Workforce

Development

Plan

2019-2021

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The Workforce Development Plan was developed under the Public Health Services Strategic Plan of the County of San Diego, to advance the vision of *Live Well San Diego*.

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I. EXECUTIVE SUMMARY

Workforce Development efforts over the next two years (2019-2021) integrate with the Public Health Services Strategic Plan 2018-2021 and to align to the Baldrige Framework which emphasizes integration. Seven goals were identified and for each, several **strategies** have been identified based on the various survey results of the last 2 years, the literature review, and the annual Senior Staff SWOT analysis of trends in the external and internal environments including **demographic** trends. This plan includes **assessment of our Core Competencies** for Public Health Professionals and **assesses future workforce competency needs**. There are numerous strategies (e.g., The Knowledge Center (TKC) Training, CDC TRAIN online training platform) to address the identified gaps and is expected that Branch Chiefs, Managers and Supervisors will review this plan and work with their staff on an individual basis annually identifying performance goals and professional development objectives. Branch Chiefs are required to ensure that **professional development** goals are included in all staff performance reviews. Public Health Services (PHS) strives to retain its valuable workforce and endeavors to create an environment of **wellness, work-life balance,** and **collaborative learning**. Below are the seven key areas, each of which has a goal and specific objectives described in the Work Plan (2019-2021).

Leadership
of Diverse and Inclusive Teams, Coaching, Development and Knowledge Transfer, Boundary Spanning, Systems Thinking, Leadership Survey

Strategy
Alignment to Strategic Plans and Strategic Initiatives (County, HHSA, PHS) such as Climate Change/EJ, Health Equity, Social and Racial Justice, and Border Health, COVID-19

Workforce
Continuous development and engagement (e.g., Core Competencies, D& I, Equity, Racial Justice, employee engagement with priorities of African American, Transgender and Non-Binary employees)

Customer Service
(e.g., Cultural Competency, Trauma-Informed, Mental Health First Aid, engaging the community)

Operations
Management of Fiscal Resources, Contracts, IT and CQM, Policies

Measurement, Analysis, and Knowledge Management
Evaluation and dissemination of data

Results
Developing abilities to track and transparently report on outcome-based progress and effectiveness (PM/QI)

The various survey results and literature review, and SWOT analysis over the last 2 years have identified that this is a time of **staff turnover, change and challenge** in public the public health landscape which also represents an opportunity to build the public health system of the future, to stabilize and institutionalize best practices, policies, procedures, and elements that will ensure optimal knowledge transfer in a time of relative flux for the public health workforce. All emerging strategic initiatives will require that leaders embrace and embody these efforts and demonstrate an ability to **coach and develop** their staff in key areas (e.g., Health Equity, Diversity and Inclusion, customer service, interpersonal communication, climate change). Increasingly public health leaders are being asked to **step outside of their siloed roles** within traditional departmental operational structures and work across branches and organizations with a view to collaboration and partnership that is foundational to Public Health 3.0. This requires **boundary spanning, systems and strategic thinking, political and organizational acumen**, the ability to initiate and develop positive and **trusted relationships** with partners to achieve the promise of collective impact. This requires a set of **interpersonal and interorganizational skills** that include **cultural competency, intergenerational empathy, respect, compassion, authenticity, a nuanced understanding of how to create diverse, inclusive, and motivated teams.**

County, Agency, and departmental strategic reviews have identified the key drivers of change in our environment and resulted in a set of **strategic initiatives** that enable the department to be responsive to these and other changes. It is, therefore, important that public health leaders, senior staff and all staff share an awareness of these strategic initiatives and understand their role in integrating these into their work (e.g., **Health Equity**, Diversity and Inclusion, climate change, customer service, trauma-informed services, mental health first aid, safety and security, sexual harassment).

Where applicable and possible, the operations of the department should be examined through the lenses of these strategic initiatives and opportunities identified to make process improvements. The County, Agency and department are always striving for continuous improvement and operational excellence as well as integration. By ensuring staff at every level are trained and aware of the strategic initiatives, all staff can look for opportunities for improvement, innovation, and cost-savings. **Management of human and fiscal resources** including contracts and **information technology** are areas that public health staff and management will need to continuously train on as new people are onboarded and processes and **IT applications evolve rapidly**. This is one of the domains of the core competencies for public health professionals which was a focus for improvement since the 2016 self-assessment survey.

The annual employee engagement survey has consistently identified that public health services staff are motivated by the mission of the department. Many staff are motivated by the belief that they are making a difference in the lives of County residents including some of the most vulnerable. In order to ensure that we are **making a difference and having an impact**, it is important that staff and management have the tools to measure performance and continuously improve programs, services and operations to better serve the community. To this end, we will maintain a focus of workforce development on **Performance Management and Quality Improvement** (e.g., PIM Committee and QI Resource Fair) and related efforts. In the big picture,

the ultimate vision is to have a region where all residents are healthy, safe and thriving. Tracking progress on key indicators is therefore key ad as such having public health staff that are data savvy will remain a priority for workforce development. Having **data literacy** is part of public health sciences skills, one of the domains of the core competencies for public health professionals which PHS has also prioritized since the last staff self-assessment survey in 2016. One of the goals is to administer the survey again in 2021 to determine the extent to which progress has been made in this domain and that of fiscal and management skills. With a view to turnover with the public health workforce, according to PHWINS 2017, and a dynamic external environment, staff explored the future skills necessary to be responsive into the future during the 2017-2019 workforce development period. Over the next two-year period, these future skills will be explored and consideration will be given to how branches can work with the Knowledge Center (TKC) and others to ensure their staff have the necessary skills for the future.

II. INTRODUCTION

The Workforce Development Plan covers the two-year period from 2019-2021 and builds on the foundational work executed over the last few years as reflected in the 2017-2019 Workforce Development Plan and accompanying Work Plan. The 2019-2021 plan is evergreen and, like the workforce itself, it needs to remain fluid and responsive to change. The selected goals were based the continued priorities for the County, Agency and Public Health Services (PHS) as well as on the methodology including review of trends in public health workforce, 2019 SWOT analysis, surveys, focus groups, and their results. The plan builds on all the excellent work undertaken by dedicated staff over the last number of years and positions PHS to adapt to the complex, future needs of the population.

Purpose

The purpose of a Workforce Development Plan is to assess 'the knowledge and skills of the *current* workforce (Methodology Section) linked to the anticipated knowledge and skills of the *future* workforce. The workforce development plan supports the PHS Strategic Plan 2018-21. A workforce development plan attempts to get the right people in the right job at the right time with the right knowledge and skills (7).' And where additional development is needed, the Work Plan 2019-20 makes recommendations for how PHS Management and Senior Staff can help close those gaps.

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 — 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 the 2014 award from 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 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 2017-2019

Several outcomes were achieved in the last two years. Some key highlights include:

- 3 Workshops on the public health impacts of Climate Change (Health Equity Committee, Public Health Leaders, Epidemiologists)
- 4 Admin Professionals' workshops on strategic initiatives including Core Competencies for Public Health Professionals
- 7 Habits of Highly Effective People
- 8-10 workshops for all staff on Core Competencies for Public Health Professionals by job class family including a presentation, survey results, interactive exercise and focus group on future skills
- Climate Change 101 training for all staff
- Clinical Quality Management (CQM) effort
- Coaching Workshop for Senior Staff
- *Connect Well* training
- Cultural Competency training
- Customer Service training
- Data Essential (Epi and Biostatistics) 101 Training
- Data Integration and Data Literacy Training
- Diversity & Inclusion resources, activities, efforts and icebreakers

- E-learning module on Trauma and Resiliency (Managers Forum, Learning Management System)
- Employee Engagement Survey and Branch Action Plans
- Financial Literacy Training
- Great Leaders Academy
- Health Equity 101 Training
- Health Equity in Action Workshops which led to Workshops on Metrics and the Development of Performance Dashboards
- History of Public Health 101 Training
- IT Gaps identified and addressed
- Key Concepts in Public Health 101 Training
- Knowledge Management effort
- Leadership Development
- Managers Manual, Uber Plan, Policies and Procedures, Operation Manuals development, Policy Tech
- Mental Health First Aid Training
- National Incident Management System (NIMS) training for all staff
- Performance Management, QI, Lean Six, Insight Vision training
- Professional Development
- Safety and Security (Active Shooter) training
- Strengths Based Management

- Various training modules through the agency Learning Management System (LMS) throughout the year (e.g., Sexual Harassment training, Active Shooter training, Safety, Lean Six, Ethics and Compliance)

- Workshop for Public Health Leaders on Diversity and Inclusion (e.g., compassion, authenticity, and active listening)
- Workshops on Leadership and Accountability for Diversity and Inclusion

Trends and Developments in Public Heath Workforce Development: Highlights from Recent Literature (2017-2019)

It is helpful to situate our workforce development efforts in the broader context of trends and developments as identified in recent literature (2017-2019). Below are some highlights from recent publications about the public health workforce in general and a few of the specific job class families that make up key components of the public health workforce (e.g., Registered Nurses, Physicians).

The current health workforce development and training systems in place do not have the capacity to keep pace with the growing and evolving demand for diverse and skilled workers across the state' (1). **(PolicyLink, 2018)**

SPECIFIC JOB CLASSIFICATIONS

1) Registered Nurses:

According to a recent survey of Registered Nurses in California (2016), for the California Board of Registered Nursing by the University of California, San Francisco, the bottom 5 aspects that drive _up_ job satisfaction were:

- Interaction with patients;
- Nursing profession overall;
- Feeling that work is meaningful;
- Your job overall; and
- Teamwork.

The top 5 elements that drove _down_ job satisfaction among Registered Nurses were:

- Amount of paperwork required;
- Involvement in policy and management decisions;

- Non-Nursing tasks required;
- Adequacy of the number of RN staff; and
- Leadership from Nursing Administration (2) (Joanne Spetz, 2017).

