tool 2.0 Survey

The 2023 PHS Quality Improvement Self-Assessment Tool 2.0 marks the third assessment implementation at PHS. The 2023 assessment was designed and implemented using NACCHO's 2018 QI SAT 2.0, which included 57 Leadership questions, 27 Frontline questions, and 5 characteristic questions. Reoccurring QI self-assessments provide a foundation for understanding the current culture, identify strengths and areas for improvement, and prioritizing transition strategies for continued advancement. The discussion generated by completing an assessment provides significant insights into organizational performance and alignment to department-wide initiatives.

8. Performance Management/Quality Improvement (QI)

Every year the Performance Improvement Management Committee and Quality Improvement Champions Committee are surveyed about their needs for training and development. These are largely informal assessments in which the PIM representatives and champions are asked about their needs and the needs of their respective Branches during ongoing meetings. Also, after every training or special event, includdng the QI Resource Fairs, feedback surveys are administered. The Quality Improvement Culture Assessment, based on the NACCHO Roadmap to a Culture of Quality, was administered in 2023.

9. **Customer Service Survey**

    The Customer Service Survey is an opportunity for branch management to identify areas where additional staff training or coaching may be needed. Every year, all branches issue customer service surveys internally and/or externally. Surveys are issued in various modalities, sometimes continuously throughout the year (e.g., email signature blocks, website) or annually as determined by the Branch Chief and Program Managers. As a minimum, all branches issue surveys once a year (February) and the results are rolled up and scores provided through the Business Planner to the Agency Executive Office, through the Office of Business Intelligence. The results are also reviewed by senior staff, and impact plans are developed as a result. The plans are reviewed regularly between Branch Chiefs, the Public Health Officer, and the Director. The goal is continuous customer service improvement and workforce development. In October 2021, the Customer Service effort of PHS was reconvened to determine the status and next steps for PHS survey roll-up and examination of results by branch to inform branch impact plans and inform additional staff training needs. In 2022 and 2023, the surveys were rolled out in the spring.

10. **Leadership Development Survey**

In 2015, all Senior Staff of PHS completed the first PHS Leadership Development survey and as part of the 2017-19 workforce development plan, key findings were explored with Public Health Leaders for the purposes of identifying Leadership Development opportunities. During this same period, the department began participating in the Kresge effort titled Emerging Leaders in Public Health (Figure 24). As part of the Kresge effort, Public Health Leaders came together again in a focus group to further refine the

Figure 24. Leadership Development Survey.
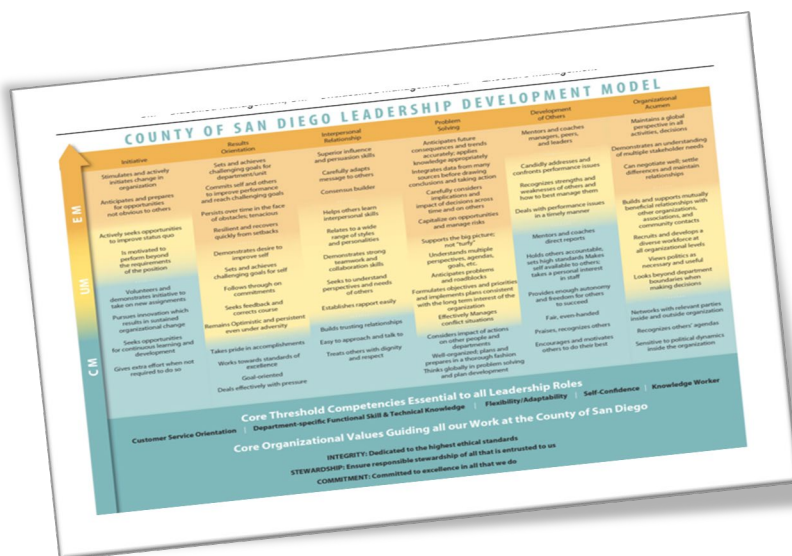
Source: County of San Diego.

identification of a set of key areas necessary to advance the department's strategic plan and priorities. These priorities then informed the engagement with the Regional Training Center (RTC) who agreed to assist the department with the provision of leadership training in these key areas (e.g., Boundary Spanning, political and organizational acumen, EQ). This work began continued into the FY 19-20 and FY 20-21 workforce development effort. In March 2022, the Leadership Development Survey was reissued to determine the extent to which scores have changed, and to identify training opportunities.

Survey findings resulted in a series of efforts including retaining the services of several consultants through RTC. The survey will be issued again in January 2025.

PART V: RESULTS

1. CDPH Baseline Organizational Assessment for Equity Infrastructure Survey

**Figure 25. State Domain Average Results.**
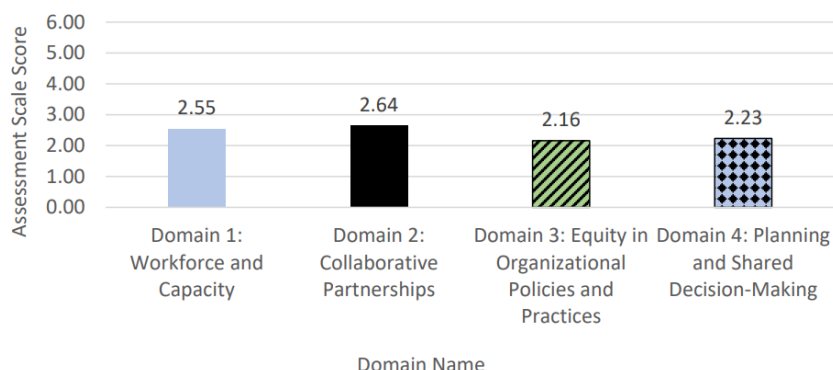
Source: California Department of Public Health.

PHS was one of the local health departments to participate in the State survey called the Baseline Organizational Assessment for Equity Infrastructure. PHS Admin branch received the results of the CDPH Workforce Survey in 2022. While the statewide and Southern California scores were relatively low (Figures 25 & 26), our departmental scores were among the highest in California.

- Lowest scores (Statewide):
    - Domain 3 – Equity in Organizational Policies and Practices average of (2.16/6)
    - Domain 4 – Planning and Shared Decision-Making average of (2.23/6)
- Highest scores (Statewide):
    - Domain 1 – Workforce and Capacity average of (2.55/6)
    - Domain 2 – Collaborative Partnerships average of (2.64/6)

Figure 26. Southern California Domain Average Results.
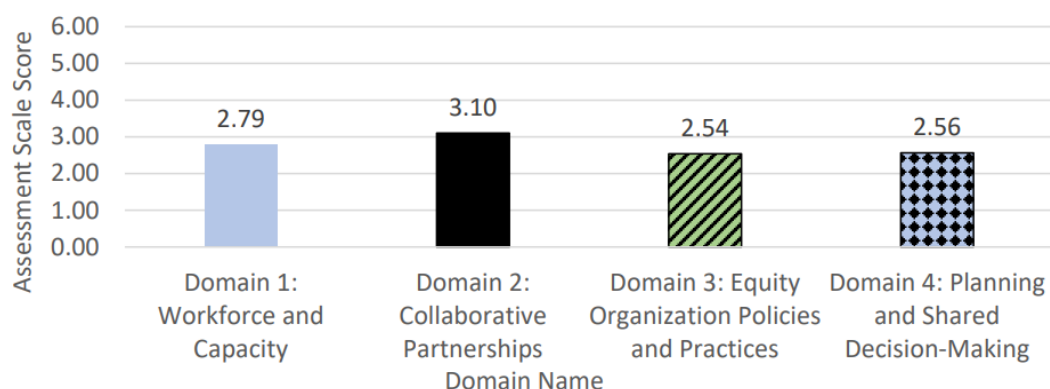
- Lowest scores (Southern California):
   - Domain 3 – Equity in Organizational Policies and Practices average of (2.54/6)

Source: California Department of Public Health.

- Domain 4 – Planning and Shared Decision-Making average of (2.56/6)
  - Highest scores (Southern California):
    - Domain 1 – Workforce and Capacity average of (2.79/6)
    - Domain 2 – Collaborative Partnerships average of (3.10/6)

San Diego scored **among the highest in the state with a score of between 5-6** overall score out of 6. The full results are available through the Office of Health Equity and Climate Change. The survey was done a second time on June 30, 2023. Results will be available in FY 2023-2024.

2. Core Competencies for Public Health Professionals

Figure 27. Average Scores by Domain.
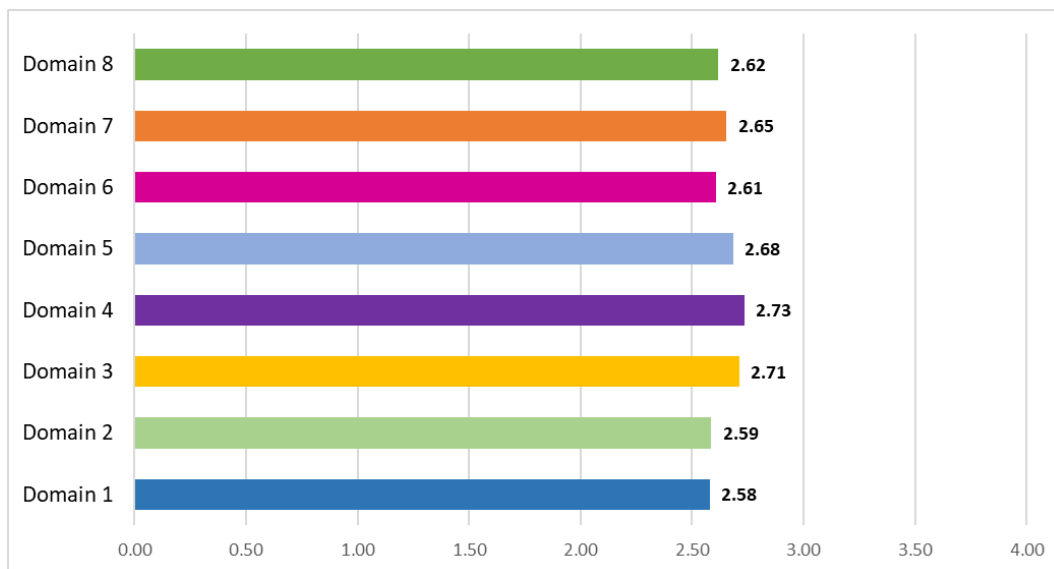
Source: Public Health Services.

- Lowest scores:
  - **Domain 1**: **Data** Analytics and Assessment Skills (2.58/4)
  - **Domain 2:** Policy Development and **Program Planning** Skills (2.59/4)
  - **Domain 6:** **Public Health Sciences** Skills (2.61/4)
- Highest scores:
  - **Domain 4**: Health Equity Skills (2.73)
  - **Domain 3:** Communication Skills (2.71)
  - **Domain 5:** Community Partnership Skills (2.68)

Training over the next 2 years should address data (Figure 27), program planning and the public health sciences (e.g. Public Health 101 Series including history, key concepts, data and health equity). PHS issued the first CCPHP self-assessment survey in 2016, and scores were modestly lower in Management and Fiscal Management skills and Public Health Sciences Skills at that time. PHS issued the second CCPHP Survey in February 2022 using the core competencies that were revised in 2021. The new competencies were shared broadly across the department. The next core competencies survey will

assess staff against the new set of national competencies and consider additional enhancements to better tailor training decisions (e.g., by tier, classification or individual).

The full results of this survey are available through the Community Health Statistics Unit.

3. Employee Engagement Survey

Figure 28. Employee Engagement Survey.

Public Health Services Strengths Based Management Employee Survey 2023											
	All PHS	**CCS**	**EISB - Epi**	**EISB - IZ**	**EISB - Lab**	**EISB - Vital**	**HSHB**	**MCFHS**	**PHPR**	**PH Admin**	**TBCRH**
I know what is expected of me at work.	4.34	4.52	4.40	4.37	4.17	4.55	4.20	4.25	4.19	4.29	4.31
I have the materials and equipment I need to do my work right.	4.06	4.06	4.11	4.42	3.90	4.56	3.62	4.08	4.23	4.27	3.91
At work I have the opportunity to do what I do best everyday.	4.18	4.29	4.17	4.14	3.88	4.52	3.98	4.13	4.40	4.32	4.16
I have recently received praise or recognition for doing good work.	4.06	4.06	4.24	4.23	3.74	4.19	3.82	4.08	4.38	4.18	3.98
My supervisor or someone at work seems to care about me.	4.24	4.30	4.41	4.50	3.98	4.36	3.94	4.19	4.44	4.33	4.15
There is someone at work who encourages my development.	4.07	4.20	4.14	4.44	3.87	4.19	3.84	3.93	4.22	4.19	3.86
At work my opinions seem to count.	4.12	4.18	4.39	4.23	3.87	4.28	3.91	4.07	4.10	4.16	4.02
The mission/purpose of the organization makes me feel my job is important.	4.23	4.21	4.29	4.34	4.04	4.59	4.20	4.16	4.25	4.33	4.29
My coworkers are committed to doing quality work.	4.25	4.29	4.42	4.38	4.07	4.42	4.13	4.24	4.12	4.46	3.92
I have a best friend at work.	4.01	4.17	4.16	4.00	3.93	3.96	3.75	3.93	3.82	4.01	3.99
In the last six months, someone at work has talked to me about my progress.	4.06	4.36	4.08	4.38	3.67	4.17	3.77	3.95	3.95	4.15	3.88
This last year, I have had the opportunity at work to learn and grow.	4.03	4.17	4.02	4.24	3.84	4.19	3.80	3.97	4.06	4.09	3.99
The Leadership always treats me with respect.	4.05	4.06	4.29	4.12	3.99	4.44	3.90	3.91	3.94	4.24	3.86
I am confident in the Agency's financial future.	3.93	3.94	3.85	3.83	3.88	4.41	3.85	4.03	3.69	4.17	3.67
The Leadership makes me enthusiastic about the future.	3.94	3.89	3.98	4.02	3.97	4.41	3.84	3.93	3.91	4.11	3.76
Overall, are you satisfied with your job?	4.21	4.25	4.32	4.32	4.16	4.28	4.10	4.16	4.22	4.27	4.03

Below PHS overall	Above PHS overall	Equal to PHS Overall

Source: Public Health Services.

The **PHS** Employee Engagement Survey (or the Public Health Services Strengths Based Management Employee Survey (Gallup) has been issued annually for well over 10 years (Figure 28). It was last issued in 2023.

- Lowest scores:
  - "This last year, I have had the opportunity at work to learn and grow." (4.03)
  - "The Leadership makes me enthusiastic about the future." (3.94)
  - "I am confident in the Agency's financial future." (3.93)
- Highest scores:
  - "I know what is expected of me at work." (4.34)
  - "My coworkers are committed to doing quality work." (4.25)
  - "My supervisor or someone at work seems to care about me." (4.24)

The full results of this survey are available through the Community Health Statistics Unit.