Satisfaction with several factors across the state dropped between 2014 and 2016, including leadership from nursing administration, the adequacy of RN staffing, interactions with patients, time for patient education, quality of patient care, opportunities to use nursing skills, and paperwork. These changes require attention by employers to ensure that nurses are able to provide the high-quality patient care that is the hallmark of the profession (3) (Joanne Spetz, 2017).

These elements are important to keep in mind when planning for employee **retention** and considering employee morale, particularly for our Public Health Nurses. 'Significant numbers of comments indicate that nurses feel stressed under heavy workloads, demanding schedules, excessive documentation, and support systems perceived to be inadequate.' (4) (Joanne Spetz, 2017)

As for the racial/ethnic composition of the Registered Nursing workforce in California, it has been changing over the last 30 years. For example, in 1990 over 75% of the registered nursing workforce were white and by 2016, less than 50% were white. The next two largest groups were Filipino and other/mixed. There remained a consistently low proportion of Registered Nurses who self-identified as Black/African American and Hispanic. The profession also changed with respect to becoming slightly more male (12%) than female (88%). In 1990 the percentages were 5% male and 95% female. The average age was 45 in 2016 whereas in 1990 it was 42.9 (5) (Joanne Spetz, 2017).

It also looks like Registered Nurses are obtaining more pre-licensure education including Baccalaureate, Master's and Doctorate degrees (over 50% in 2016 vs. just over 25% in 1990). (6) (Joanne Spetz, 2017) In terms of nursing work settings, it appears as though fewer Registered Nurses are working in a Public Health departments/community health agency (3.4% in 1990 and 1.4% in 2016). The majority of Registered Nurses identify as working in acute hospital (66.3% in 2016). The majority of RNs identify as Staff Nurse or Director patient care providers as their nursing job titles, whereas only 1.5% identified as Public Health Nurses in 2016. (7) (Joanne Spetz, 2017)

2) Physicians:

The forecasts of physician supply indicate that 'physician supply will decline between 2016 and 2030 in nearly every supply scenario estimated…The largest shortfalls in percentage terms are projected for the Central Valley and Coast region and Southern Border counties' (8) (Healthforce Center at UCSF, 2017) which includes San Diego County. The ratios of Nurse Practitioners and Physician Assistants to population in the state 'are lower than

national ratios, suggesting that NPs and PAs are not being utilized as extensively in California as in the nation overall' (9) (Healthforce Center at UCSF, 2017)

GENERAL TRENDS AND DEVELOPMENTS

Some general trends, and developments with public health workforce implications identified by Policy Link include:

- An emerging **paradigm of care** in California 'shifting priority from individual to population-level interventions, coordination of care through interdisciplinary team-based care models, value-based payment and financial accountability. (10) (PolicyLink, 2018)
- Lack of **alignment** and coordination between education/training entities and employers. (11) (PolicyLink, 2018)
- Limited wraparound supports and infrastructure to support stability across the pathway (the full array of **social services** needed to support an individual in transition toward stability and self-sufficiency.) (12) (PolicyLink, 2018)
- Care settings are expanding including outpatient, home, school, workplace, and other community-based settings, including the **integration of technology** platforms to deliver care. (13) (PolicyLink, 2018)

According to Policy Link, there are a few key drivers of <u>growing health workforce demand</u>:

- Population growth;
- Aging population and workforce;
- Growing racial and ethnic diversity;
- Shift from acute to chronic disease burden;
- Increased need for services due to 30 million new enrollees or those with expanded coverage through ACA;
- Fundamental shifts in health-care delivery and payment systems;
- Increased focus on values-based, population health prevention and primary care models, chronic care management, and team-based care delivery in nonclinical settings; and
- Greater need for "soft skills," along with technical expertise, among workers. (14) (PolicyLink, 2018)

> *Employers who develop robust organizational <u>retention,</u> career ladder, and professional development strategies have been shown to reduce turnover and increase staff effectiveness, career mobility, and overall workforce morale.' (15)* (**PolicyLink, 2018**)

Public Health Services will need to consider these and other trends when planning and implementing workforce development over the next 2 years and beyond. The department will continue to face competition from other large healthcare employers in the region which will impact on recruitment and retention/turnover. This will remain a factor as California is expected to likely face a statewide shortfall of clinicians in the next 15 years according to the Healthforce Center at University of California San Francisco. (16) (Healthforce Center at UCSF, 2017) It would seem that workforce turnover is the norm in US health care settings including public health. Recognition of this fact and effective data analytics, strategies for projecting and responding to turnover, mentoring, transition planning, and effective knowledge transfer, including effective onboarding need to be in place and evaluated. Last year, hospitals experienced the highest turnover rate in over a decade ago. Since 2014, the average hospital turned over 87.8% of its workforce. (17) (Nursing Solutions Inc., 2019)

According to a recent article, experts forecast an uncertain future for public health with one thing being clear, that 'the status quo will not generate the significant improvements in health that we desire and for which so many are working so hard to achieve.'(18) (Fraser, 2017) The authors indicates that public health needs to move from its current state of managing various programmatic activities and outcomes toward an intentional, strategic focus on the social determinants of health and wellness.' (19) (Fraser, 2017) They indicate that 'efforts to imagine an upgraded public health system are needed and welcome.' (20) (Fraser, 2017)

> *'Waiting for the future is a much less effective strategy than working proactively to shape it.' (21)* (**Fraser, 2017**)

Additional highlights include:

- 'Faster, better, more connected surveillance systems are urgently needed to improve real-time public health decision making and policy development.' (22) (Fraser, 2017)

- 'The innovation and drive that led to the mapping of the human genome needs to be matched in public health.' (23) (Fraser, 2017)

- Predictive public health resulting from 'information technology system architecture that moves from small, categorical data sets to big enterprise-wide, population health information systems is essential to realizing the vision of Public Health 3.0' and public health is 'well behind private entities in this area'. (24) (Fraser, 2017)

- 'One hundred years ago, Public Health Professionals relied on multisector, community-based solutions for health improvement such as establishing sanitary sewage systems, promoting sterile environments for childbirth, and improving the living conditions of the poorest Americans.' Along the way, 'public health became easily confused with publicly funded health care for the indigent.' 'Ironically, the upgrade to Public Health 3.0 brings us back to the early days of public health practice when health officials advocated directly for policy and environmental change and led engaged communities in collaborative efforts to improve health.' (25) (Fraser, 2017)

SIX SETS OF COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS

In addition to the Core Competencies for Public Health Professionals that PHS workforce development efforts are guided by, an additional six sets of competencies were either 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.

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 desirable for performance improvement professionals working in public health (e.g., demonstrate how data and information are used to improve performance) (26) (Public Health Foundation, 2018).

2. Competencies for Population Health Professionals

The Competencies for Population Health Professionals (Population Health Competencies) are a set of skills desirable for *population health professionals*. They are primarily designed for hospital, health system, **public health**, healthcare, and other professionals engaged in assessment of population health needs and development, delivery, and improvement of population health programs, services, and practices. This may include activities related to community health needs assessments, community health improvement plans, implementation of community-based interventions, and coalition building.

The Population Health Competencies can help strengthen the connection between public health and healthcare. These competencies can be used to guide population health

workforce development efforts, including the creation of training, workforce development and training plans, academic curricula, job descriptions, performance objectives, tools, and other resources to support the activities and growth of population health professionals.

The Population Health Competencies are organized into six domains:

1. Community Engagement
2. Community Health Assessment (CHA)
3. Community Health Improvement Planning (CHIP) and Action
4. <u>Health Equity</u> and Cultural Awareness
5. Systems Thinking
6. Organizational Planning and Management (27) (Public Health Foundation, 2018)

3. Core Climate and Health Competencies for Health Professionals

In March 2018 a new set of competencies on climate and health for health professionals was developed. This set of competencies would be applicable to the PHS Heath Equity Committee, Senior Staff (Tier 2 and 3) within PHS and includes competencies such as *'applies knowledge of the health impacts of climate change relevant to adapting health services'* and *'applies climate and health knowledge to improve decisions about public health services, and adapt and improve population health.'*

Since all 3 sets of new competencies are most applicable to the work of the Office of Performance Management, and to the Office of Health Equity, it is recommended that the competencies be circulated to the PIM Committee and Health Equity Committee for situational awareness and/or discussion. If there are training implications, this can inform the goals for the *next* workforce development plan.

4. Community/Public Health Nursing Competencies

On April 13, 2018 the Community/Public Health Nursing Competencies were approved by the Quad Council Coalition. The competencies were updated, in part, to create conditions for public health nurses to be active participants in Public Health 3.0. An evaluation tool was also developed. For more information, see Community/Public Health Nursing Competencies.

5. 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. For more information see the CDC website.

6. Including People with Disabilities (PWD) – Public Health Workforce Competencies

This set of competencies are designed to increase the ability of a public health department to include PWD in public health programs and services. For more information see the disability in public health web site.

III. WORKFORCE DEVELOPMENT – COUNTY OF SAN DIEGO

County of San Diego

General Management System (GMS)

General Management System, or GMS, guides planning, implementation, and monitoring of all County functions that affect how we deliver services to County residents, businesses and visitors. It is a closed loop of five 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

The County has built a reputation on its sound management principles, fiscal stability and award-winning programs. This has been achieved through the County's business model called the General Management System (GMS). In 1998, the County of San Diego Board of Supervisors adopted and instituted the GMS model to reinforce management discipline in the county and focus on business practices and performance outcomes. GMS guides all operations and service delivery to residents, businesses, and visitors throughout the fiscal year. The model is an annual five-part cycle to managing government for maximum efficiency and effectiveness: 1) Strategic Planning; 2) Operational Planning; 3) Monitoring and Control; 4) Functional Threading; and 5) **Motivation, Rewards, and Recognition** (see below). PHS utilizes the GMS model to guide all operational and strategic planning efforts, including **workforce development**.

The Five-Part Cycle of the County of San Diego General Management System

Source: County of San Diego, 2015
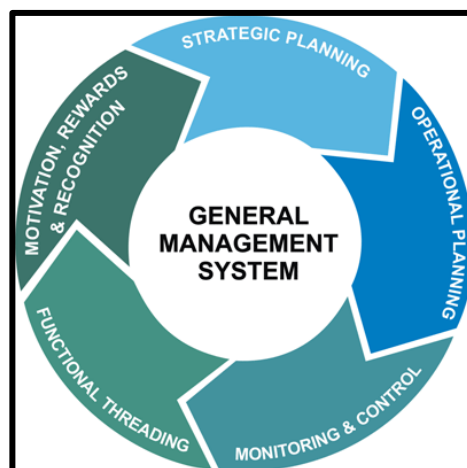
GMS 2.0

GMS ensures that our priorities and critical functions are achieved, and high performance is sustainable over time. GMS 2.0 expanded the original GMS with a forward-looking lens. It emphasizes an agile and knowledgeable workforce that is prepared to take on future challenges and has the capacity to continuously learn and improve, driving new heights of world class service delivery and innovation.
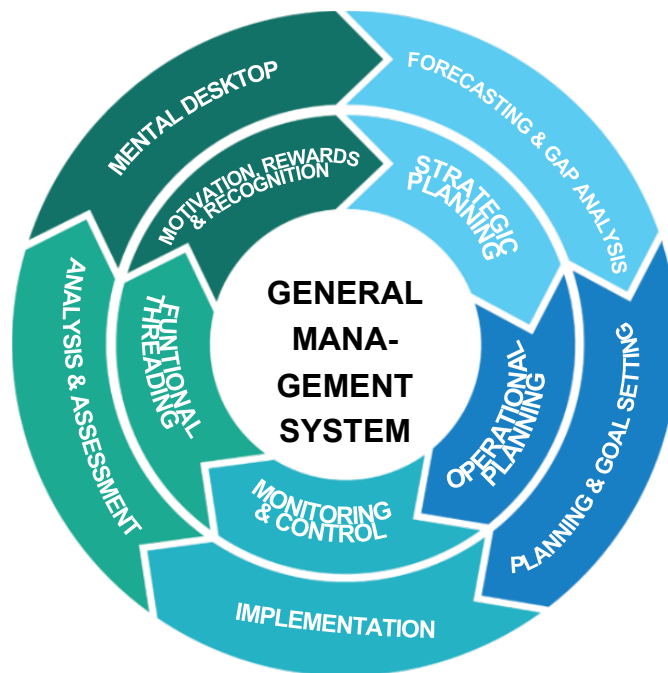
Strategic Plan and *Live Well San Diego*

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) Operational Excellence;
3) Living Safely;
4) Sustainable Environments/Thriving.

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.

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.

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.

Code of Conduct

The County of San Diego Board of Supervisors has established a zero-tolerance policy toward internal and external fraud. In order 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.

Human Services Agency

Performance Excellence in 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 Welfare Services, Medical Care Services, Housing and Community Development, Eligibility and Operations, and Public Health Services, 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 known as Connect Well. 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.

CAPE and Baldrige

In alignment with the County's expectation of operational excellence, HHSA is 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.

Criteria for Performance Excellence

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 465 staff who provides services for the 3.2 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 (see *Appendix 1C),* and one administrative office:

- **PHS Administration** directs public health programs; provides financial, contract, legislative and administrative support to all branches; and coordinates Workforce Development, Health Equity, Climate Change, Customer Service, Trauma-Informed Services, Diversity and Inclusion, performance and quality management as well as other special initiatives across the 7 branches.
- **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.
- **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 three-year Strategic Plan (2018-2021).

Public Health Services Strategic Vision, Mission, Values and Guiding Principles

PUBLIC HEALTH SERVICES SNAPSHOT OF STRATEGIC PLAN FY 2018-2021

County of San Diego HHSA — Health and Human Services Agency | LIVE WELL SAN DIEGO

SELECTED BRANCH PRIORITIES

ADMINISTRATION PUBLIC HEALTH SERVICES

- Strengthen capacity in fiscal and contract management
- Engage in cost effective revenue generation activities
- Increase accessibility to a wide array of community data
- Promote cross-border collaboration by implementing the binational strategic plan
- Strengthen conformance with national public health accreditation standards

CALIFORNIA CHILDREN'S SERVICES

- Improve health equity in services and encourage family participation
- Ensure all clients have a medical home and that care is coordinated
- Engage Medical Therapy Program patients in activities to improve functional level
- Ensure timely transition planning services to promote optimal health and independence

EPIDEMIOLOGY AND IMMUNIZATION SERVICES

- Promote high quality immunizations practices
- Minimize the spread of vaccine-preventable disease through timely investigations
- Provide effective surveillance, investigation and response to protect the community
- Maintain a state-of-the art laboratory that incorporates the latest tools to support outbreak investigations
- Ensure superior service delivery by providing timely and accurate birth and death certificates

HIV, STD, AND HEPATITIS

- Identify all persons infected with HIV and STDs so that they can be informed and linked to care
- Link all persons living with HIV or STDs to treatment services
- Link all persons at risk for HIV and STD infection to prevention resources
- Mobilize community efforts to achieve collective impact in reducing HIV and STD transmission
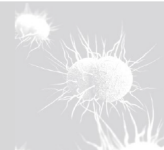
MATERNAL, CHILD, AND FAMILY HEALTH SERVICES

- Promote early detection and prevention of disease and disabilities of CHDP-eligible children
- Ensure that pregnant women receive services and infants are born healthy
- Link children to an oral health provider and establish a dental home
- Prevent, reduce, and respond to family violence through trauma-informed practices
- Advance policy, systems and environmental change that creates healthy communities and improves equity

TUBERCULOSIS CONTROL AND REFUGEE HEALTH

- Increase awareness of TB risk to increase diagnosis and treatment of TB disease and latent TB infection
- Eliminate TB in San Diego County by continuing to make progress in reducing the incidence of the disease
- Improve the health of newly arrived refugees

PUBLIC HEALTH PREPAREDNESS AND RESPONSE

- Support County efforts to respond to public health threats and events through collaborative efforts to monitor and plan responses
- Promote preparedness through drills, training, and exercises to ensure that County public health and medical staff have the ability to effectively respond to disasters and emergencies needed

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

- Collaboration
- Diversity
- Respect
- Responsiveness
- Transparency

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 advances the *Live Well San Diego* vison.

PHS Strategic Plan

The PHS Strategic Plan is a three-year plan (2018-2021) and this workforce development plan supports that strategic plan.

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all public health systems should undertake including assuring a competent workforce:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships and action to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure competent public and personal health care underline workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems
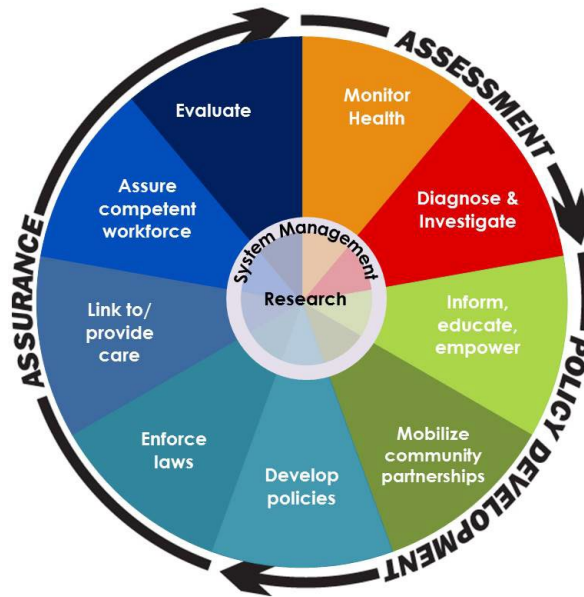
The 10 Essential Public Health Services framework is organized around three core functions; assessment, policy and development and assurance. Over time, the public health landscape has changed. Issues such as health equity, climate change, housing, and homeless behavior and mental health, opioids, and complex issues and emerging threats have changed the public health discourse. The Public Health National Center for Innovation (PHNCI) and de Beaumont Foundation will embark on a project to restructure and build an updated 10 Essential Public Health Services national framework which will launch during the PHNCI Innovation Summit & Showcase in late spring 2020 (www.prweb.com).

Profile of the Community and Workforce

Diverse Population Served

- San Diego County includes the City of San Diego, which is the 8th largest city in the nation. The county has a population of 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 (see *Figure 3A & 3B* below).[1] The age distribution varies by region in San Diego, but overall, 14% are 65 years or older and another 25% are 45 years or older. A third of the population identifies as Latino/a or Hispanic (33%) and many residents (14%) identify as Asian or Pacific Islander, which underscores the importance of Cultural Competency among the public health workforce.

- 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. Both initiatives are scheduled to resume in the Fall 2021.