4. Public Health Workforce Interests and Needs Survey (PH WINS) 2021

PHS participated in the national Public Health Workforce Interests and Needs Survey (PH WINS) 2021, which resulted in comparative data with other public health departments nationally (Figure 29). Federal, state and county public health departments participated in the survey. The survey was issued starting on September 13, 2021, and closed January 14, 2022. Results of the PH WINS Survey were released in Spring – Summer of 2022 by the de Beaumont Foundation. PHS received a customized report.

Figure 29. PH WINS 2021 Results- Mental & Emotional Well-Being.

Source: de Beaumont Foundation.

- ▪ Lowest scores:
    - ▪ 25% of PHS staff rate their mental health as either "poor" or "fair."
    - ▪ 52% reported satisfaction with pay.
- ▪ Highest scores (Figure 30):
    - ▪ 90% of respondents indicated that employees learn from one another.
    - ▪ 82% of respondents indicated that diversity, equity, and inclusion were departmental priorities.
    - ▪ 79% reported job satisfaction.

Additional training needs identified included:

- ▪ Change management
- ▪ Systems and strategic thinking
- ▪ Community engagement
- ▪ Cross-sectoral partnerships
- ▪ Policy engagement

Figure 30. PH WINS 2021 Results- Perceptions about Organization.

Source: de Beaumont Foundation.

Overall, from the PH WINS 2021 Survey, PHS learned that we still have only approximately 14% of the department with degrees specifically in public health, supporting the need for a public health 101 series, that we have a higher-than-average number of staff with advanced degrees (Masters and Ph.Ds), that we need to do more to support the mental health and wellness of employees as only 1 in 4 said their mental health was poor or fair. We learned that most staff reported our department is a good place to work, that employees learn from one another, that EDI is a priority, that supervisors are respectful, development is supported, and that staff enjoy the stability and benefits of employment with our department. There is work to be done on wellness, workload, communication, creativity, innovation and IT (Figure 31).

Figure 31. PH WINS 2021 Results- Overall Training Needs.
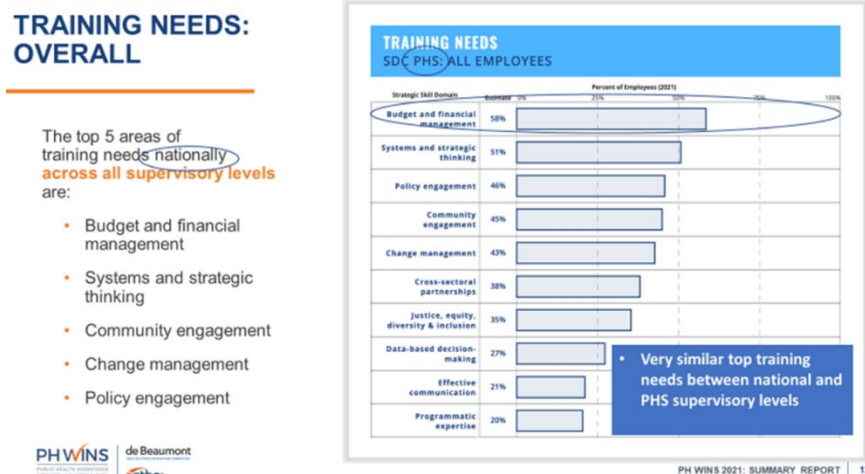

Source: de Beaumont Foundation.

5. CDPH Workforce Capabilities Survey

As of August 21, 2021, the state-wide survey had received 55 responses from LHJs across size archetypes, geographies, urbanicity, etc. and 37 responses from CDPH across centers, and role categories. The summary of findings show that the overall workforce composition is composed of 19,000 – 20,000 full time employees (4,000 in CDPH and 15,000-16,000 in LHJs). At both the state and local level, **a substantial proportion of the workforce is composed of program specialists** (consistent with categorical funding streams), with fewer staff dedicated to IT and data emergency response, and equity. The findings also included potential challenges in workforce development such as:

- **Recruiting** qualified and diverse staff
- **Retention**
- **Organizational Health**

While reported strengths varied by jurisdiction type and size, some include tools and **standards for learning and development** (but insufficient standards for learning and development) and **data** monitoring and tracking. PHS staff is attempting to bridge the gap with regard to insufficient standards by aligning all internal 101 trainings to adhere to the CDC Standards for Training and Evaluation. The survey also mentions potential workforce initiatives to strengthen California's public health workforce (see Figure 32).
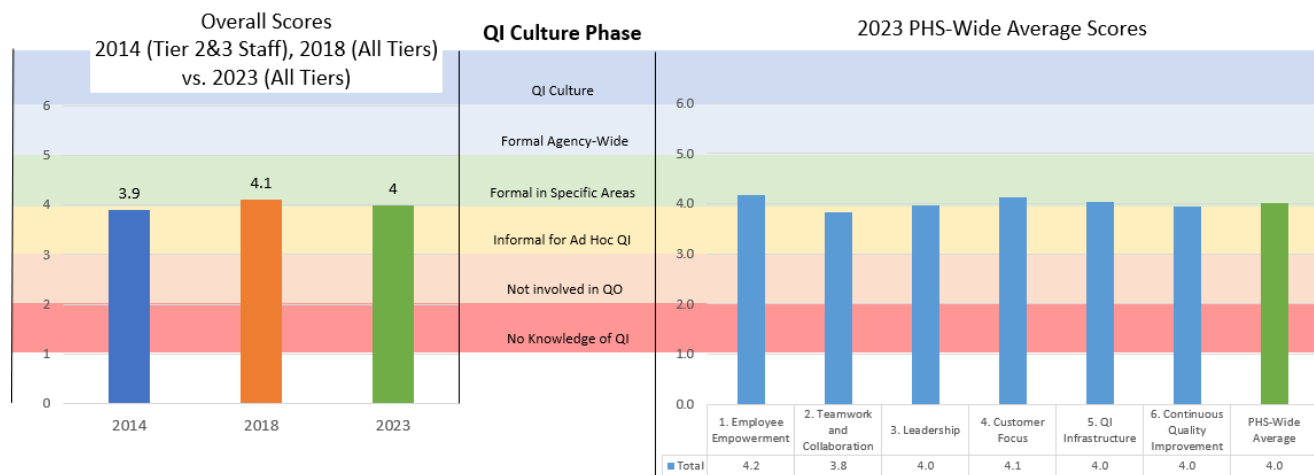
Figure 32. Potential workforce initiatives to strengthen California's public health workforce.
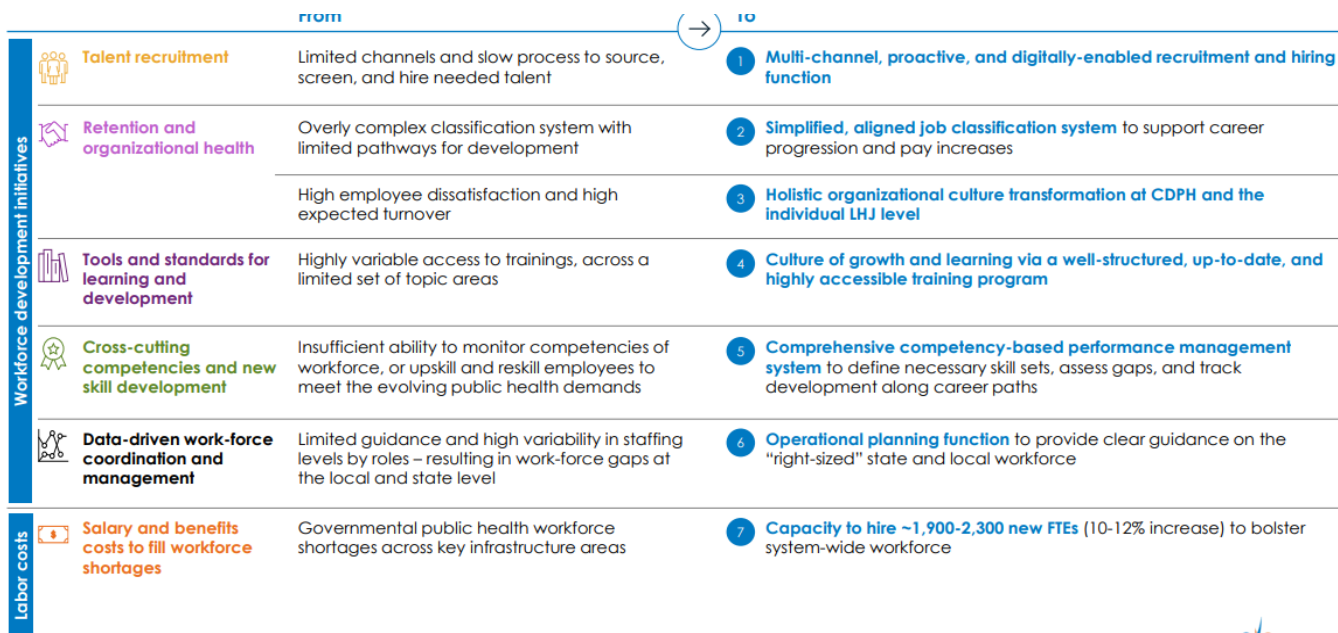
Source: [The future public health system in California (cheac.org)](#).

6. PHS Quality Improvement Self-Assessment Tool 2.0 Survey

Figure 33. QI Culture Phase.

Source: Public Health Services.

- Lowest scores (Figure 33):
  - Decrease in teamwork and collaboration, especially in the last three years during COVID (3.8)
- Highest scores (Figure 33):
  - More staff feel empowered, especially those on the frontlines (4.2)
  - Keeping customers in mind to deliver essential services (4.1)

The full results of this survey are available through the Office of Performance and Improvement Management.

7. Performance Management/Quality Improvement (QI)

Figure 34. QI Culture- Performance Measures and Use of Data.

Sub-Element 5.2: Performance Measurements and Use of Data **Question:** Please rate the following statements based on the level of integration.	Not Applicable	Not at all	Rarely	Informally in some areas of the department	Informally in some areas and formally in other areas	Formally in all areas of the department	Fully integrated into the agency culture	N
Staff contribute to the **development of performance measures** related to their work.	4.8%	4.5%	5.8%	14.8%	27.5%	29.2%	13.4%	291
Branch or work units **track** a mix of **process and outcome** measures to **assess performance.**	7.9%	3.5%	4.1%	10.0%	24.1%	34.8%	15.5%	290
The department/Branch sets **benchmarks or targets for performance measur**es using past performance data and/or standards (e.g., Healthy People, State Health Improvement Plan).	11.0%	3.8%	5.1%	9.3%	24.0%	32.2%	14.7%	292

Source: Public Health Services.

- Lowest scores (Figure 34):
  - 57% of staff provided low rating for contributing to the development of performance measures
  - 53% of staff provided low rating for the dept./Branch setting benchmarks/ targets using past performance standards
- Highest scores (Figure 34):
  - 50% of Branch staff track process and outcome measures

The results of the Quality Improvement Culture Assessment will inform many of the enhancements to the approach adopted by PHS, especially the capacity-building through the QI Champions Committee, and the Performance Accountability System that is intended to promote stronger and integrated practice. The Assessment was first rolled out in 2018 and again in 2023.

8. Customer Service Survey

Figure 35. Customer Service H.E.A.R.T. Survey Results (FY 22-23).
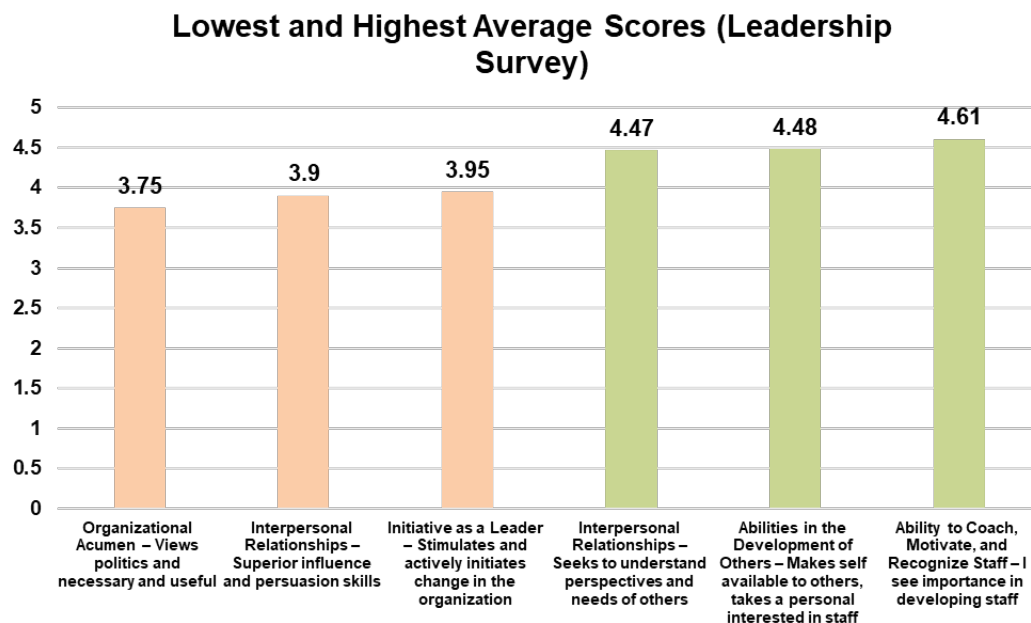

Source: Public Health Services.

- Lowest scores:
  - Staff member was helpful (4.78)
  - Overall, I had a positive experience with the staff member (4.77)
  - I was served in a timely manner (4.76)
- Highest scores:
  - Treated with Respect (4.82)
  - Staff member was knowledgeable (4.81)
  - Staff member was attentive (4.79)

PHS consistently scores very high on our customer service survey rankings often nearing 5/5 demonstrating our PHS employees serve with H.E.A.R.T (Figure 35). likely owing to their commitment to the mission of PHS and their desire to serve the public and the community. The full results of this survey are available through the Office of Health Equity and Climate Change.

9. Leadership Development Survey

Figure 36. Leadership Development Survey Results.

Lowest and Highest Average Scores (Leadership Survey)

Source: Public Health Services.

- Lowest scores:
    - **Organizational Acumen:** Views politics and necessary and useful (3.75 average score)
    - **Interpersonal Relationships:** Superior influence and persuasion skills (3.90 average score)
    - **Initiative as a Leader:** Stimulates and actively initiates change in the organization (3.95 average score)
- Highest scores:
    - **Ability to Coach, Motivate, and Recognize Staff:** I see importance in developing staff (4.61 average score)
    - **Abilities in the Development of Others:** Makes self-available to others, takes a personal interested in staff (4.48 average score)
    - **Interpersonal Relationships:** Seeks to understand perspectives and needs of others (4.47 average score)

Overall, PHS Leadership scored high on the self-assessment surveys against the County's Leadership Competencies. Areas for improvement could be around acumen, initiatives and influence and persuasion, and areas of strength include interpersonal relationships, developing, coaching, motivating and recognizing others (Figure 36). The full results of this survey are available through the Community Health Statistics Unit.

Figure 37. Summary of PHS Survey Results FY 2021 – 2022 & FY 2022 – 2023.

Source: Public Health Services.

Figure 38. Summary of PHS Surveys FY 2023 – 2024.

 Source: Public Health Services.

Taking the literature review (Figure 37), survey results (Figure 38), listening sessions and alignment with operating environment and alignment with other strategic plans into consideration, in summary, there are several **emergent themes** for PHS to potentially focus on in the next two years (FY 23-24 and FY 24-25), with respect to workforce development including:

1. Addressing turnover, **pipeline**, collaborations with schools of public health, **recruitment, retention**, student internships, career fairs, reducing administrative burden on staff, workload, stress and burnout.

2. Health, well-being, mental health, including through connection, **positive work environments**, and positive relationships (People-First Approach); employee engagement and belonging; visionary, trauma-informed leadership of diverse and inclusive teams; leadership support and development, communicating during times of change, change management, leadership assessment; fostering belonging, creativity and innovation.

3. Trauma-Informed, customer-focused excellence, valuing relationships and people; ethics and transparency, reinforcing/rebuilding **trust**; engagement of customer and community; connection, cohesion; leveraging the public health strategic advantage while spanning boundaries and partnering with other organizations to advance public health priorities.

4. Training on the basics of the public health sciences, public health 101 series, key concepts, history, equity; the new Core **Competencies** for Public Health Professionals; surveys; reinforcing essential **Foundational Capabilities**; Workforce Development Grants (e.g., PHIG and Career Ladder).

5. Recovering from, and ensuring new staff are prepared for, the next emergencies with COOP training, Outbreak Management, FEMA NIMS/ICS training for Emergency **preparedness** and response.

6. **Operations**, fiscal literacy, prudent management of limited fiscal resources; emergent IT changes and opportunities, Clinical Quality Management; Policies and Procedures, Policy Tech/Share Point, Program Operations Manuals, Program Indices, knowledge transfer.

7. Managing by fact; tracking and transparently reporting on outcome-based progress and effectiveness (PM/QI); Framework for Training and Evaluation, survey results, data analysis and performance dashboards; evidence-based decision making, evaluation and dissemination of **data** (e.g., to communities) including comparative data, advanced training for Epidemiologists (i.e., R training).

In addition to the above themes, PHS will continue to participate and lead on the following HHSA and/or PHS working group efforts: Employee Engagement (HHSA), Diversity and Inclusion (HHSA), Trauma-Informed Services (HHSA), Customer Service (PHS), Health Equity (PHS) and Training Champions (PHS). The primary and immediate focus for FY 2023-24 will be on launching the PHIG (i.e., A1- Workforce and A2-Foundational Capabilities) and Career Ladder (e.g., clinical credentialling, stipends, tuition reimbursement) grants, NIMS/ICS training and rolling out the Public Health 101 Series to all staff.

PART VII: DISCUSSION AND PLAN

Discussion: Goals, Objectives and Activities to Address the Gaps

All the goals of this plan align with the new 10 essential public health services and the new core competencies for public health professionals. They reinforce CAO, County Board of Supervisors, HHSA and PHS strategic initiatives, support continuous improvement and operational excellence. The 2-year goals set the department and our workforce up for success in responding to emergent threats and opportunities and to achieving reaccreditation, and the CAPE and Baldridge awards.

FY23-24 and FY 24-25 Strategic Plan for Workforce Development

1. Vision

A healthy, engaged, highly skilled public health workforce, one that takes a people-first approach starting with its own workforce wellness.

2. Mission

To recruit, sustain, retain, and train a competent and diverse workforce capable of meeting the diverse public health needs of San Diego County residents and visitors.

3. Goals

Seven workforce development goals for the next two years have been identified to support the PHS Strategic Plan, and address workforce development gaps, interests and needs (Figure 39). These goals and their corresponding objectives, activities and timelines appear in the Work Plan found in Appendix 1. They are aligned to GMS 3.0, Public Health 3.0, TAPP, Baldrige, PHAB Domains, and the new 10 essential services of public health, Core Competencies for Public Health Professionals and Population Health Professionals, and County, Agency and Departmental Strategic Plan and Strategic Initiatives.

Seven Goals (FY23-24 and FY24-25) Aligned to the Baldrige Excellence Framework

Figure 39. 2-Year Workforce Development Plan Goals Aligned to the Baldridge Components.
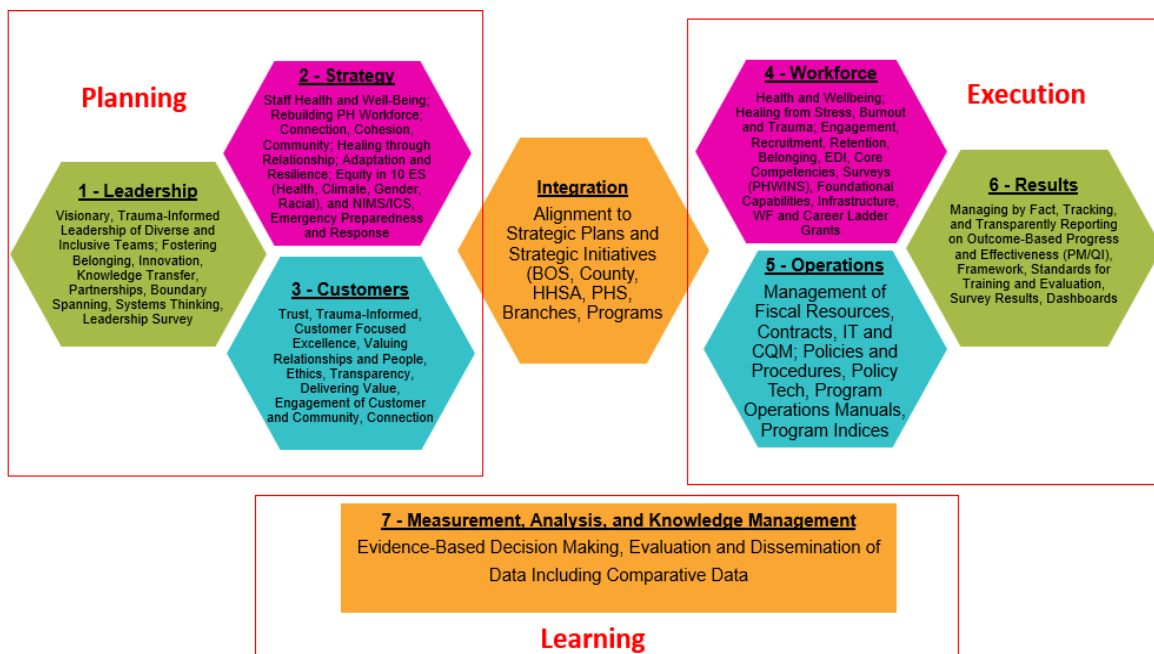
Source: Baldrige Excellence Framework | NIST.

1. Leadership

The Leadership Development Survey is included in the scope of this goal. This also includes the Great Leader Academy and Gallup Training Courses, monthly strengths-based leadership development at senior staff meetings which will be included in FY 23-24, and the Nursing Leadership Academy (2025) that supports the Nurse Leader Core Competencies. The Human Services Leadership Institute continues to offer courses which are available to Public Health staff anytime through: https://humanservicesleadership.org/. Additionally, NACCHO offers an Adaptive Leadership Program that offers a variety of leadership programs that aim to develop the skills of public health and healthcare practitioners. They offer both in-person and virtual options, such as the Adaptive Leadership Academy, which is a comprehensive seven-month virtual program. They also have an E-Adaptive Leadership Course that is constructed online and helps health department and healthcare staff tackle complex challenges. NAACHO provides one-on-one or group coaching to apply adaptive leadership principles and offers conference presentations and workshops as well.

The services of consultants from the Regional Leadership Center will continue to be procured for providing tailored solutions to Branch Chiefs, and training their staff on:

a. **Interpersonal Skills:**

Trauma-informed leadership of diverse and inclusive teams, empathy, building trust and connecting with staff, peers and community inside and outside the workplace are crucial to leadership. Communication skills, active listening, patience, fostering belonging, flexibility, and understanding are significant in building relationships both internal and external to the organization. Managing and resolving conflicts, creating a sense of safety, de-escalating tense situations diffusing tensions and changing a course of events toward a positive outcome are essential for good leadership. Externally, nurturing collaborative relationships enables cross-sector efforts which are the foundation of Public Health 3.0. Internally, nurturing collaborative interpersonal relationships is important to mentoring, coaching, knowledge transfer, employee engagement, creating an inclusive, trauma-informed workplace, and ultimately achieving the organization's goals.

b. Organizational and Political Acumen:

Leaders are required to understand organizational structures and reporting relationships as well as politics, power dynamics, and the political environment inside and outside the workplace. They need to work within that environment while remaining apolitical. Every organization has politics, and leaders should view politics as necessary and useful. Our success often depends on how effective we are in recognizing and understanding the organizational and political arena in which we move and then operating effectively within that arena including knowing how to communicate in various situations. Public Health leaders must be able to work with, understand, influence and motivate others to work toward a vision while building employee commitment and engagement.

c. Coaching, Motivating and Recognizing Staff:

Development of others and successful coaching of staff are key components of leadership development, knowledge transfer, succession planning, and employee retention and engagement. The leaders who are successful in coaching and developing their staff know their personnel can work better independently, have more confidence, and operate more like a team. Motivating staff through challenges and recognition are not only a part of coaching but improve morale in the workplace and give freedom to workers to feel they are an integral part of the organization.

d. Strategic Thinking and Systems Thinking:

Public health professionals are asked to develop 'systems thinking' to accomplish public health goals in an era of Public Health 3.0 which includes collective impact and working collaboratively with partners. The idea is to see the big picture and how various organizations and groups of stakeholders are configured in a broader context rather than work in silos which challenges the public health strategies and responses. Public Health leaders are called to be the Chief Health Strategist, advocate for public health resources, and/or enable others to see how investments in prevention and upstream interventions prevent downstream healthcare costs. The extent to which the department can rise to this challenge is reflective of the organizational culture and is shaped by executive leadership that sets

the foundation for strategy. Identifying organizational culture and the systems already in place and then creating an outline of where we want to go and what strategies we will use to get there.

e. **Change Management:**

Change Management was one of the top training needs identified by staff on the PH WINS 2021 survey. PHS will look for opportunities throughout the next 2 years to promote training on this topic (e.g., monthly seminars, courses through CHEAC Training Center).

f. **Other Leadership Training Topics for PHS Leaders:**

Trauma-Responsive Leadership Training sponsored by CDPH, taught by the consultant firm (Lodestar), and led by a physician. Funding for this training referred to as BRAVE, was set aside in the Health Disparities grant (CDPH) and will be offered in February 2024. Lodestar will also be providing a similar training to staff referred to as "All of Us: Building Trauma-Informed Work Cultures."

2. **Strategy**

This goal encompasses: *Live Well San Diego*, societal and staff health well-being, **connection**, cohesion, and community, healing through relationships, alignment to PHS Strategic Plan and County Board of Supervisors, Equity in the Ten Essential Public Health Services, HHSA and PHS strategic initiatives (Health Equity, Climate Change, Environmental Justice, Social and Racial Justice), adaptation and resilience, NIMS/ICS emergency preparedness and response. The efforts encompassed by this goal are aligned to the Strategic Framework.

a. **Implicit Bias Trainings:**

In FY23-24, PHS will continue to offer all permanent staff training on Implicit Bias in public health. In this highly interactive course, tailored to various audiences within Public Health Services, permanent staff, including Public Health Leaders and Senior Public Health Staff and others, will explore how implicit bias is a component of the delivery of effective public health services, and therefore important in developing the public health workforce. Participants of these trainings will become familiar with concepts related to racial equity, including bias and how these concepts and others can manifest in the policies, practices, programs and everyday operations of public health organizations. Participants will explore how these concepts often occur without intention or awareness. Participants will learn how to mitigate potential impacts on customers with the goal of improving service access and improving health outcomes. This training series is intended to normalize the practice of explicitly examining how public health staff can operationally address implicit bias and advance health equity. This training effort supports the vision of seeing all residents healthy, safe and thriving and supports the Strategic and Operational Plans of Public Health Services to reduce health disparities in the County of San Diego.

Additionally, in FY 21-22 and FY 22-23, a consultant was retained to work with Branch Chiefs to tailor trainings for branch staff. FY22-23, PHS worked with TKC to create a revised cultural humility

responsiveness (i.e., cultural competency) training and it was mandatory for all new permanent PHS staff. These efforts will be continued over the next 2 years.

b. FEMA NIMS/ICS Emergency Preparedness and Response:

All permanent PHS staff will have completed the basic series of courses from the Federal Emergency Management Agency in the Incident Command System (ICS) and National Incident Management System (NIMS) training series (number of courses to meet PHAB 2022 requirements). The goal is for staff to confidently and competently fulfill their responsibilities for incident response when emergencies occur. Since all staff of the County of San Diego are considered disaster service workers, all staff will meet this minimal requirement (ICS 100, 700 and 800). Since the majority of staff completed their FEMA training prior to the pandemic (2018-19), in FY22-23, the goal was to have all *new* staff trained by June 30, 2023, and by December 31, 2023, the goal is to have all permanent staff with their training certificates. Any staff who have yet to complete the minimal requirements will be required to demonstrate completion by June 30, 2025.

c. Health Equity 101 Training:

This training was revamped and offered in FY22-23 as part of the 101 series. The training will be mandatory for all permanent staff in FY23-24 and in 2024-25 the training will be updated and made mandatory for all new staff.

d. Climate Change 101 Training:

In 2019, 74 groups, including the American Medical Association and the American Heart Association described climate change as the "greatest public health challenge of the 21st century." In FY22-23, PHS revamped the Climate Change 101 to include the Agency and the Department's Sustainability Goals, align to the PHS and HHSA Strategic Plans, incorporate the climate change core competencies from the Core Competencies for Public Health Professionals, and connect to the Land Use Environment Group's Environmental Justice Plan. This training was mandatory for all new staff in FY22-23 and will be mandatory for all permanent PHS staff in FY23-24.

3. Customers

This goal encompasses **trust**, customer-focused excellence, trauma-informed services, valuing relationships and people, ethics, transparency, delivering value, knowing when to automate support and when to provide personal support, and engagement of customer, community, and connection. This goal includes training that results from examination of customer service survey results, all customer service-related training and development including coaching of staff and developing improved customer service experiences through tools and resources. Baldrige award winning organizations are successful at engaging customers so anything that enables staff and management to advance in greater levels of engagement with customers and community would be advantageous in

understanding the customer experience. It is important for PHS to think about innovation in the context of customer service to envision new ways to make the lives of our residents better by saving them time or streamlining process (e.g., using technology), but also focusing efforts on providing connected and trustworthy support that values customer relationships. Any training to advance use of technology (e.g., participation in the innovation summit) would count toward this goal.

Specifically, during this period (FY2023-24 through FY2024-25), PHS will work toward ensuring that all, permanent staff complete the 4-hour customer service and cultural competency trainings. This goal is aligned to the work of the PHS Customer Service H.E.A.R.T. Committee. In addition, opportunities that enable PHS staff to acquire more knowledge and skill as to how to provide trauma-informed, customer service excellence from a people-first perspective will be further explored and counted toward this goal.