Current Workforce Demographics

The 2019 PHS workforce was relatively close to reflecting the County population in terms of race/ethnicity per available People Soft data (2019), and Census data at that time (2010). As demonstrated below, approximately 28% of PHS employees identified as Latino/a or Hispanic, compared to the total San Diego County population of 28% identifying as Latino/a or Hispanic. More of the PHS workforce identified as Asian than was true for the total County population— 25% compared to 12%. While the African American identification in the PHS workforce was 8.5%, higher than for the County at about 4.64%. In terms of gender, the PHS workforce overwhelmingly identifies as female (82.2%). *(Do we have data on transgender, other or prefer not to answer?)*

County and Public Health Services Demographics: Age, Race/Ethnicity and Generational Cohort

Age

58.7% Female (County)

41.3% Male (County)

82.8% Female (PHS)

17.2% Male (PHS)
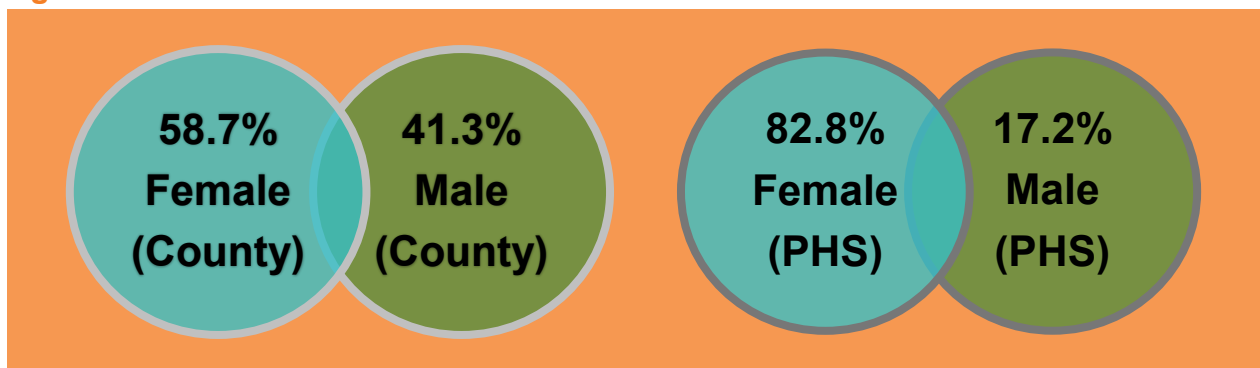
Race/Ethnicity of County of San Diego Employees

0.6% (County '17) American Indian or Alaska Native (Not Hispanic or Latino) 0.5% 2010 Census

18.8% (County '17) Asian/Pacific Islander (Not Hispanic or Latino) 12.2% 2010 Census

41.4% (County '17) White (Not Hispanic or Latino) 54.5% 2010 Census

8.1% (County '17) Black or African American (Not Hispanic or Latino) 4.6% 2010 Census

31.1% (County '17) Hispanic or Latino 28.3% 2010 census
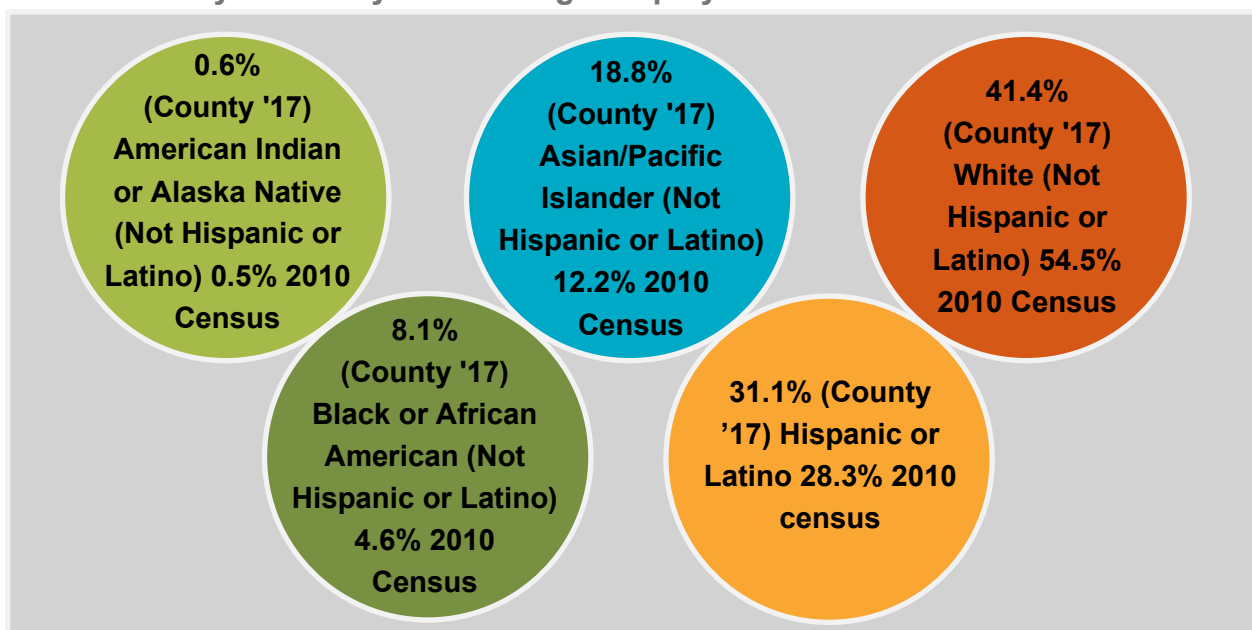
Race/Ethnicity of Public Health Services Employees

0% (PHS '17) American Indian or Alaska Native (Not Hispanic or Latino) .5% 2010 Census

25.3% (PHS '17) Asian/Pacific Islander (Not Hispanic or Latino) 12.2% 2010

38.3% (PHS '17) White (Not Hispanic or Latino) 54.5% 2010 Census

8.6% (PHS '17) Black or African American (Not Hispanic or Latino) 4.6% 2010 Census

27.8% (PHS '17) Hispanic or Latino 28.3% 2010 Census
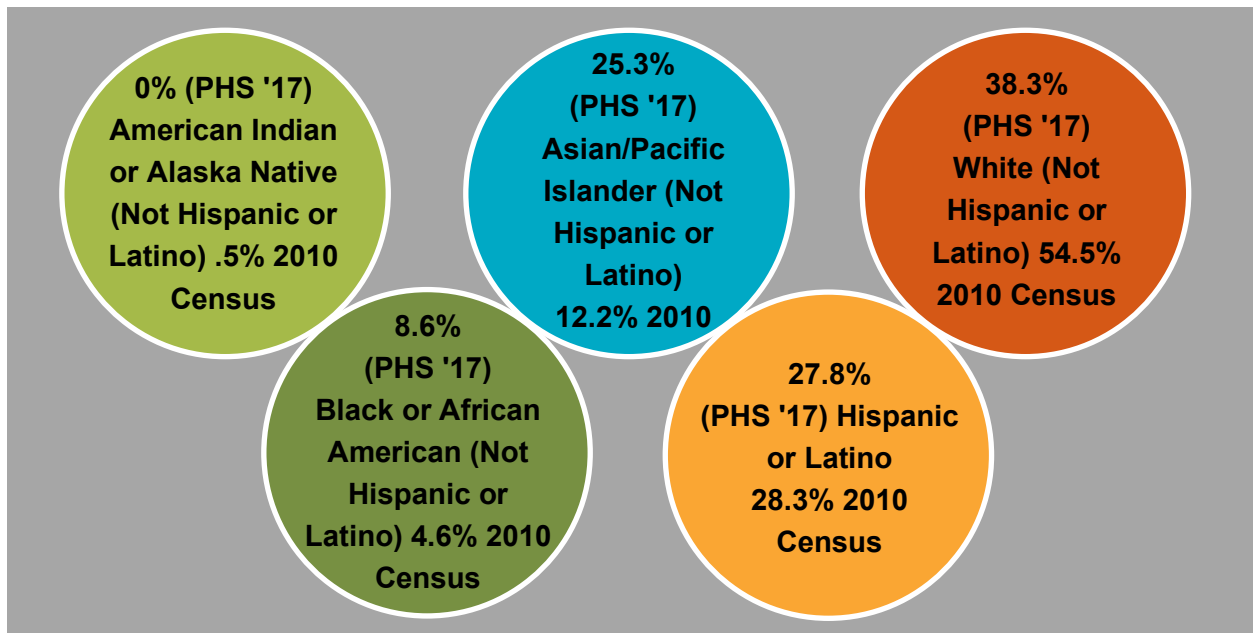
Generational Cohort of County of San Diego Employees