4. Workforce

This goal encompasses: **People-First** Approach, Healing from Stress, Burnout, and Trauma, Public Health Workforce Interests and Needs Survey (PH WINS), Health and Wellness, Recruitment and Retention, Employee Engagement, Core Competencies for Public Health Professionals, Diversity and Inclusion, and Workforce Grants (i.e., CDPH Workforce Grant, CDPH Career Ladder Grant, and CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant - PHIG).

PHS will promote a people-first approach which focuses on healing from burnout, stress, and trauma, health and wellness, and empowering staff to be responsive to their own voices and needs. PHS will also focus on recruitment and retention. Staff will be trained in the Core Competencies for Public Health Professionals which allow staff to cultivate the capabilities needed to address public health service issues with willingness and confidence. Public Health Services Leadership will work to implement policies and processes that make employees feel valued, have a sense of belonging and are motivated to work together. PHS will issue the PH WINS Survey, the Employee Engagement Survey, the Core Competencies for Public Health Professionals Survey, and the Leadership Survey to better understand staff needs. PHS will continue to promote Diversity and Inclusion efforts throughout FY 23-24 and FY 24-25, and re-issue Branch D & I Impact Plans. PHS will continue towards deliverables for the Workforce Grants (i.e., CDPH Workforce Grant, CDPH Career Ladder Grant, and CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant).

a. CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant:

The CDC's Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant, or the Public Health Infrastructure Grant (PHIG), is a groundbreaking investment that supports critical public health infrastructure needs of jurisdictions across the United States. The multicomponent grant will help ensure that U.S. public health systems are ready to respond to public health emergencies like COVID-19 and to meet the evolving and complex needs of the communities and populations they serve. The grant creates a foundation for CDC's Public Health Infrastructure work and provides maximum

flexibility so jurisdictions can address their most pressing needs. In 2022, PHS applied for Component A of the CDC Public Health Infrastructure grant. PHS proposed activities under Strategies: A1 Workforce and A2 Foundational Capabilities.

PHS applied for this grant in August 2022 to pursue projects related to A1) strengthening the local, public health workforce and A2) modernizing the department's infrastructure including its foundational capabilities with an emphasis on operations, preparedness, and response to public health threats. PHS successfully secured a five-year budget of $27,007,405 to advance these efforts through the grant. With this funding, PHS will hire for many more positions, including, but not limited to, a Workforce Development Director, Grant Evaluator (Epidemiologist II), supporting data modernization staff, and a staff development specialist. PHS has identified several short-and intermediate-term outcomes.

The grant funding will assess and advance retention and recruitment efforts, including researching national best practices on recruitment, developing survey instrument for hiring managers regarding satisfaction levels, increasing the use of practice-based education resources in schools and departments, identifying areas to expand workforce development partnerships with local schools, and strengthening the County of San Diego's response to public health emergencies and outbreaks by identifying and hiring permanent surge staff across PHS programs. The short-term goals include increased hiring of diverse public health staff (A1) and improved workforce organizational systems, processes, and policies (A2). The long-term goals include increased size of the public health workforce (A1), increased capabilities of public health workforce (A1 & A2), and stronger public health foundational capabilities (A2).

The grant is also expected to foster collaboration between the other recipients in the national who receive funding from this grant. In particular, PHS aims to find out what other state, territorial and local health departments are doing to strengthen their public health workforce. For updates on the goals and milestones for this grant, please refer to the Action Plans and Work Plan for the PHIG.

b. California Strengthening Public Health Initiative (CASPHI)

CDPH received funding from the CDC to establish California Strengthening Public Health Initiative (CASPHI) grant aimed at helping local health departments enhance their staff capacity to promote health equity and eliminate health disparities. CASPHI also supports workforce development through training and recruitment. In December 2022, CDPH received an official notice of award from the CDC for CASPHI.

c. Career Ladder Grant

In December 2022, CDPH released the Career Ladder Funding Application in accordance with funding appropriated in the 2022 State Budget Act to create the California Public Health Workforce Career Ladder Education and Development Program. PHS applied for funding for three projects under the Career Ladder grant with the California Department of Public Health (CDPH): 1). Clinical Credentialling;

2). Certification Programs; and 3). Stipends for Degree Programs. PHS was awarded for projects #1 and #3 (not #2). The first project, **Clinical Credentialling**, will cover the costs of some clinical credentialling, Continuing Education Units (CEUs) to maintain license or certification, exam fees, registration fees, or other education or training courses related to nurses, epidemiologists, CD Investigators, Microbiologists within the funding allocated for this project over the next 4 years. The third project, **Stipends for Degree Programs**, will provide some funding for stipends to off-set costs of professional training related to health and human services including degree programs for matching County's partial tuition reimbursement amount. Currently the County provides up to $2,888 annually and the funding from this project would provide additional support within the funding envelope provided by the state. The program guidelines and funding amounts are being developed in partnership with HR, Fiscal and Auditor and Controller for the County in the fall 2023. It is expected that this program will launch by approximately December 2023.

5. **Operations**

This goal encompasses administrative and programmatic operations. It includes the financial management 101 training provided by the PHS Admin Budget Office and the Contracts Management Office. Through the fiscal analysts' monthly meetings additional training topics are covered in coordination with ACS and DPC. CORs are also required to take essentials of fiscal management through the annual Contract Threading Group trainings. As new software is rolled out or new databases or online tools developed, staff will train in how to implement. This goal is aligned to the work of the PHS Fiscal Analysts Working Group.

Additional trainings in financial and management skills will be explored. Also, programmatic operations involve trainings related to the clinical quality management (CQM) program. For the past 1 years, CQM meetings have been on hold due to the Pandemic, Outbreaks, and Disease Surges. Currently, PHS is evaluating its policy, procedures, objectives, membership, and timeframe for resuming CQM meetings. All policies created through Policy Tech are included in this operational goal. Policy Tech currently provides trainings once a month. The Manager's Manual Toolkit is a tool for new managers as they navigate their new job and it describes the essential management functions and other key resources for areas managers are responsible for.

There is a need to have a series of efforts that support Domain 7: **Management and Finance Skills.** The CHEAC Training Center is one way to meet some of the competency needs in Domain 7. CHEAC Training Center offers trainings on: Leading Organizational Change, Decision Making as a Leader, Resilience in Turbulent Times and more. More information on these trainings is available here: CHEAC-Training-Center-2023-24-Session-Listing.pdf.

6. Results

This goal encompasses managing by fact, developing abilities to track and transparently report on outcome-based progress and effectiveness, standards for training and evaluation, survey results, training dashboards, Performance Management and Quality Improvement including the work of the PHS Performance Improvement Committee.

7. Measurement, Analysis, and Knowledge Management

This includes evidence-based decision making, evaluation and dissemination of data including comparative data, Data Literacy, Data 101, Data Basics, and trainings provided through the Data Threading Committee. This also includes any additional or specialized professional development trainings in communicable disease investigation and/or epidemiology (e.g., Coursera, University of Michigan, specialized health disparities training for Epidemiologists, annual epidemiology research exchange, vector summit).

Potential Barriers to Closing the Gap

The barriers to progress for PHS in developing its workforce include:

1) Time for training and competing demands (pace and volume of work, number of meetings and emails). Competing demands on time and resources.

2) Effects on the workforce from stress, burnout and trauma.

3) Challenging to implement all workforce and training efforts including developing, coordinating, promoting, tracking and reporting on training outcomes without training center infrastructure and dedicated staff (e.g., call center to respond to all the internal and external emails and calls generated re. workforce and training efforts).

4) Need for continual training due to turnover resulting from staff seeking other opportunities, potential burnout, and retirements.

5) Significant learning curve for new staff in the complex public health context. Need for orientation and training at multiple levels. Competition for training time between the various sets of competencies (i.e., organizational, core and professional).

5) Need for training and development tailored to individuals, classifications and programs vs. generic training and development for all staff (potentially less effective/applicable).

6) Opportunities for direct coaching from supervisors, hands on learning, practice-based learning to immediately apply what is learned for optimal learning, and for behavioral

change and for managers and supervisors to provide evaluation that learning was effective.

Actions to Address the Gaps

- Leverage opportunities presented by PHIG grant (e.g., Technical Assistance from national partners and subject matter experts, best practices, collaborations and innovations).
- Focus on collaboration with local schools of public health, focus on pipeline, recruitment, engagement, fostering connection and a sense of belonging, showing new and veteran employees they are valued, recognize employees, increasing retention.
- Implement, and consider pursuing additional workforce development grants, and hire staff to support workforce development and training (e.g., Staff Development Specialist).
- Convert the existing training Power Point presentations into shorter micro-learnings, or e-Learning modules.
- Promote the on-demand, existing and tailored trainings available to all staff through CDC TRAIN and/or other training centers (e.g., Western Region Public health Training Center, Curry Center).
- Develop robust integrated Work Plan, review, and report on Work Plan quarterly over the next 2 years through Training Champions, Senior Staff meetings and/or Public Health Leaders' meetings.
- Make workforce development a regular component of Senior Staff, all-Branch staff and unit meetings and one-on-one meetings with staff. Dedicate time for training and survey completion.
- Identify highest needs/priorities for training as a department, Branch, and down to the level of the classification or individual and ensure progress is tracked in PRs, unit and program-level workplans.
- Meet with HHSA TKC to share the Workforce Development Plan and Work Plan and discuss opportunities for greater collaboration. Work with TKC and other agency departments, where possible, to share and leverage resources or best practices including (for TKC) uploading of presentations that may be of benefit to staff across the Agency (e.g., Public Health 101 series).
- Consider developing, or recommending from other sources (e.g., CDC TRAIN, CHEAC Training Center), tailored trainings where possible for various classifications or job class families, and train across branches, departments, or business groups.
- Take steps to address workload, and wellness (e.g., focus groups, wellness plan, evaluation of wellness efforts).

Recruitment and Retention

A strong pipeline of new recruits, effective recruiting, efficient hiring, onboarding, training, and developing a professional public health workforce that reflects the populations and communities served is essential to a successful public health department. Employees with different perspectives, backgrounds, experiences allow for better programs, policies, and services for San Diego's diverse communities. In addition, workplace diversity can also improve morale, increase employee loyalty and engagement, foster a sense of community and belonging, and support overall employee well-being. In FY 2023-24 and 2024-25, PHS will continue to leverage the work of the PHIG grant (e.g., A1: Workforce, TA requests for support from national partners and subject matter experts), and work through the Live Well Center for Innovation and Leadership, in partnership with Human Resources and across the Agency to advance on recruitment and retention efforts including hosting public health career fairs, promoting staffing testimonial videos for various classifications, and coordinating on student internships and fellowships. Understanding retention specifically in the context of PHS will be explored through focus groups, stay and exit interviews, PH WINS 2024 and other surveys. Retention and/or turnover rate by branch will be tracked and reported on to PHS leadership and others.

There are a number of resources that incorporate recruitment and retention best practices:

- CDPH HRD Recruitment and Hiring Tips and Tricks with an Equity, Diversity, and Inclusive Lens. Some of the hiring tips include craft better job descriptions, develop ED&I statements, and creative sourcing.
- New Resources and Creative Strategies for Recruiting Candidates for Health Departments. This training video covers how to understand candidate motivation, developing attractive recruitment marketing materials, and how emphasizing mission-driven work of public health agencies helps attract the best candidates.
- State of Colorado: Creating a Culture of Belonging: A Guide for Retention. The guide recommends key action steps to achieve inclusive workplaces including goals, reporting on progress, and rewarding success to drive organizational change. It also provides tips on how to create an inclusive work environment such as making employees feel valued for their unique talents and perspectives and encouraging employees to bring their full selves to work.

PART VIII: COLLECTIVE CAPACITY AND CAPABILITY

Collective Capacity and Capability

There has been an emphasis on workforce and leadership development, training, and employee investment for over a decade across the County, and all efforts at the broadest level from County or HHSA support the **organizational competencies** (e.g., County employee as disaster service worker, Customer Service, Trauma-Informed, Sexual Harassment Prevention training, Code of Ethics).

In addition, PHS has implemented public health specific training efforts bringing particular attention to the **Core Competencies for Public Health Professionals**, a requirement for national public health accreditation. These training efforts include a Public Health 101 series, promotion of training from the national and regional public health training centers (e.g., CDC TRAIN, Regional Public Health Training Center, Curry International TB Center). Currently, HHSA and PHS benefit from a certain level of capacity in terms of workforce development and training owing to 10 plus years of dedicated effort resulting from accreditation activities, partnership between PHS and TKC, and through the Public Health Infrastructure Grant (e.g., collaboration across the region, state and country) which is expected to be enhanced over the next two years. The possibility to have the LMS interface with the CDC TRAIN platform for tracking and reporting on staff public health specific training will be explored in the coming years. Additionally, there are **professional competencies** managed at the branch level by supervisors and managers that have subject matter expertise and knowledge of requirements (e.g., to maintain licensure).

1. **The Knowledge Center at HHSA**

TKC within HHSA provides a wide range of professional development opportunities to all departments with high quality innovative approaches to workforce management and development. TKC strives to support all HHSA staff, across every region and department including PHS, with training that supports the development of strong leaders and managers, as well as increase program knowledge and offer specialized training. Some of the training is mandatory, other training is discretionary. TKC has rolled out a considerable amount of high-quality training through its e-learning system called LMS (Learning Management System). There is a strong infrastructure for health and human services related training relevant to all HHSA departments within The Knowledge Center (TKC). TKC ensures organizational competencies are advanced through the online learning platform, LMS. Mandatory document reviews and legally mandated training as well as recommended trainings are managed through individual staff dashboards.

2. Training and Resources Available to All County Staff

Many of these trainings are required by a state mandate, a county-wide or HHSA policy or priority. Some if it is delivered through an e-learning system (LMS) so that staff can take these classes when convenient and comply with deadlines for completion. These trainings cover topics such as workplace safety, electronic data storage requirements, and sexual harassment prevention.

As the County and HHSA have recognized the needs for higher levels of skills at all levels, additional professional training courses have been offered and even been made mandatory, such as Lean Six Sigma White Belt training — offered to all Agency including PHS staff through LMS — and Yellow Belt training — offered as an in-class training required of all supervisors. In support of emergency preparedness, National Incident Management System (NIMS)/Incident Command System (ICS) training has both online and in-person courses and is required of all PHS staff and management to varying degrees and is mandated by the Post-Katrina Emergency Management Reform Act of 2006. Ensuring all PHS staff are appropriately trained in NIMS/ICS to varying degrees will be a shared performance measure of all PHS branches in FY 23-24 and beyond. Additionally, PHS developed a 3-part training series on Outbreak Management under ICS, a need identified following the FY 18-19 NIMS/ICS training effort. The Outbreak Management under ICS trainings were offered in FY21-22 and FY22-23.

3. Professional Development

Other training is made available so that PHS staff can develop as leaders and managers, or to meet programmatic or professional competency requirements, including Continuing Education (CE) Requirements (Appendix 5). Many PHS staff members have CE requirements depending on their classification and profession (e.g., Public Health Nurses). Reviewing and discussion professional competency development goals annually is part of the Performance Review process. Staff are expected to set goals for professional development with their direct supervisor every year. Staff are also encouraged to participate in webinars and conferences to enhance their professional competencies. TKC offers various CE opportunities and, with PHS, helps identify and promote continuing education opportunities offered outside of the County (e.g., Coursera). In addition, PHS will promote trainings that also provide continuing education units. PHS branches, together with Agency Human Resources, tracks CE units to help ensure staff members are keeping up with these requirements.

4. Career Discovery

HHSA Human Resources also features the Career Discover Program (CDP) (formally the Job Shadow Program). CDP provides HHSA employees an opportunity to explore select classifications and enhance their ability to map out a career plan by pairing participants, or Career Explorers with an experienced Career Guide over a 3-month period. More information can be found on InSite: http://insite.sdcounty.ca.gov/hhsa/hr/Pages/careerdiscovery.aspx.

5. Academies

Another important avenue for PHS staff to develop as leaders and managers is by participating in Academies that are offered by the County's Department of Human Resources and HHSA's Agency Human Resources TKC. These Academies reflect County and Agency commitment to developing supervisors, managers and leaders that will stay and advance within County departments. There is a wide range of types of Academies — Administrative Support Academy, Customer Service Boot Camp, Dynamic Management Academy, and the Finance Academy — among others. See Appendix 6 for a full listing and description of Academies offered.

6. QI Training/Capacity Building

Quality Improvement (QI) refers to a systematic, formal approach to the analysis of performance data and the testing and implementation of solutions. The intent of QI is to continually improve processes for the greatest efficiencies. Competencies in performance management and quality improvement are essential to an accredited public health department in which standards call for ongoing quality improvement activity to address performance problems related to inefficiencies in operations or shortcomings in outcomes.

Recently, PHS adopted a new Performance Accountability System (Figure 40) that was approved as policy in 2021. This Performance Accountability System sets up a structure in which the Performance Improvement Management (PIM) Committee is the center of performance management activity. The Quality Improvement Champions Committee, newly created in 2018, is the center of quality improvement activity. All activities are integrated in that performance management results inform the need for quality improvement projects, and gains in efficiencies and outcomes achieved through quality improvement projects are monitored with performance data.

Figure 40. PHS Performance Accountability System.
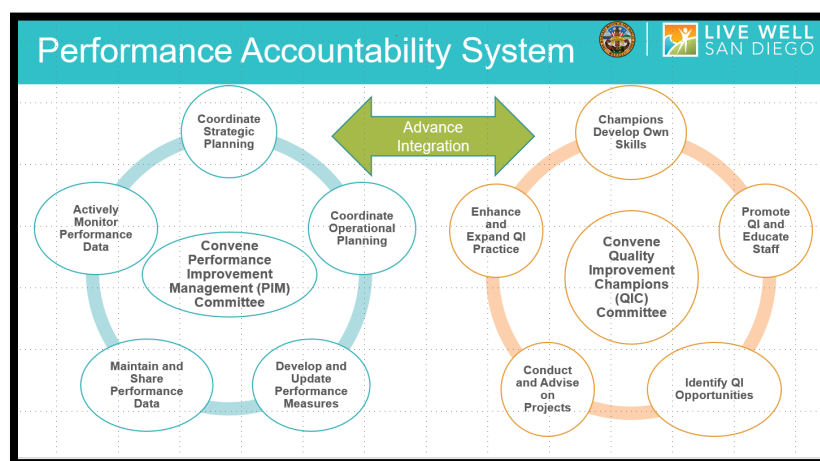
Source: PHS Performance Improvement Management, 2021.

Leading up to identifying and developing QI Champions, a Quality Improvement Culture Assessment was performed in 2018, referred to a Self-Assessment Survey based on the National Association of

County and City Health Officers (NACCHO) Roadmap to a Culture of Quality. This survey identified modest progress in the QI culture; with training and other improvements still needed to achieve an organization-wide culture of QI. One strategy identified from this assessment was the identification of Champions who would receive training in QI, be responsible for developing their skills and for promoting QI and educating their own teams to build QI capacity.

QI workshops, in which an expert trainer is procured, have been sponsored each year over the past several years in which the goal is to build understanding of tools and methods in QI and to expand QI capacity. Each workshop has a different focus depending upon need. In FY 17-18, a two-day workshop called "QI Methods and Coaching for Champions" was offered so that Champions within each Branch received training so that they had the skills and comfort level to encourage and support QI projects within their respective Branches. In FY 18-19, "QI Workshops for Project Teams" was held over a span of two days (one in April; the other in June) to see how teams applied their learnings to new QI Projects. Due to COVID-19, a workshop was not convened in FY 19-20.

A big focus of each of QI Champions quarterly committee meetings is learning about new tools and methods. In addition, QI technical consultations are convened twice a year to review Charters and Storyboards and these consultations serve as a learning opportunity for Champions as they get and give feedback on projects. These activities continued through the pandemic in virtual sessions up to the present.

The QI Resource Fair is held annually; most recently in November 2022. This QI Resource Fair offers basic training to QI tools and methods through games, contests, and presentations of QI Projects. All staff are invited to participate, and the Fair serves as a very popular way to communicate to staff that they all have a role in QI and that their ideas for QI projects and participation on teams is critical to PHS success. The goal of all the QI training is to ensure the PHS workforce programs and services are having an impact for customers and for the community we serve. This effort supports Core Competencies Domain 2, Policy Development/Program Planning Skills (e.g., 2C13 Strategies for continuous QI). It is proposed that a QI 101 be created and added to the 101 series to further strengthen QI efforts within the department.

7. **PHS Training Strategy and Initiatives**

   a. **Orientation/Onboarding**

PHS works to augment what is offered by the County and HHSA (TKC) in terms of new employee orientation, training and professional development. PHS provides a New Employee "Welcome to Public Health Services Packet (NEWP+)" to all on boarding staff. The NEWP+ is an electronic packet, via Share Point, of key information regarding PHS' structure, programs and services, including the PHS Strategic Plan. The NEWP+ also provides a list of required new employee trainings and a direct link to the County's Department of Human Resources webpage to register for the trainings. That new and

improved onboarding training was rolled out in FY22-23. In FY22-23, PHS launched a new employee engagement initiative which aims to make new staff feel welcomed. Each month, an email that highlights the new PHS team members that were hired during that month will be sent out. Additionally, as part of the PHIG grant, PHS will be evaluating and revamping the NEWP Program with a new training presentation, updated Share Point site and bringing the training up to the CDC standards for public health training and training evaluation.

b. **Gallup's Strength Based Management and Engagement Model**

PHS has embraced the Gallup's Strength Based Management (SBM) and Engagement model to better focus on strengths, engagement, and performance of all PHS staff. PHS leaders, Senior Staff, and others with leadership potential, receive hands on, practical SBM and engagement training through an Academy, referred to as the **Great Leader Academy**. This academy consists of a one and one-half day of knowledge transfer, skills building, tools, and resources as well as developing self-awareness to build capacity of managers and supervisors in HHS through Strengths Based Leadership. PHS leaders and managers use SBM principles to grow and develop staff.

PHS has also integrated Strengths Based Leadership philosophies and practices into meetings, including the monthly PHS Senior Staff Meetings, by having Senior Staff consider important Strength Based Leadership principles and concepts and participate in exercises and activities. A Strength Based Leadership committee, consisting of staff across branches and from different job classifications, was formed to promote integration of these concepts in the workplace. An enhanced employee recognition program is also held at Annual PHS All Staff Advances. Supervisors also incorporate Strength Based Leadership principles in staff performance appraisals and employee development plans. Each branch in PHS is responsible for completing an annual Strengths Impact Plan based on the results of the annual employee engagement survey. These Impact Plans outline activities that will be implemented annually to increase awareness of strengths, engagement, and performance. Areas in need of improvement are discussed at PHS Leaders meetings and incorporated in the Workforce Development Work Plan. All PHS staff members are provided a book and assessment to understand their own strengths.

Books on strengths, engagement, and leadership are also promoted to all managers and supervisors including:

- The Speed of Trust
- The Advantage
- Well-Being
- Delight Your Customers
- The 5 Dysfunctions of a Team
- Boundary Spanning Leadership

- Good to Great
- First, Break the Rules
- Strengths Based Leadership
- The Four Agreements
- The 7 Habits of Highly Effective People

These efforts support Core Competency Domains 6, 7, and 8: Public Health Sciences Skills (e.g., Health Services *Administration*), Financial Planning and *Management* Skills, and *Leadership* and Systems Thinking Skills, respectively.

c. Internships

PHS has implemented several Memoranda of Agreements (MOA) with universities, including University of California, San Diego, San Diego State University, National University and others. This effort is referred to as "the Pipeline" understanding that investing in Public Health students helps to provide a pipeline of future public health system talent within the County. With both University of California, San Diego and San Diego State University, PHS participates in a preventive medicine residency program in which residents do a rotation at PHS to learn all about public health and the role of PHS in the community and its operations. In addition, the PHS Director/Public Health Officer and other County executives help shape the public health curriculum. They are often invited to speak at university classes in public health to inform students about public health and encourage students to pursue internships and careers in public health. As a result of these agreements and the outreach that County executives make, PHS benefits from the contributions of many interns who are enriched from the experience and often go onto careers in public health or within the local health care system. Over the next two years, PHS will continue these efforts through the Live Well Center for Innovation and Leadership.

d. Financial Literacy Training

Basic training for the Administrative Analyst classification in revenue streams and other financial information, referred to as "Financial Literacy Training," has been delivered at various venues, including the Public Health Leaders and Analysts meetings since 2014. The training presentation covers expenditures, revenues, staffing levels, clients served, contracts and other details as well as key cost drivers and funding stability issues. The curriculum, prepared by the Departmental Budget Manager, is regularly updated, and offered on a continuing basis and integrated into existing meetings where there is opportunity for key staff to ask questions, discuss and grow in their understanding of financial matters as they impact PHS. This effort supports Core Competencies Domain 1: Data Analytics and Assessment Skills and Domain 7: Management and Finance Skills.

There is a robust approach to orienting PHS Analysts that includes orientation documentation, and all new Analysts must attend a series of trainings (10) that has to do with contracts and contract administration. Analysts also attend monthly contracts and fiscal meetings where they

are further developed through presentations from guest speakers from Agency Contract Support (ACS) and others. Analysts learn through the QA review process and receive a newsletter with resources and links for Contracting Officer Representatives (CORs) and Analysts. CORs receive 60 hours of training every 2 years which is tracked by the Department of Purchasing and Contracting. Contracts and fiscal meetings are the primary way that staff receive updates and improve their financial literacy on a regular basis. PHS analysts leads meetings which include Principal Admin Analysts and the AAIIIs also meet monthly where their training needs are surveyed, and they have an opportunity to stay connected and provide input. Peer reviews in PHS have been well received as a means of workforce development for the Analysts and more of those are being planned for the 2023-2024 timeframe.

Additionally, the concept of a buddy system for the Analyst class was identified as something the Analysts would benefit from for their workforce development, particularly those Analysts new to PHS or HHSA. In the buddy system concept, Analysts would be paired with a more seasoned peer from the same classification. Another opportunity for Analysts to develop is to have questions answered by Agency Contract Support (ACS) and currently ACS has open hours dialogue for this purpose. In 2023-2024 the possibility of cross-training of Analysts will also be explored.

e. Building Expertise in Administration & Management (BEAM)

The de Beaumont foundation partners with the University of Miami to offer a certificate program that helps public health professionals develop business skills that are vital to their success. Business skills, such as budgeting and financial reporting, are absent from many health departments' curricula. To address this issue, the de Beaumont Foundation and the University of Miami have partnered to develop the Building Expertise in Administration & Management (BEAM) certificate program for public health professionals interested in advancing their careers by learning fundamental public health business skills. BEAM is a self-paced, interactive, 15- to 20-hour course built around six interconnected modules:
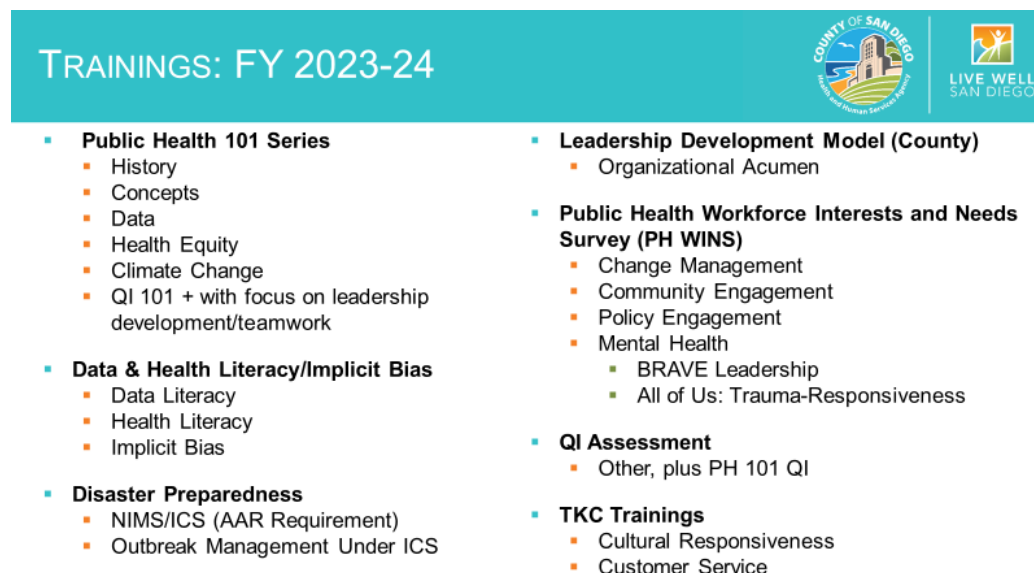
- Strategic Problem Definition
- Budgets
- Procurement
- Contracts
- Contract Monitoring
- Assessing Financial Performance

Upon successful completion of the program, students receive a BEAM Certificate signed by the deans of the University of Miami medical and business schools. BEAM will be offered to interested permanent staff on a first-come-first served basis and with supervisorial approval.

f. Public Health 101 Series, CCPHP, and CDC Standards for Training and Evaluation

The FY23-24 and FY24-25 Training Strategy includes training for all permanent staff that were hired to PHS prior to December 31, 2019 ("veteran" staff). All veteran staff will be required to take the 101 series. In FY22-23, PHS refreshed the 101 trainings to include the Core Competencies for Public Health Professionals and the CDC Standards for Training and Evaluation. PHS created a *Passport to Learning* which is a tool designed to provide guidance to departmental staff about the essential public health training that will help enable all to be successful in their essential role within the department. In 2023-24, PHS will be considering defining and evaluating PHS wellness efforts as part of the PHIG grant. Not all staff come to the department with the same knowledge, skills, and training, or even necessarily with degrees specifically in Public Health so training and developing public health practitioners will be inevitable. For FY 23-24 here is a summary of the PHS trainings being considered for the training strategy (Figure 41 & 42).

Figure 41. Summary of PHS Trainings FY 2023 – 2024.

Source: Public Health Services.