0.33% (County) Silent 1925-1945

40.97% (County) Gen X 1963-1978

1.22% (County) Gen Z 1993 -

21.37% (County) Baby Boomer 1946-1962

36.11% (County) Gen Y 1979-1992
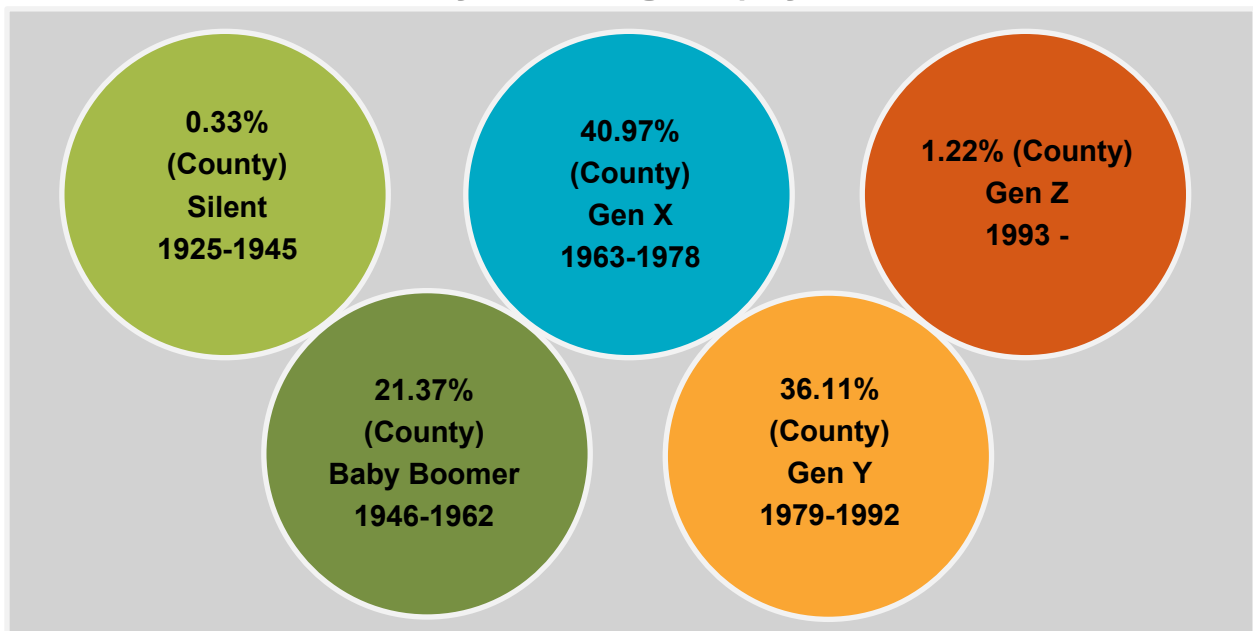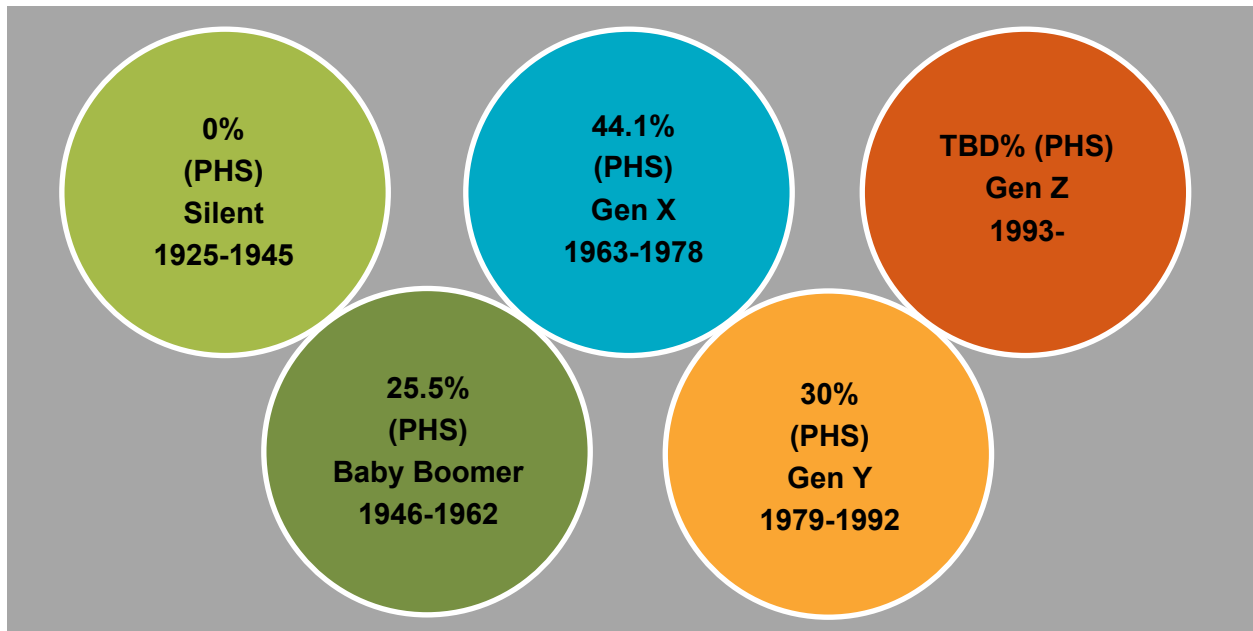
Source: United States Census Bureau, American Community Survey (ACS), 2012-2017 5-year estimates

Turnover Analysis

According to the national PH WINS Survey 2017, public health departments could expect up to 41% turnover rate into 2022. Nearly half of the government public health workforce (Federal, State, and Local) is considering leaving their organization within the next 5 years. Top 3 reasons include: dissatisfaction with pay, lack of opportunity for advancement and workplace environment. The majority of workers are less satisfied with their organizations and even less so with their pay.

According to PHS Wins 2017, below are some highlights of cross-cutting skills in the workforce that will be critical to address public health challenges now and in the future. The skills are organized into eight areas of focus. These eight are the top training needs identified:

- Budget and Financial Management
- Systems and Strategic Thinking
- Develop a Vision for a Health Community
- Change Management
- Cross-Sectoral Partnerships
- Cultural Competency/Competence
- Data for Decision-Making
- Effective Communication

PHAB Standards and Public Health 3.0

Core Competencies of Public Health Professionals

An adoption of Core Competencies for Public Health Professionals, 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 in order to ensure a well-trained, competent workforce, and evidence-based practice.

> Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health (7).

They are organized into eight domains of knowledge and skills (see *Table 1* below). Each domain is split into three tiers, which represent different job classifications. Tier 1 would apply to entry level employees. Tier 2 would apply to program management and supervisors. Tier 3 would apply to senior management and executives. More information is available on the Public Health Foundation website:

http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx.

Table 1. Public Health Core Competencies

Core Competencies for Public Health Professionals
1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

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

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 a number of 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 management and other technology, emergency preparedness training, Health Equity, climate change, and cultural competence). Training curriculum must be shown to address these emergent trends and close gaps in capacity and capabilities identified.

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 "develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted."

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 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.

It is integral to successful implementation of every new plan to advance communications, quality improvement and Health Equity, among others. The success in implementing the PHS Strategic Plan 2018-2021, composed of the individual Branch Strategic Plans and linked to the Workforce Development Plan, demands a workforce that has the core competencies and can adapt to a dynamic environment.

Key County, HHSA, and PHS Initiatives

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, the agency, and the department have launched several strategic initiatives that are forward-thinking and embrace new research and practice shown to support more effective, responsive and successful workforce and workplace. This includes Customer Service, Trauma-Informed Services, and Diversity and Inclusion, all of which inform the sensitive work County staff do, including the activities of PHS where ensuring a positive customer experience is increasingly seen as essential. All of these initiatives are described in the Uber Plan maintained by PHS Admin and available on SharePoint.

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

Over the years, the County of San Diego, like many public agencies, has had various customer service efforts. In 2014, 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 will have a positive experience. The County is committed to using a positive approach to provide customers 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.

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. The vision of the PHS H.E.A.R.T. team is to create a culture of Customer Service excellence within PHS. The PHS H.E.A.R.T Team is also 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 PHS H.E.A.R.T. Teamwork Plan and workforce development efforts. Baldridge award winning organizations demonstrate that customers are not only served but <u>engaged</u>. Therefore PHS Admin has challenged all Branches to think about how to enhance the customer engagement effort in 2019-2020 and beyond. Another theme is innovation and Branches have been asked to identify how they can innovate to improve client services (e.g. use of IT).

Trauma-Informed Services and Systems Integration

Also, in 2014, the County-wide Trauma-Informed Systems and Services Integration effort was launched as part of the Living Safely component of *Live Well San Diego*. This initiative is at the forefront of thinking about how to create a health and human services system that recognizes many of the customers that the County serves, as well as staff may have experienced trauma. In order to be successful in interactions and interventions with people who have experienced trauma, the workforce needs to understand some basic principles of trauma, resilience, mental and behavioral health and how these present in the customers we serve and the people we interact with.

Trauma can affect the County workforce, either because individual County staff can be victims of trauma or can experience secondary trauma while serving others, thus trauma and resiliency training refer to the importance of **self-care**. Knowledge of self and other including what can be triggering for workers and clients is vital to this approach. PHS and HHSA have provided an e-learning module and Mental Health First Aid to all staff.

Trauma-informed is also a component of Cultural Competency. On April 1, 2014, HHSA Director Nick Macchione sent a letter to all HHSA staff detailing training and programmatic changes to get the entire workforce, and the services offered to be trauma informed. This declaration was subsequently followed by the development of a policy statement; and action

plan, defining steps for departments and regions to train employees, and a policy and procedures document, providing guidelines for becoming a trauma informed system. Subsequently departments conducted trauma scans and tours with recommendations and a facilities guide was developed.

For HHSA to support the implementation of program/department/region trauma informed action plans, there is a Trauma Informed System Integration (TISI) team that has been meeting monthly since 2014 with representation from all HHSA departments including PHS. In 2019-2020, PHS will be publishing a PHS policy and procedure on trauma-informed services so all staff will be knowledgeable with respect to how to implement a trauma-informed approach within the PHS context. Also, in 2019-2020 the TISI Team will release a second e-learning module on trauma and resilience.

Diversity and Inclusion (D & I)

In 2015, the County launched its Strategic Plan for Diversity and Inclusion (D & I) with input from PHS. In November 2015, PHS hosted a launch of the plan during an event "Breaking Bread Together" where close to 85 staff, Executives and Employee Resource Group (ERG) members came together for presentations, music, dance, food and culture. Since then, PHS has been an active partner rolling out the Strategic Plan and promoting D & I in the department. In 2017, the D & I Strategic Plan became required reading for all Senior Staff of PHS and the abbreviated two pager on the D & I Strategic Plan became required reading for all-staff. Both were assigned and tracked in the LMS. By July 1, 2019 over 90% of PHS staff had received these D & I documents. The implementation is managed through the PHS Health Equity Committee where all members are encouraged to be the D & I champion within their branches. There are monthly updates at branch all-staff meetings, regular newsletter articles, flyers, lunch and learns, webinars, and promotion of ERG events. In March 2018 TKC and the Office of Health Equity conducted workshops with Senior Staff of PHS to promote Leadership and Accountability within the Branches for the D & I effort. The goal was to elaborate current efforts and set foals and track progress throughout the year. Brach Chiefs report progress on D & I goals monthly to the Public Health Officer. In 2019 Branches re-evaluated and established new D & I Leadership and Accountability Plans for the year ahead.

Vision for D & I: The County of San Diego is a world–class public service organization inspired and driven by a diverse and thriving workforce. Our operational objective is to integrate the concept of inclusion into the workplace. Efforts on how to foster inclusion by sharing best practices, and setting goals, create educational opportunities for understanding how to incorporate diversity and inclusion in the workplace. In addition, having diversity within a thriving workforce will come from promoting materials, branches implementing leadership, accountability and action plans. To further this vision, PHS has created an Inclusion Report with input from all staff and an Inclusion Checklist.

DIVERSITY & INCLUSION (D&I): VALUING DIVERSITY AND PRACTICING INCLUSION

The D&I initiative was launched to create an inclusive culture that embraces diversity so that employees feel valued and fully engaged to support a workplace and community that is healthy, safe and thriving. The **Desired Outcomes** are as follows:

(1) Exceptional Service to Our Diverse Customers
(2) Inclusion for All Employees & Customers
(3) A Motivated and Engaged Workforce
(4) Organizational Effectiveness and Innovation

PRACTICING INCLUSION: EXPAND YOUR OWN CAPACITY WITH THE RIGHT...