Figure 42. Summary of Training Categories.

Source: Public Health Services.

g. Workforce Self-Care Series: Expansion of EAP Services

Like in FY22-23, PHS will continue to promote and host EAP Workforce Wellness Seminars and the RTC consultant supported wellness efforts in FY23-24. At the beginning of FY22-23, the seminar offerings were only for PHS Admin staff, but given the immense value that they contain, the offerings were expanded to include all PHS. It is expected that these wellness seminars will increase staff morale, provide tools and tips to improve mental health, provide a way for staff to connect and improve employee retention rates. To date, some of the monthly seminar's topics have included: burnout, compassion fatigue, happiness, and trauma in the workplace for managers. They are usually attended for approximately 100-150 PHS staff each month.

h. Data Literacy and Data Integration Training

The Community Health Statistics Unit (CHSU) leads the HHSA Data Threading Group and data integration efforts to strengthen the departmental capacity to work with and analyze program, operational and outcome data and improve performance. CHSU has developed and facilitates training for PHS staff and others who are part of the Epidemiologist and Analyst classifications. Tools, techniques and resources pertaining to data analysis are rolled out through the Data Threading Group who meet quarterly. In addition to training Epidemiologists and Analysts, the Community Health Statistics Unit has partnered with the HHSA Knowledge Center to train all PHS staff on the basics of Data Literacy. This training was finalized in the summer of 2021 and assigned to all PHS staff, including temporary workers in August 2021. For all staff, PHS also requires

participation in Data 101 which is part of the 101 series on public health basics. In the spring of 2023, approximately 75% of the department had taken the Data 101 and in FY2023-2023, this training will be assigned as a mandatory training to all new staff and staff that have not taken it yet. Community Health Statistics Unit also continues to assist branches in maintaining their performance dashboards which were an output of the FY 16/17 Health Equity Metrics Workshops demonstrating impact in three key areas (e.g., population outcomes, program metrics and operational metrics).

8. **Trauma-Responsive Leadership Training**

A representative from the PHS Steering Committee participated in a three-day trauma-responsive leadership training in 2023. The key take-aways from the 3-day trauma-responsive leadership training were:

- Everyone we meet has experienced trauma, either in their personal lives and/or at work.

- In any encounter there is the chance of activating a source of someone's trauma.

- Public health and medical professionals were on the receiving end of toxic stress (trauma-filled experiences) for three years and many are considering quitting the field.

- As leaders we must act and be the disrupters of toxic stress in the workplace.

- We must do so by creating a psychologically safe workplace for staff. Why? Because the unsafe brain cannot learn and act to its full potential.

At the end of the three-day training, there was almost complete consensus by the participants that their respective leadership/management teams should take the training.

The training was led by a faculty of 9 people that went through a rigorous certification process and spent three days utilizing adult learning theory and neuroplasticity to infuse the concepts taught. In fact, part of the learning process is six meetings over the next 90 days with the small group members and three with the facilitators that we were assigned during the training. The trainees spent almost as much time with their small groups as we did in the general sessions and the purpose was to showcase in real life how quickly you can establish psychological safety for others.

Upon return from the training, the idea of offering this training as a resource was circulated among PHS leadership and discussed at the July 2023 Chiefs and Medical Directors meeting.

9. **Operational Needs and Priorities of the Public Health Infrastructure**

In the last 2 years, numerous surveys were issued to identify current status of core competencies (e.g., fiscal and management skills), and employee and leadership interests and needs for training and development. Additionally, in the last 2 years the Fiscal and Contracts Units of PHS Admin Branch hosted numerous meetings for the fiscal Analyst classification to identify training needs and opportunities for improvement in the realm of fiscal and contracts. Additionally, ACS does a regular survey of contractors to ask them about satisfaction with services provided by their CORs and the results are reviewed through the fiscal and contracts regular meetings.

10. Key Concepts in Public Health Workforce

The Public Health Services workforce is dynamic and ever-changing as employees enter and exit the workforce. Three (3) helpful concepts for conceptualizing the workforce include:

Career Stage

Competencies

Tiers

The workforce development approaches and requirements for training and education of each may differ. For example, new and emerging employees (0-10 years) looking to be developed may require an enhanced onboarding (NewP+) program and the Public Health 101 training series, whereas mid-career invested experts (11-25 years) may be interested in more specialized training investments to build on existing expertise, knowledge and skills. Managers should consider directing staff to the CDC TRAIN platform, the Western Regional Training Center, Curry Center and other public health specific training centers for specialized trainings tailored to classifications.

Career professionals in the last 5 years of their careers will need to remain as knowledge workers and experts in their respective fields but may also look to developing their skills as mentors and coaches for professionals in the first two career stages to ensure appropriate knowledge management and transfer to help address the inevitable transitions through the Department. Succession planning will be explored over the next two years and as part of the PHIG grant.

a. Career Stages

Career Stage (0-10 years, 11-25 years, last 5 years)
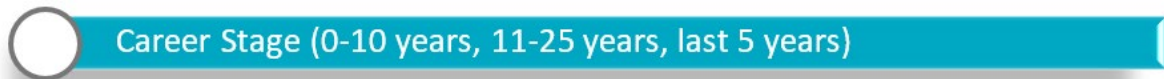
I. New and Emerging Employees (0-10 years)

II. Mid-Career Endowed Experts (11-25+ years)

III. Mentors and Coaches (5 years to retirement)

| 0-10 years | 11-25+ years | Last 5 years |

b. Competencies

Competencies (Organizational, Core, Professional)

Organizational

Core

Professional
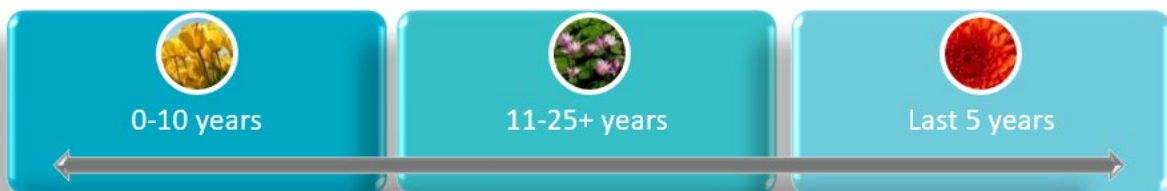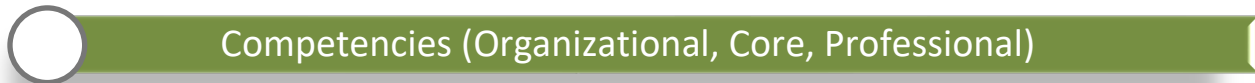
Another way to conceptualize workforce development is from the perspective of the various levels of competencies staff are expected to develop. There are 3 main sets of competencies:

I. Organizational Competencies (e.g., trauma-informed customer service)

II. Core Competencies for Public Health Professional (e.g., communication skills)

III. **Professional Competencies (e.g., Public Health Nursing CEUs)**

c. **Tiers**

Tier within the Organization (1, 2, 3)

Tier 1 – Front Line Staff/Entry Level. Tier 1 competencies apply to Public Health Professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2 – Program Management/Supervisory Level. Tier 2 competencies apply to Public Health Professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and Work Plans; making policy recommendations; and providing technical expertise.

Tier 3 – Senior Management/Executive Level. Tier 3 competencies apply to Public Health Professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health (17).

In FY 24-25, PHS will consider adding a 4th Tier to distinguish Administrative Professionals. See Appendix 2 for full listing of job classifications for the various tiers.

Tier 1 (e.g., Clerks, Health Information Specialists)

Tier 2 (e.g., Senior Staff, Managers, Senior Epidemiologists)

Tier 3 (e.g., Chiefs, Deputy Director, Assistant Director)
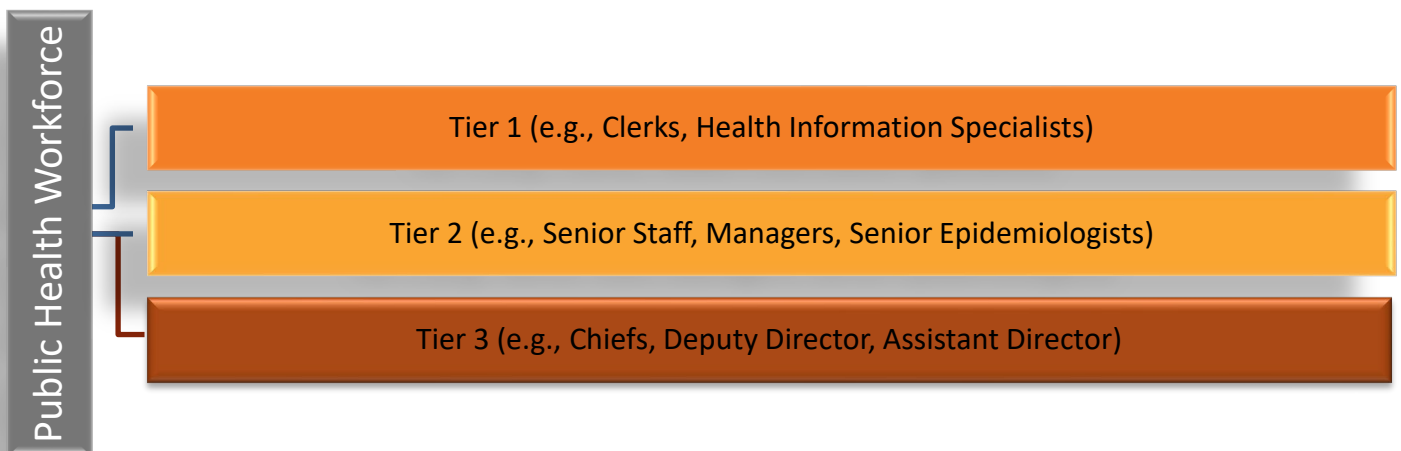
11. Continuous Learning and Institutional Knowledge Transfer

Even though there is considerable capacity among the current public health workforce in San Diego County, there remain continuous opportunities for enhancement. In today's rapidly changing environment, (e.g., in response to COVID-19, working remotely, providing telemedicine) the public health workforce must be adaptable and continuously learning and growing. Additionally, the workforce is not a static entity but rather a dynamic set of professionals entering and exiting the public health workforce on a regular basis.

Ensuring continuous knowledge transfer is essential to educating the new generations of public health employees. As such, the [Manager's Manual Toolkit](#) was created as a tool for new manager's as they navigate their new job and describes the essential management functions and other key resources for areas managers are responsible for. It can be used as a desk aide to help new managers. To keep the toolkit relevant, PHS Admin Branch updates it every 2 years to ensure optimal knowledge transfer. The Manager's Manual Toolkit was among the many documents included in the Manager's Resource Packet. The Manager's Resource Packet was sent to senior staff July 2023 asking senior staff to develop Program Operation Manuals (POMs) this year. POMs will be beneficial in PHS to ensure clear consistent and clear guidelines and procedures for staff. This will also be beneficial for new PHS staff who are coming into the department to understand the program processes in a faster and efficient way. Overall, implementation of POMs will be a valuable resource that can promote smooth operations and support the success of PHS.

The knowledge that the average public health services professional needs encompass professional knowledge from their field, the Core Competencies of Public Health Professionals, knowledge of the County context, knowledge of the agency as well as the PHS contextual knowledge and program specific information that all needs to be dynamically in motion to function as a successful public health employee. Fortunately, many of these are overlapping and mutually reinforcing (e.g., Health Equity, trauma-informed customer service, Cultural Competency, communication). Additionally, the majority of government public health workers (approximately 83%) do not have degrees in specifically public health although most have degrees and specialized training in related fields.

Since the time of accreditation, and the publication of the FY 15-16 and FY 16-17 Workforce Development Plan, considerable progress in workforce development within PHS has been achieved. There are always, however, opportunities for improvement, particularly considering emergent issues, and growing demands on the PHS workforce (e.g., infectious disease, emergency response, climate change, data analytics, preparation for additional public health emergencies). As such, continuous learning and continuous improvement is essential to success.

Like the communities we serve, our workforce is constantly adapting to change, responding to emergent threats and opportunities.

PART IX: APPENDICIES

Appendix 1: Annual Schedule and Timeline for Publication

1. **Annual Schedule for Review of the Workforce Development Plan and Work Plan**

Date	Action	Who
July 1, 2021 – June 30, 2023 (2 years prior to publication)	Roll out surveys. Analyze and share results. Adjust the plan per results. WFD plan highlights shared with TCs, Senior Staff and Public Health Leaders. Input sought through strategic planning process on workforce planning and future skills.	OWD, CHSU, PHO, Director, HR (for survey approval); all staff provide input
January-July 1, 2023	Literature review, and survey results analysis and review for workforce and training implications. Draft WFD Plan to cover FY 2023-2024 and 2024-2025. Seek approval to finalize plan.	OWD, CHSU, PHO, Director, HR, others
July 1, 2023	Approval and release updated version of WFD Plan and Work Plan with input from SMEs updated quarterly.	PHO, OWD, SMEs and leads
January 2025	Start drafting next 2-year plan with input from all including Branch Chiefs and Medical Directors.	OWD, TCs, BCMDs, HR, SMEs and leads
May 31, 2025 – July 1, 2025	Draft WFD Plan submitted for approval to cover FY 2025-26 and	OWD, PHO, Director

	2026-2027. Final published July 1, 2025		

2. Timeline for Publication of PHS Workforce Development Plan

Publication Date	Duration	Development Timeline	Comment
1. Original publication in May 2015	FY15-16, FY16-17	Nov 2014 - April 2015	Version 1
2. May 2017	FY17-18, FY18-19	June 2017 - April 2018	Version 2
3. May 2019	FY17-18, FY18-19	Nov 2018 - April 2019	Version 3
4. July 2021	FY19-20, FY20-21	May 2021 - Aug 2021	Version 4
5. July 2023	FY21-22, FY22-23	Nov 2022 - April 2023	Version 5
6. July 2025	FY23-24, FY24-25	Nov 2024 - April 2025	Version 6
7. July 2027	FY25-26, FY26-27	Nov 2026 – April 2027	Version 7

Appendix 2: Job Classifications for the Tiers

Tier 1 – Front Line/Entry Level/Non-Supervisory Staff: Generally, but with some exceptions, staff who attend neither senior staff nor public health leaders' meetings. Public health professionals who carry out the day-to-day tasks of public health organizations and are not in management or supervisory positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support. This tier, like all County workers, may be called to play a role in the event of an emergency.

> Administrative Analyst
> Admissions/Account Clerk/Cashier/Clerk General or Other Clerk
> Communicable Disease Investigator
> Community Health Promotion Specialist
> Correctional Counselor
> Emergency Medical Services Specialist
> Epidemiologist
> Health Information Specialist
> Health Services Social Worker
> Human Services Specialist
> Laboratory Specialist/Assistant
> Medical Records Technician
> Occupational/Physical Therapist
> Office Assistant/Administrative Secretary/Office Support Specialist
> Public Health Microbiologist
> Public Health Nurse/Registered Nurse/Staff Nurse/Licensed Vocational Nurse
> Quality Assurance Specialist
> Radiologic Technologist
> Social Services Aide
> Social Worker
> Student Worker
> Temporary Expert Professional

Tier 2 – Program Management/Supervisory Level: Generally, but with some exceptions, those who attend Senior Staff meetings. This includes public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise. This classification is <u>likely to have a role</u>

and position of responsibility in the event of an emergency (e.g., Senior Public Health Nurses, Epi II).