MIND-SET

Curiosity: Be curious about who people are and what matters to them. View conflicts as opportunities to gain more insight about different perspectives.

Self-Awareness: Reflect on your own reactions when someone has different opinions. Be mindful of unconscious bias and challenge assumptions.

SKILL-SET

Flexibility: Be open to different values, communication styles and behaviors.

Collaboration: Share your ideas and seek opinions that are different than yours.

Leadership: Communicate the values of diversity, inclusion and cultural competence and how they align with organizational goals.

OPEN HEART

Relationship Building: Genuinely connect with others to build rapport and trust.

Treat people in ways that signify respect to them and their differences.

Demonstrate empathy for others.

Serve our customers with HEART.

In 2019, County staff participated in an engagement survey with 5 Diversity and Inclusion questions.

Health Equity and Climate Change

Since 2015 PHS has maintained a Health Equity Strategic Plan. Each year the PHS Health Equity Committee draws from the Strategic 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. As such, the PHS Health Equity Committee has created a series of training modules (101 Power Points) including:

- *Public Health History 101*
- *Public Health Concepts and Context 101*
- *Public Health Data 101*
- *Health Equity 101*
- *Climate Change 101*

All staff are required to become familiar with this series. Starting in the Fall of 2019, all staff who have not taken the 101 series and new staff will be assigned the series for review through the Learning Management System. Beyond *internal* transformation referenced to in the Health Equity Plan, the Health Equity Committee will need to address the policy and community components of the Plan which will require thinking about Health Equity outside of PHS (e.g., Health in All Policies). This will require systems thinking, communication, problem solving and community dimensions of practice. Efforts are planned for 2019-2020 to survey partners and stakeholders and potentially host convenings and listening sessions in collaboration with the HHSA Regional Offices and partners.

Safety and Security

Safety and security of County employees is a top priority for the County of San Diego. As such, training has been developed for all staff on how to help ensure that the environments in which County staff are working remain safe and secure for everyone. Tips and suggestions on what to watch for and how to handle various situations that may emerge was rolled out in 2017-2018. Senior Staff of PHS were trained at the May 16, 2018 Managers Forum. Arrangements were then made to have all PHS staff trained at the various locations (e.g., Rosecrans, Grantville) in the summer of 2018 and into the 2018-2019 fiscal year.

SUMMARY

In summary, there are key emergent issues for consideration when identifying the priorities for the County of San Diego Public Health workforce development including:

1. Social Determinants of Health and Related Issues (e.g., Health Equity, mental and behavioral health, housing, homelessness, and opioids)
2. Changing Environment (e.g., climate change, border issues, innovation, security, aging population and workforce)
3. Customer Service (e.g., Cultural Competency, Trauma-Informed Resilience, innovation and engagement)
4. Emergency Preparedness (e.g., agility, mobilization, infectious disease)
5. Leadership of Diverse and Inclusive Teams and Management of Resources (e.g. contracts)
6. Knowledge Management (e.g., turnover, documenting policies and procedures, operational manuals)
7. Performance Management/QI/Data
8. Future Skills (Responsive to new and emergent public health trends and threats)

IV. COLLECTIVE CAPACITY AND CAPABILITY

COLLECTIVE CAPACITY AND CAPABILITY

Currently, HHSA and PHS benefit from a certain level of capacity in terms of workforce development. In fact, there has been an emphasis on development for a number of years in the County. There is a strong infrastructure for training in The Knowledge Center (TKC), created by the HHSA Director, to elevate the variety and level of training available to staff as part of ongoing job and career development, and to provide staff the knowledge they need to advance the vision of *Live Well San Diego*. In addition, PHS has implemented training programs in addition to those offered by HHSA, in order to bring special attention to the core competencies that public health staff needs to be successful and to tailor training, tools, and resources for the staff and management of PHS.

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).

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 (Learning Management System or 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) 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 is a shared performance measure of all PHS branches in 2019-2020 and for 2020-2021.

Professional Development

Other training is made available so that staff can develop as leaders and managers, or to meet programmatic or professional requirements, including Continuing Education (CE) Requirements. Many PHS staff members have CE Requirements depending on their classification and profession (e.g. Public Health Nurses). TKC offers various CE opportunities and also, with PHS, helps identify and promote continuing education opportunities offered outside of the County. In addition, PHS will convene summits and offer trainings that also provide continuing education units. PHS, together with Agency Human Resources, tracks CE units to help ensure staff members are keeping up with these requirements.

Career Discovery

HHSA Human Resources also features the Career Discover Program or 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.

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 7* for a full listing and description of Academies offered.

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.

Training and capacity building in performance management and QI is ongoing for PHS staff and Management. The PHS Strategic Plan (2018-21) was refreshed through a comprehensive strategic planning process that included Health Equity and Metrics Workshops held in 2016-17 and 17-18. These workshops included training in performance management and Health Equity, and the discussion contributed to the identification of operational, program, and outcome measures for the new PHS Strategic Plan.

New Performance Dashboards were also a product of these workshops in order to make performance data more visual and accessible to promote data driven decision making. Training and technical assistance were offered, by PHS Admin, specifically the Community Health Statistics Unit, so that Branch staff could create their own dashboards in Excel and help support Branch Chiefs and the Public Health Officer with the latest performance data.

Additionally, training is arranged by PHS Admin at least once a year in the IT application that is used to help maintain performance measures for PHS. This training ensures staff know how to enter data and monitor performance that aligns with the Strategic Plan. This IT application training is also offered to Regional HHSA community engagement staff so they can monitor the performance measures contained in Community Health Improvement Plans (also referred to as Community Enrichment Plans) for each of the five Regions. A new application will be procured in 2019-20 and training is an expectation of the new vendor as specified in the contract.

Training is also offered annually in Quality Improvement. Not only is a robust QI program expected of accredited public health departments, the Public Health Officer has adopted a goal that 8 QI Projects be conducted each year and this goal has considerable visibility since it appears in the Operational Plan. Technical support is provided by PHS Admin through consultations, resources, workshops and annual QI Resource Fairs.

QI workshops, in which an expert trainer is procured, has 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. For example, a Workshop for QI Champions was held last year (2017-18) so that 25 Champions across all the Branches received training so that they had the skills and comfort level to encourage and support QI projects within their respective Branches. In 2018-19, a two-part series (one session in April and the other in June of 2019) of QI Workshops for Project Teams was held not only to advance QI skills among Team Members, including QI Champions, but also to achieve progress in the design of new projects and the completion of existing projects.

The annual QI Resource Fair, held in December 2018, 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).

PHS Training Initiatives

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 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. A goal for 2019-2021 is to enhance this effort into a NEWP+ or 2.0, to ensure the new PHS employee has the latest of everything they need to succeed in the department. For more information on the NEWP+ see "Goals" section below.

Gallup's Strength Based Management and Engagement Model

PHS has embraced the Gallup's Strength Based Management (SBM) and Engagement model in order 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 leadership are also made available 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 (e.g. Health Services Administration), Financial Planning and Management skills, and leadership and Systems Thinking skills.

Internships

PHS has implemented several Memoranda of Agreements (MOA) with local 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.

Financial Literacy Training

Basic training 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, Analytical Assessment Skills.

Data Literacy and Data Integration Training and Dashboards

The Community Health Statistics Unit (CHSU) leads the 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 branch staff referred to as Data Literacy which is rolled out through the Data Threading Group who meet monthly to share resources. CHSU participated in the 2016-2017 series of Health Equity and Metrics Workshops and subsequently trained PHS staff on the use of related performance dashboards organized to demonstrate impact in three key areas (e.g., population outcomes, program metrics and operational metrics).

Clinical Quality Management

PHS regularly convenes a Clinical Quality Management (CQM) Committee to ensure that the technical aspects of clinical oversight are being undertaken in accordance with clinical standards, guidelines, applicable laws and regulations. When new areas of focus are identified by the CMS Steering Committee, they are directed to the CQM Committee for implementation including education and training of clinical staff. The training may take the form of a new policy and procedure, review of guidance document, workshop or other method of ensuring emerging clinical quality assurance information is relayed to key staff.

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:

1 Career Stage

2 Competencies

3 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, whereas mid-career invested experts (11-25 years) may be interested in more specialized training investments to build on existing knowledge and skills. 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.

1. 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 |
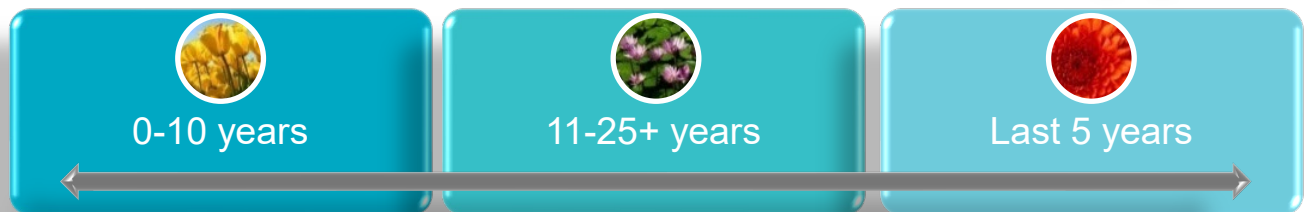
2. Competencies:

Competencies (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)**

Adapted from Workforce Development Plan Toolkit (Association of State and Territorial Health Officers) (16).

3. 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).

Public Health Workforce

Tier 1 (e.g., Chiefs, Deputy Director, Assistant Director)

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

Tier 3 (e.g., Clerks, Health Information Specialists)
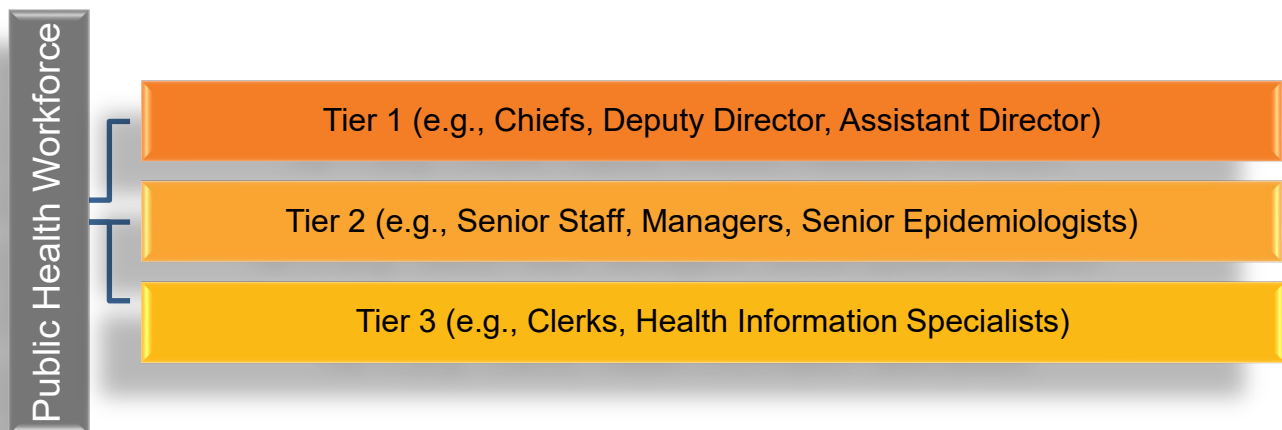
Continuous Learning

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, 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. The knowledge that the average public health services professional needs encompasses 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 publication of the 2015-2017 Workforce Development Plan, considerable progress in workforce development within PHS has been achieved (e.g., 90% trained on both Cultural Competency and Customer Service, 90% of staff trained on trauma-informed services and promotion of resiliency, 50% of staff trained in Mental Health First Aid, enhanced Data Literacy and QA/QI training, Health Equity, Climate Change, ICS/NIMS training). There are always, however, opportunities for improvement, particularly considering emergent issues, and growing demands on the PHS workforce (e.g., data analytics, preparation for public health emergencies).

As such, continuous learning and continuous improvement is essential to success. Like the communities we serve, we are constantly adapting to change, responding to emergent threats and opportunities.

V. METHODOLOGY

This section summarizes which surveys, focus groups and workshops were conducted over the last 2 years (2017-2019) 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 2017-19 the following were the major surveys, focus groups, and workshops:

1. Strategic Review (SWOT) 2019
2. PH WINS (2017)
3. KSABs of Trauma-Informed Customer Service
4. KSAB of Health Equity
5. KSABs of Diversity and Inclusion
6. Employee Engagement Survey
7. Inclusion Workshops
8. Leadership Development Focus Group
9. Customer Service Survey
10. Future Skills Focus Groups
11. BARHII Survey for Staff: Health Equity and Cultural Competency
12. Other focus group: Health Equity Committee input – training for Senior Staff on Health Equity
13. Evaluation Workforce Development (2017-2019)

1. Strategic Review (SWOT) 2019

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.

2. PH WINS (2017)

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. In particular 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. The survey results show how much turn over can be expected, the reasons for the turnover, and key areas staff want to be trained on.

3. KSABs of Trauma-Informed Customer Service

In the years that followed the launch of the County Customer Service effort, PHS staff expressed the need to describe with a greater level of detail, what expectations are about the meaning of customer service excellence specifically within the public health services context. The department set out to consult staff and conduct focus groups to identify a set of knowledge, skills, abilities, and behaviors for excellence in customer service within PHS. A similar exercise was undertaken at the agency level with the Trauma-Informed Services Integration Team and a set of KSABs were identified for Trauma and Resiliency Promotion. PHS and the TISI team agreed to combine into one set of KSABs for trauma-informed customer service since they were mutually reinforcing and related. The goal was to guide workforce development and customer service improvements including training and coaching.

4. KSAB of Health Equity

The Public Health Officer charged the Office of Health Equity and the Health Equity Committee to likewise generate a set of KSABs for Health Equity and compare to those generated for Customer Service/Trauma to see if there were similarities or differences. While somewhat related, a distinct set of KSABs emerged unique to the embedding of health equity into the department's public health practice (e.g. data analytics).

5. KSABs of Diversity and Inclusion

The Public Health Officer also charged the Office of Health Equity and the Health Equity Committee to likewise generate a set of KSABs for Diversity and Inclusion and compare to the other sets to see if there were similarities or differences. While somewhat related, a distinct set of KSABs emerged unique to championing Diversity and Inclusion within the department.
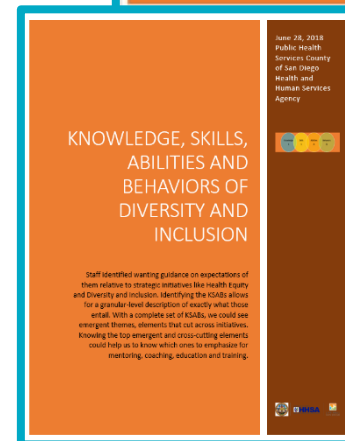
6. Inclusion Workshops

In 2017-2018 the department set out to understand at a deeper level how staff wanted to be included, what inclusion looked like at work, how staff wanted to be respected and what it meant to them to be authentic at work. All 7 PHS branches participated in a series of workshops where they answered these questions which resulted in the PHS Inclusion Report and a summary called the Inclusion Checklist. The goal was to unpack what inclusion means and how to do more of it.

"Inclusion is the degree to which employees and customers of all identities, whether visible or not, are able to be authentic and feel safe and respected. Inclusion is actively and intentionally valuing multiple layers of human differences and viewing such differences as strengths.' (County D & I Strategic Plan)

7. Employee Engagement Survey

Every year for over10 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 action plans and tracked progress monthly throughout the year.

8. Leadership Development Focus Group (2015-2018)

In 2015 all Senior Staff of PHS completed the 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. As part of the Kresge effort, Public Health Leaders came together again in a focus group to further refine the 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 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 under the 2017-19 workforce development effort but will continue into the 2019-21 workforce development effort.

9. Customer Service Survey

Every year all Branches issue customer service surveys internally and/or externally. The results are reviewed, and action plans are developed as a result. The coal is continuous customer service improvement and workforce development.

10. Future Skills Focus Groups (2019)

As part of the 2017-2019 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 they work may evolve in the next 5 years through to

2024) and what skills could be necessary to meet those challenges. The results were summarized in branch reports by classification and shared individually with Branch Chiefs and Managers for their consideration. The summary of input from all classifications and branches is included in the results section of this document.

11. BARHII Survey for Staff: Health Equity and Cultural Competency

In 2012 PHS conducted the first Health Equity and Cultural Competency survey based on the BARHII Toolkit. In 2012 the survey consisted of 3, 20-minute surveys and included HHSA staff in addition to PHS staff. In 2018 PHS rolled out a second Health Equity and Cultural Competency survey. This time, the survey was 20 minutes in total and included only PHS staff. The results are summarized in the next section.
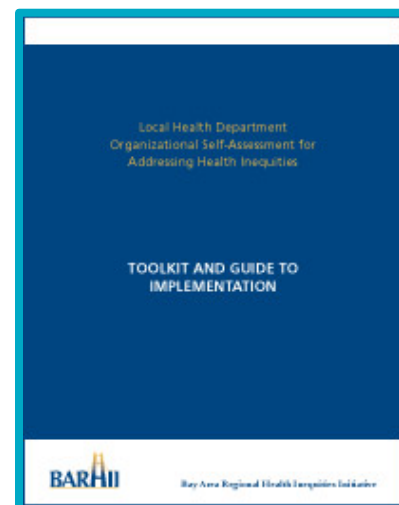
12. Other Focus Group: Health Equity Committee Input – Training for Senior Staff on Health Equity

As part of the Health Equity Plan 2015-2020, the Health Equity Committee agreed to train Senior Staff of PHS on Health Equity annually. In 2018, the Health Equity Committee explored further what more training Senior Staff might need in order to further advance Health Equity within PHS beyond what had already been provided over the last 5+ years. Several key areas (e.g., data analytics) were identified.

13. Evaluation of Workforce Development Efforts 2017-2019

The purpose of the evaluation survey (2019) was to obtain input from PHS staff and management on the last two years of workforce development efforts as per the 2017-2019 PHS Workforce Development Plan and Work Plan. The six major goals from the 2017-2019 Workforce Development Plan were as follows:

1) Maximize opportunities to promote leadership and professional development.
2) Improve Core Competencies for Public Health Professionals.
3) Ensure infrastructure is in place in order to support knowledge management.

4) PHS staff are fully able to implement the County, Agency, and Departmental Strategic Initiatives.

5) PHS staff promoting resiliency and climate adaptation and responding in the event of an emergency.

6) Determine a set of future skills in advance of the next Workforce Development Plan.

For the Evaluation Survey participants were asked:

"On a scale of 1-6, with 1 being very unsatisfied, 3 being neutral, 5 being very satisfied, and 6 being not applicable (did not attend or did not complete training), please rate how satisfied you are with the various training efforts. Staff were also asked: "In addition to your evaluation of these trainings, what other efforts/topics/goals do you think should be included as part of the 2019-2021 Workforce Development Plan?" The results are summarized in the next section (results).

VI. RESULTS:

1. Strategic Review (SWOT) 2019

Looking to the future of the public health workforce requires looking into the future of public health itself and assessing the department's current strengths, weaknesses, opportunities and threats (SWOT). Senior Staff and Public Health Leaders explored the questions of what the future might hold for public health in San Diego County and reflected on the SWOT for the department in 2019.

Please note that for the "Top Three" exercises, each PHS Senior Manager selected items or elements that most resonated with them. Thereby, what appears in the charts represents what is "top-of-mind" to Senior Staff. Please note that some of the labels could be interpreted in different ways since no explanatory text was provided.