Administrative Analysts/Principal Admin Analysts
Administrative Services Manager (Budget, Contracts)
Associate Accountant
Clinical Services Coordinator
Code Enforcement Officer
Communicable Disease Investigator
Community Health Program Specialist
Community Health Promotion Specialist
Correctional Counselor
Emergency Medical Services Specialist/Coordinator
Epidemiologist, and Epidemiologist II
Health Information Specialist
Health Planning & Program Specialist
Health Services Project Coordinator
Human Services Specialist
Laboratory Specialist/Assistant
Occupational/Physical Therapists
Office Assistant/Administrative Secretary/Office Support Specialist
Operations Research Analyst
Physician
Program Manager
Public Health Microbiologist
Public Health Nurse/Registered or Staff Nurse/Certified Nurse Practitioner/Nurse Manager
Quality Assurance Specialist
Radiologic Technologist
Radiologist
Senior Office Assistant
Senior Public Health Nurse
Senior Storekeeper
Supervising Public Health Microbiologist
Supervising Public Health Nurse

Tier 3 – Senior Management/Executive Level: Generally, but with exceptions, those who attend Public Health Leaders meetings. Public health professionals at a senior management level and leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health (e.g., Office of Performance

Improvement and Management, Office of Health Equity and Climate Change, Office of Border Health). This should include staff with a <u>high likelihood of having a major role and/or significant responsibility</u> in the event of an emergency.

Assistant Director
Branch Chief
Classified Management
Deputy Director
Executive Management
Health Planning & Program Specialist/Chief (e.g., Office of Border Health, Office of Health Equity and Climate Change, Office of Performance Improvement and Management)
Medical Director
Medical Consultant
Principal Administrative Analysts
Public Health Officer/Deputy PHO
Senior Epidemiologists
Upper Management

Appendix 3: Roles and Responsibilities

The list below details those related to the implementation of this plan, as well as the associated roles and responsibilities as they relate to workforce development.

- **County Department of Human Resources (DHR)** – Provides guidance to all staff. Assists in creating a learning culture. Helps to train all staff to provide and retain a skilled, adaptable, and diverse workforce. In particular, the Department of Human Resources Officer embedded in PHS works with the department to ensure that all plans align with County-wide rules and regulations and to provide support to the Domain 8 team in revising this plan.
- **HHSA Director** – Responsible to the Chief Administrative Officer for workforce strategic planning and establishing a culture conducive to, and supportive of, learning in HHSA.
- **Agency Human Resources (AHR)** – The HHSA Human Resources Division serves the recruitment, selection, hiring, personnel services, payroll, and training needs of approximately three hundred programs which employs more than six thousand employees. HHSA Human Resources leads the Diversity and Inclusion effort for its departments.
- **PHS Department Director (Public Health Officer)** – Responsible to HHSA Director for all employees in PHS. Sets priorities for the organization to assure that the appropriate resources and infrastructure exists within the department to meet workforce development needs. Responsible for ensuring all mandatory trainings are completed. May coordinate with other Departments to help train public health related staff in those Departments.
- **Diversity and Inclusion Champion (PHS)** – Leads and coordinates the D & I effort within PHS through the Health Equity Committee.
- **PHS Health Equity Working Group** – Each member is a branch representative for D & I bringing back efforts to their branches to ensure that the efforts reach the program and unit levels within each branch of PHS. Branch representatives provide monthly updates at all-staff meetings and lead any D & I efforts and/or activities including the sharing of resources, education and training material pertaining to D & I. Health Equity Working Group representatives are also responsible for key elements of workforce development and training within their branches (e.g., promoting policy, HE 101, cultural competency, promoting webinars, sharing resources).

- **Customer Service H.E.A.R.T. Ambassador (PHS)** – Leads and coordinates the Customer Service effort within PHS through the H.E.A.R.T. Team.

- **PHS Customer Service H.E.A.R.T. Team** – Each member is a branch representative for Customer Service bringing back efforts to their branches to ensure that the efforts reach the program and unit levels within each branch of PHS. Branch representatives provide monthly updates at all-staff meetings and lead any Customer Service efforts and/or activities including the sharing of resources, education and training material pertaining to Customer Service (e.g., Knowledge, Skills, Abilities, and Behaviors of Customer Service).

- **Performance Improvement Manager** – Works with PIM Committee to expand knowledge and capacity in QI.

- **Assistant Director** – Responsible to the PHS Director. Has operational responsibility for personnel to ensure PHO vision is effectuated.

- **PHS Executive Team, Branch Chiefs, Program Managers and Supervisors** – Responsible to the PHS Director/Public Health Officer to ensure that individual and organizational training initiatives are implemented. Works to mentor and support staff in developing individual development plans (including professional training needs/wants) and in implementing these plans. Responsible to ensure all staff are informed about County, HHSA, PHS strategic initiatives and any related education and training. Responsible to ensure that information shared through Public Health Leaders, Senior Staff or emails are disseminated to staff as appropriate.

- **All Employees** – Work with supervisors to identify trainings and classes that meet their needs, as well as the organization's needs (e.g., core competencies for Public Health Professionals, annual professional development requirement). All employees, at every level, are responsible for expanding their capacity for communications in three areas: Mind-Set, Skill Set and Open H.E.A.R.T. in accordance with the D & I Strategic Plan. Ultimately responsible for their own learning and development.

- **Workforce Director, Office of Workforce Development** – Develop the Workforce Development Plan and its accompanying Work Plan every 2 years with input from SMEs, make recommendations to the PHO through the Workforce Development Plan. Work with the Community Health Statistics Unit (CHSU), and the Senior Department Human Resources Officer to obtain workforce trend data (demographics, turnover), work with CHSU on survey design, implementation and analysis. Implementation of workforce grants (e.g., PHIG, Career Ladder). Responsible for providing oversight and direction for

strengthening the public health infrastructure and workforce. The Workforce Director evaluates employee engagement, leadership and core competencies for public health professionals, workforce interests and needs, and monitors factors influencing recruitment, retention, and wellness. The Workforce Director also designs workforce plans in collaboration with staff and management, informed by expertise, research, and data, and with the vision of healthy people in a healthy organization. Additionally, the position is responsible for facilitating communication and coordination across programs and fiscal leads, communicating with the Centers for Disease Control and Prevention (CDC) Project Officer and designated CDC partners, coordinating site visits, and completing required work plans, and progress reports. This position oversees program and evidence-based strategy implementation, interfacing with decision makers and partners, including other health departments, and serving to implement the vision of the Public Health Officer and Director of the department.

- **Community Health Statistics Unit** – Provides data support in survey design, administration and analysis of results (e.g., BARHII Survey, Employee Engagement, Leadership Development, Core Competencies for Public Health Professionals, etc.). Provides input to the plan as lead for Data Threading Group.

- **PHS Branch Training Champions** – The purpose of the PHS Training Champions Working Group is to ensure regular coordination and communication on training, and public health workforce grants related to training. Emphasis will be on trainings that are independent from the County's Learning Management System (LMS) and The Knowledge Center (TKC). To develop our public health workforce, PHS continuously creates performance targets to close gaps on public health training PHS staff and will continue to create performance dashboards to communicate with staff and management as we advance on these goals. The Training Champions will be part of the quality assurance process to ensure that staff receive key information (e.g., about grant opportunities for staff) and credit for the PHS led or coordinated public health trainings they attend, and that the PHS Leadership has the data to ensure workforce development goals are on track (e.g., FEMA trainings for emergency preparedness).

Appendix 4: County of San Diego Leadership Development Model

*CM – Classified Management; UM – Unclassified Management; EM – Executive Management

Appendix 5: Continuing Education Requirements

By supporting staff in their earning of CEUs, PHS, together with HHSA, is working to address the gap regarding professional development and the increasing need for continuing education to meet the challenges of the growing complexity in the field of public health. Many public health professional level positions have continuing education requirements to keep licensing/practice up to date. HHSA's The Knowledge Center as well as PHS' branches assist and track continuing education units (CEUs) earned by designated staff. TKC offers some continuing education professional development opportunities. In addition, PHS Administration and individual branches identify and promote continuing education learning classes offered outside the County. PHS branches also convene summits and other training opportunities by which staff can obtain CEUs.

Partner agencies such as Department of Environmental Health and Quality, and Office of Emergency Services also have their own training and development plans and continuing education requirements.

See the table below for applicable licensures/degrees for PHS professional staff and their associated continuing education requirements.

Profession	California CE Requirements
Doctor (M.D.)	50 hours every 2 years
Emergency Medical Technician (E.M.T.)	24 hours every 2 years
Licensed Vocational Nurse (L.V.N.)	30 hours every 2 years
Certified Nurse Practitioner (C.N.P.)	30 hours every 2 years
Occupational Therapist	12 hours every year
Paramedic	48 hours every 2 years
Pharmacist (Pharm.D.)	30 hours every 2 years
Physical Therapist	30 hours every 2 years
Psychologist	26 hours every 2 years
Registered Nurse (R.N.)/Public Health Nursing (P.H.N.)	30 hours every 2 years
Social Worker (L.C.S.W.)	36 hours every 2 years

Appendix 6: Academies Offered By County of San Diego

The County and The Knowledge Center at HHSA have developed unique and intensive learning opportunities through Academies. For the most part, these Academies were developed to build strong, adaptable leaders, managers and supervisors, and to support career advancement for all staff. These Academies typically involve more than one day of training, sometimes spread over a longer period. These Academies provide instruction in alternative formats and the opportunity to apply what is learned on the job. These Academies reflects the Leadership Development Model adopted by the County and represent an innovative approach and investment in County staff.

| Class	Description
Administrative Support Academy	The Administrative Support Academy is designed to prepare the County's administrative support staff for the important role they play in the organization's future. The program allows support staff to enhance skills in communication, business writing, customer service, time management, team dynamics, and professionalism.
Career Development, includes: ▪ All About You Training Series ▪ Communication Training Series ▪ Getting the Job! Training Series	Talent Development provides useful training that can help you manage your career and achieve personal growth: ▪ All About You Training Series - Learn how to transform during change or get some tips on how to set goals and prioritize time. Opportunity to attend a Myers Briggs Type Indicator course to learn about your personality type and how it influences the way you relate to others. ▪ Communication Training Series – Various classes to enhance presentation skills, learn the basics of facilitation, and improve writing skills and grammar. ▪ Getting the Job! Training Series - Training series designed to help you advance in your career. Learn how to define your personal goals and values, create a resume that gets results, or participate in a mock interview.
Customer Service Training Online	A variety of customer service classes are available online through the Knowledge Center including "Providing Great Customer Service Experiences with HEART", "Customer Service Skills: Definitions and 17 Examples", "Taking the Heat- A Customer Service Guide" and Creating a Positive Experience for our Customers"
County Grammar Review Online	These seven modules will help you review basic grammar rules to help you improve your written communication.

Class	Description
Dynamic Management Seminars	The Dynamic Management Seminars provide learning opportunities, tools, and resources that emphasize professional management skills. The program is aimed to enhance participants'' ability to perform their current managerial responsibilities as well as introduce and develop leadership concepts. This is for employees in UM, MA, and CEM classes are eligible for this program.
Finance Academy	Finance Academy provides learning opportunities that will enhance attendee's ability to perform in their current financial job responsibilities as well as encourage and promote the development of key County financial skills and concepts.
Leadership Academy	This comprehensive Leadership Development program will provide executives with a variety of opportunities to learn about themselves, the County, and expectations of County executives and leaders. The program is designed to prepare the County's emerging leaders for the important role they may play in the organization's future. Through this program, executives learn to develop innovative and strategic ways to meet the challenges faced by the County of San Diego's fast-paced, continuously changing environment.
Professional Enrichment Seminars	The Professional Enrichment Seminars (PES) is a five-week training experience designed to prepare the County's top front line employees for the important role they play in the organization's future. Attendance in the Professional Enrichment Seminars is limited, and the employee's participation is a reflection of their commitment to becoming a more efficient and effective County employee. This exciting new training experience will be held three times a year. The program features the Franklin Covey 7 Habits of Highly Effective people.
Next Level Supervising	The Knowledge Center is ramping this class back up slowly starting with Supervisor Onboarding. This includes both online classes and live classes, viewable in LMS.
Managing Remote Employees	The Knowledge Center offers a live class called Managing Remote Employees which is a NACo Award winning class.

Appendix 7: Initiatives

There are several strategic initiatives that reflect the complexity and interdisciplinary nature of the field of public health. These Initiatives continue to be a focus of PHS efforts. The initiatives are reflected in the most recent version of the Strategic Framework and include, for example, Customer Service, Public Health Infrastructure, Talent and Team Development Public Health Re-Accreditation, TB Elimination, Hep C Elimination, Leadership and Workforce Development.

County of San Diego Health and Human Services Agency, Public Health Services
Strategic Initiatives Framework FY 2022-2024
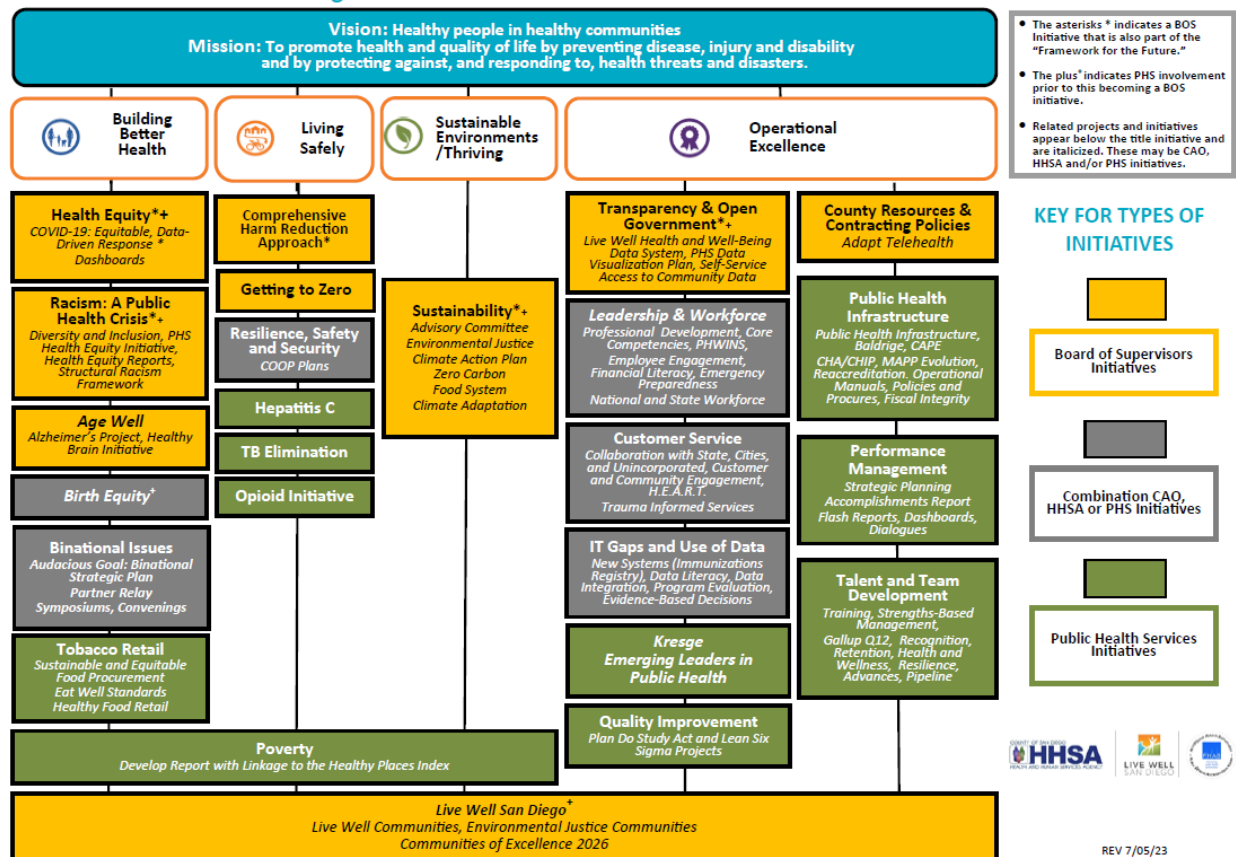
Appendix 8: Future Skills (2019-2024)

In FY18-19 PHS undertook a series of workshops to identify what future skills might be needed over the next 5 years into the future (2019 – 2024). Below are the responses broken out by job class families. Future skills for 2025-2029 will be identified in FY2024-2025.

1. **Leadership Management**

   ▪ Ability to communicate/engage stakeholders
   ▪ Accurately discern meaningful data from larger amounts of input
   ▪ Attraction & retaining great staff
   ▪ Bold resiliency
   ▪ Change management
   ▪ Chief public health strategist
   ▪ Clear Communication in an age of electronic records
   ▪ Climate-related disasters
   ▪ Communication venues/methods to multiple groups/generations diverse clients & staff
   ▪ Cross training health with other departments (i.e., transferring of information)
   ▪ Data management/ethical concerns
   ▪ Delegation
   ▪ Effectively managing staff
   ▪ Employee engagement, particularly through changes, and engaging, employees to drive
   ▪ Fostering trust; empathy; encouragement
   ▪ Higher level partnerships
   ▪ How leaders can be leveraged to increase quality, productivity & engagement
   ▪ Interpersonal; communication; negotiation; influencing; political acumen; navigation
   ▪ IT proficiency
   ▪ Manage up & down; communication; relationship; strategy development
   ▪ Ongoing growth (professional development); new skills
   ▪ Organization (project management)
   ▪ Organizational psychology
   ▪ Political acumen
   ▪ Political climate (opinions of a population about current issues that are affecting population)
   ▪ Predictive analysis
   ▪ Preparing clients for climate change
   ▪ Prioritization – strategically
   ▪ Privacy and technology increase
   ▪ Strategic planning/systems thinking; actively listening, apply, take action on what was heard
   ▪ Succession & transitioning
   ▪ Systems thinking
   ▪ Tech

- Time management
- Transitioning operations-understanding context of current operations to prepare for operational change
- Understand data systems & how workforce interacts with them and how they shape/influence work
- Use of technology/social media
- Vision/visionary; current tasks & folding into the big picture; mobilize & motivate

2. **Budget, Contracts, Fiscal Analysts**

- Adaptability
- Anticipate change
- Automated (e.g., reports)
- Better technology
- Communication skills for all
- Continuous streamline & simplify processes and procedures
- Create desktop manual, maintain, make sure it is up to date
- Cross training
- Generational diversity
- Improve communication skills with each other, other generations, trauma informed
- Improving soft skills to be well rounded
- Information at one's fingertips
- Keep up to date w/certifications
- Know the purpose of the systems in place (e.g., rationale for running reports)
- Know what is emerging; join professional organizations/associations; attend trainings
- Managing change – accepting change -move forward w/ the change, flow continues
- Mentorship for succession planning
- Monthly review of tasks/projects/progress w/leadership team; Goal: meet deadlines
- More automated/paperless
- More flex schedules/rotating shifts
- More knowledge of how to use programs
- More training; desk aids; learning management system (LMS) on forms (CSRF, IMAR, chargeback-itrack)
- Public speaking
- Punctual, meeting deadlines
- Quality improvement to understand old way- make it even better
- Reading comprehension; know what you are reading & how to apply
- Regular training on new policies/technology - to keep up with changes
- Resilience

- Standardized programs/procedures
- Time management leading to flex schedule
- To be more tech savvy; know, new/old system
- Training on problem solving/trouble shooting (as part of the leadership team/management response)
- Understanding that new ways may come to run reports & charts
- Video conferencing for site visits

3. Clinical Staff/Clinicians

- Automated appointment reminder system
- Better communication between front Div. & nurses
- Better security/response
- Clinician specific education opportunities
- Coding/billing
- Education
- EHR (well established i.e., Epic/My Chart)
- EMR/HER
- Global tele-radiology
- Improved direct translation
- Improved flow
- Instant radiology read
- IT
- Learning different procedures R/T STDs
- Patient portal
- Quicker check in process (i.e., kiosk)
- Self-driving patient support
- Telehealth (providers/patient)

4. Communicable Disease Investigators (CDIs)

- Adaptability
- Critical thinking; creative thinking
- Cross-training with investigators from other county departments (e.g., law enforcement)
- Data analysis, case management; presentation skills, facilitation skills
- Documentation: transcribe
- Field treatments for Syphilis, GC, Prep, nPEP; new vaccines
- Genealogical contract tracing tree
- Interviewing; info elicitation
- Mentorship; CDI certification test prep

- Team to provide education on site (e.g., Power Hour for CDIs, cross-training with other business groups who do investigations)
- Tech savvy: video conferencing for interviews; other communications tech
- Time management; organizing workload

5. **Community Health Program/Promotion Specialists/Health Information Specialists/Community Health Program or Promotion Specialists, Health Information Specialists, Correctional Counselors**

- Behavioral interventions
- Community organizing
- Continuous training: strengths-based management
- County budgeting process
- Data interpretation
- Data management - increasing data skills; interfacing with Epis re: evaluation of high-risk populations
- End the epidemic/consumer training
- Epigenetics
- Food insecurity
- Health/social marketing/branding
- How to educate youth in schools
- Increase (maintain)/cultural awareness/application to data collection/education
- Increase analytical skills; collaboration/interpersonal skills
- Increase in HIS, CHP staff- more sophisticated web pages AEM-info graphics
- Increasing IT skills/knowledge of behavioral/mental health issues
- Integrated planning/HRSA TA youth involvement
- Intergenerational workforce knowledge; understanding aging populations
- Knowledge of technology or advances (keeping up w/communications)
- Learning about new tech trends-putting them into action
- LEO/Aries/CalREDHI/EHR
- Mobile technology
- More data driven increase in instant communication
- Navigation-ART/PREP maintain
- Personal/organizational; sustainability (food, climate change)
- Podcasts
- Project management software training
- Shorter reports- Instagram, Snap Chat, apps, Twitter
- Social media
- Streamline internal processes – knowledge of approval process
- Substance abuse, mental health, homelessness
- Support public meetings-telephonic video webinar
- Support staff development (conference, events, trainings)

- Technology
- Trauma informed trainings; cultural/diversity trainings and /or learning opportunities

6. EPI (Analysts)/Epidemiologists (Community Health Statistics Unit) Data

- Analytic software training and updates
- Automation
- Balancing data security and convenience
- Communication
- Conference opportunities
- Data available sooner
- Data reporting
- Data security (telecommute)
- Data visualization reporting
- Database management
- Database software-better than excel
- Economic evaluation
- ELR/EMR
- GIS training/GIS/spatial analysis
- Informatics
- Invest in staff to send to learning opportunities within CA & other states
- Keep up to data on research – access to journal & articles
- Manuscript development
- Mapping
- Mapping software
- More granularity with populations
- Navigating hardware changes
- New program/policies
- New software
- New technology: automation will make things faster
- Public Health Professionals in general
- QI
- Qualitative analyses methods
- Surveillance
- TB
- Value of grey literature (for learning & dissemination)
- Visualization/dashboarding
- What is the rate on my street

7. **Physicians**

- Ability to pay attention to patient while using EHR
- Computer skills/EHR skills
- Consultation skills
- Politely challenging skills
- Video conferencing skills
- X-ray interpreting skills

8. **Public Health Nurses/Quality Assurance Specialists**

- Artificial intelligence safety/drone
- Child Protective Services/Adult Protective Services investigations
- Clinic phone app
- Collaboration
- Communication
- Computer skills; new systems; privacy, increased digital communication
- Conflict resolution
- Critical thinking
- Cross training with other disciplines
- Current medical trends/treatments
- Current standards in nursing practice
- Data/ QI; statistics/analysists, informatics
- Decision making
- Degrees
- Disease
- District attorney/police department investigators
- Diversity in patient population
- EHR-patient portal
- Electric vehicles
- E-Material—pamphlets etc.
- Emergency response preparedness
- Facebook
- Facetime
- Gang Unit
- Generational differences
- Genotyping
- Group dynamics
- Hot team

- Housing with contracted services
- Increase tuition
- Informatics
- Investigation skills
- IT investigations
- IT-EMR tablets
- Knowledge of how to access latest versions of Branch, division & agency Strategic Plan
- Language skills training
- Leadership skills & management (in government); policy legislation; promoting public health nursing (policy change); continuing education; understanding funding
- Latent Tuberculosis Infection (LTBI)
- Medical documentation
- Motivational interviewing
- Multi-lingual language needs
- New technology
- Nursing continuing education
- Organizational/time management skills
- Pathway to advanced
- Pediatric conditions
- Phone skills
- Political/organizational acumen for HHSA-PHS, etc.
- Positive attitude
- Public speaking
- Regular + up to date training for IT products & software
- Resource development
- Robust stronger/training on case management/care coordination (TB, foster care, CCS, etc.); complex health needs
- Self-care
- Social media
- Staff RN to PHN certificate
- Staying current in field of work/job
- Stress management
- Support nurses seeking higher education (BSN, MSW, DNP, PhD)
- Teamwork
- Telecommuting
- Time management methodologies
- Trauma-informed care training
- Understanding limitations
- Use of tech to communicate with external stakeholders (i.e., PTs, PCP)
- Video patient assessments (tele-nursing)

- Will # of patients increase or decrease (LTBI- Latent Tuberculosis Infection-case management)
- Work styles
- Writing skills; research; professional writing

9. Health Services Project Coordinators

- Data analysis
- Data management & analysis
- Everyone working in PH should understand basics of public health theory
- More information sharing before decisions are made that lock in long-range projects
- People skills
- Self-motivation & time management on projects
- Writing skills/oral communication skills

10. PHPR Staff/EMS – Emergency Response Specialists

- Authority & ability to process (change in culture)
- Commo. First Net
- Delegate
- EMS system knowledge
- Excel
- HR process
- IT/tech that allows mobility & efficient response - may include new radio or redundant communication (website, Cloud?)
- Keeping up to date on communicable diseases/risks/ etc. in PHPR
- Linkages (Melli program systems)
- Management & coordinator; Excel, PTTX, One-Note—things we have already but don't use
- Management skills – practice not just theory or LMS Click Trainings you let run while you do your work
- Political acumen
- Programs we already have & could use or the extent we can
- Public health 101
- Technology
- Technology related
- Virtual DOC
- Writing/public speaking

11. Information Technology
- Advanced technology (Cloud)
- Centralized/standardized systems (Cerner)
- Clear path to clean path to clean/defrag/speed up/ replace PC's with low performance
- De-commissioning old systems
- Evangelize change
- Excel 101 (for all)

- Increased number of staff
- Outlook 101 (for all)
- Word 101 (for all)

12. Human Services Specialists
- Acknowledging diversity
- Communication skills
- Development/training/skill building
- Learning commuter software/programs
- Meeting language needs
- More knowledge on different programs
- Quality Assurance
- Research
- Self-discipline
- Team building opportunities
- Technologically savvy

13. Occupational Therapists/Physical Therapists

- Brief/concise, yet efficient documentation & communication
- Computer tips/tricks remain savvy with technology
- Implementation of current research for evidence-based practice; justify services using taxpayers funds
- Knowledge/training of CPT coding for billing & documentation
- Performing and interpreting research
- Time management skills
- Training on new devices/equipment/medical procedures (beneficial to population)

14. Administrative Professionals (e.g., Office Assistants, Clerks)

- Adaptability/thriving through change
- Adobe/PDF skills
- Alternate work schedules
- Available training/cross training
- Better and faster procedures
- Bi/multilingual employees
- Communication skills
- Communication/set policy and procedures
- Computer skills
- Critical thinking; analytical

- Electronic charting—no more paper charting
- EQ skills
- Flexibility
- GWOW (Government without Walls)
- Have more department, C/S focused retreats
- Improve P-card skills – without referring to the P-Card manual
- Improve travel/non-travel skills (not done regularly)
- Inter office unit comprehension
- Internal/external customer service
- Kronos/timekeeper training
- Making processes more efficient/simplified workflow (learn about budgets, writing reports, writing cover letters, etc.)
- Management skills
- Microsoft Office trainings (Word, Excel, PowerPoint, Publisher, Access, Outsource)
- Money/funding knowledge
- New software
- Others: proactive participation from Senior Staff; accountability; create a series of academies by major job class families
- Paperless systems/electronic systems
- Policies & procedures streamlined & uniformed for all PHS Branches + exclusive partnership
- Problem solving
- Public transportation
- Robot mechanics
- SharePoint training
- Supervisor/leadership trainings (available to all)
- Team building skills; collaboration
- Tech/AV/equipment training (troubleshooting, set up, etc.) (phone, printers)
- Technology
- Text savvy skills
- Time management
- Training on new databases/software to phase out paper/files
- Webinar/Skype
- Writing training

15. Public Health Professionals in General

- Ability to embrace change
- Adaptability/thriving thorough change
- Automation of every operation/functionality
- Available training/cross training
- Better and faster procedures
- Bi/multilingual employees
- Change through quality improvement cycles
- Communication/set policy and procedures
- Computer skills
- Electronic charting – no more paper charting
- GWOW (Government without Walls)
- Hygiene & sanitation
- Inventory management
- Keep current on tech advances
- Money/funding knowledge
- More training requirements; (new systems/tech)
- New software
- Paperless systems/electronic systems
- Political climate
- Public health team addressing climate change
- Public transportation
- Recycling and measurement
- Robot mechanics
- Social determinates of health
- Social media
- Standardized EHR system (automated)
- Technology

16. Other (Not Specified)

- Coaching
- Database creation/maintenance
- Public speaking
- Quality improvement training
- Report automation
- Statistics

Appendix 9: Workforce Development Work Plan (Separate Document)

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