For the Word Cloud which is intended to capture "missing" items, the focus was on the words that appear in the Table below the Word Cloud. Some staff identified items that one could argue were not "missing" from the question above. We have tried to group similar responses. The responses are not listed in any order since there was no prioritization done in this exercise. Also, the size of the words in the Word Cloud does not necessarily reflect the frequency of the same or similar responses.

Despite these limitations, this provides an interesting "snapshot" of what issues and aspects of the organization and environment have gotten the attention of the Senior Staff. In this way, it is very useful as part of the HHSA Strategic Review process.

• • •

Environmental Scan
Results: Forces of Change – Select Top 3

Most Picked Responses
1. Aging Populations: 12%
2. Infectious Disease: 11%
3. Ranked the Same Percentage, 9%:
• Climate Change
• Mental Health
• Political Shifts

Aging population	12%
Breakthroughs	
Certification (accreditation, baldrige, etc.)	
Chronic disease	6%
Climate change	9%
Cyber security	3%
Data	5%
Drugs	4%
Economics	4%
Housing	6%
Infectious diseases	11%
Media trends	
Mental health	9%
Migration	3%
Motor vehicle accidents	
Political shifts	9%
Primary care and public health	3%
Repeal of ACA	2%
Sex trafficking	1%
Technology	5%
Violence	2%
Vulnerable populations	6%
War	1%

Missing Forces of Change:

Word Cloud Summary of Missing Forces Provided During Senior Staff Meeting

(Please note that some responses are grouped together and not listed in any ranking order.)

- Anti-Racism
- Violence: Gun Violence, Safety, Shootings, Terrorism, and Fear
- Homelessness
- Organizational Leadership and Effective Management
- Accountable Top Management
- Structural Inequity
- Succession Planning
- Public Health Workforce

- Workforce Changes: Staffing, Hiring, and Retirement; Retaining Staff Over Time
- Wages and Living Wage
- Income Inequality
- Poverty
- Preparedness and Planning (Community Resilience and Recovery)
- Immigration and Citizenship Status

- Equity and Inequity
- Funding and Resources
- Political Will and Denial
- Education System Deficiencies
- Vaccination
- Addiction Resources
- State (i.e., CDPH)
- Expertise
- Apathy
- Sexual Health
- Youth Health
- Vaping

• • •

Results: Strengths – Select Top 3

Most Picked Responses
1. Staff expertise & characteristics: 16% 2. Ranked the Same Percentage: • Customer Focus (H.E.A.R.T.) and Diversity and Inclusion: 15% 3. Partnerships: 11%

Certification — 2%
Customer Focus (H.E.A.R.T.) — 15%
Diversity and inclusion — 15%
Equity — 3%
Flexibility — 4%
Leadership — 7%
Partnerships — 11%
PHS and County Initiatives — 10%
Respect — 4%
Stability — 2%
Staff expertise and characteristics — 16%
Strengths-based management — 9%
Visionary — 3%
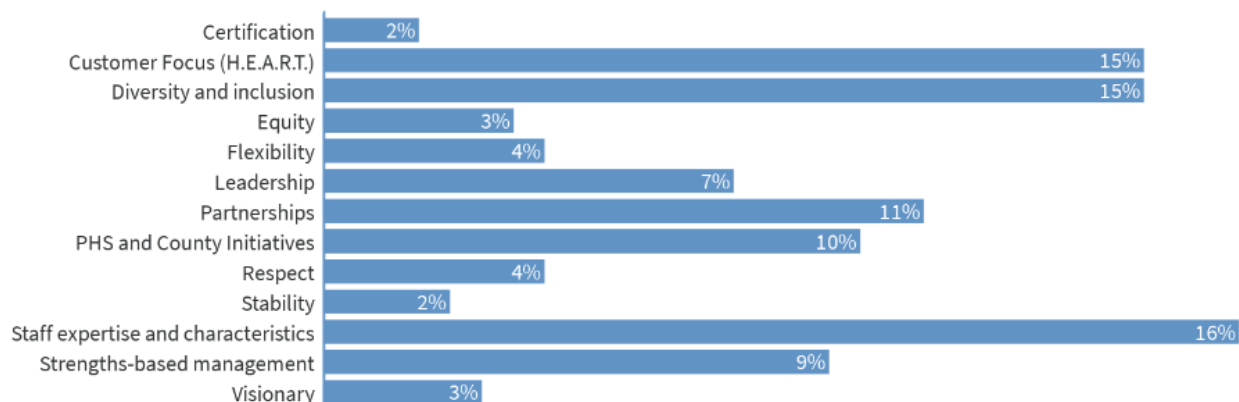
Missing Internal Strengths:

infrastructure increase political willingness staff less mission technology skype customer personal passion opportunities implementing dedication expertise stability staffturnover respect dedixation education driven cross staffing work clarity service leadership threading internal meetngs data travel newfacilities meetings technicaladvisors relationships outreach commitment union

Word Cloud Summary of Missing Strengths Provided During Senior Staff Meeting
(Please note that some responses are grouped together and not listed in any ranking order.)

• Collaboration • Coordination • Passionate and Mission Driven • Dedication and Staff Commitment • Personal Commitment • Respect • Data Driven • Internal Customer Service	• Increased Positions • Cross Threading Opportunities • Staff Turnover • Technical Advisors • Infrastructure • Political Leadership • Leadership • Expertise • Education	• Outreach • New Facilities • Clarity • Relationships at Work • Technology • Stability • Implementation • Willingness Coordinate Skype

	• Union	Meetings to Reduce Travel

• • •

Results: Weaknesses – Select Top 3

Most Picked Responses

1. Aging Facilities: 19%
2. Workload and resource constraints: 17%
3. Competing Priorities: 15%

Agility and mobilization	1%
Aging facilities	
Competing priorities	15%
Credibility and visibility	1%
Data	1%
Gaps in policies and procedures	6%
Human resources	7%
Internal customer services	3%
IT/technology	14%
...ted performance management/QI specialist	1%
Management of hard-to-reach populations	2%
Politics	5%
Training	2%
Turnover and retirement	7%
Workload and resource contraints	17%

Missing Internal Weaknesses:

Word Cloud Summary of Missing Weaknesses Provided During Senior Staff Meeting		
(Please note that some responses are grouped together and not listed in any ranking order.)		
• GWOW • Alternative/Flexible Work Schedules, Working Remote • Telecommuting • Flexibility • Leadership • Communication • Micromanagement • Management • Political Acumen	• Facilities - Clean Workplace, Bathrooms, and Better Cafeteria • Lack of Parking – Host Skype Meetings to Improve Issue • Staffing – Staff Ratio • Workload/Overworked • Promotion Opportunities	• Diversity and Inclusion • Behavior and Respect • Bullying • Ineffective Meetings • Politics • Bureaucracy • Streamlined Processes • Knowledge Transfer • HR Responsiveness

• Under/Reduced Funding	• Contracting • Lack of Resources	• Homelessness Response

• • •

Results: Opportunities – Select Top 3

Most Picked Responses

1. Funding: 26%
2. Technology: 18%
3. Mental Health: 10%

Category	Value
Breakthroughs	3%
Climate change	8%
Convergence of forces such as politics and vulnerable populations	9%
Funding	26%
Global support	
Housing	7%
Infectious disease	5%
Media trends	1%
Mental health	10%
Performance management partnerships	4%
Politics	8%
Technology	18%
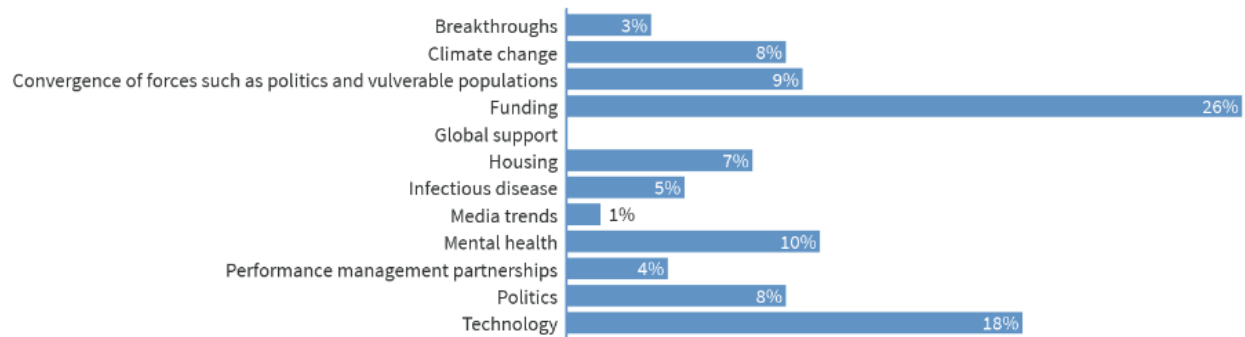
Missing Opportunities:

Word Cloud Summary of Missing Opportunities Provided During Senior Staff s Meeting

(Please note that some responses are grouped together and not listed in any ranking order.)

• GWOW	• Work Life Balance	• Collaboration
• Remote Work	• Cross Training	• Schedules
• Alternative Work Schedules	• Admin Support	• Partnerships and Community Partners
• Building/New Facilities	• All Branches Co-located	• Outreach
• Parking	• Centralizing	• Communications
• Social Determinants	• New Younger Staff	• Infectious Disease
• Cap and Trade Funding	• More Staff	• Quality Improvement
• Community Partners	• Metrics	• Leadership
• All Chronic Diseases	• Performance Monitoring	
• "Live Well Center"	• Performance	
• Health in All Policies		

• • •

Results: Threats – Select Top 3

Most Picked Responses
1. Border Related Issues: 18%   2. Ranked the Same Percentage: • Infectious Disease and Housing: 12%   3. Funding: 11%

Bar chart of threat responses:
- Border related issues: 18%
- Chronic disease: 9%
- Climate change: 10%
- Data: 1%
- Funding: 11%
- Housing: 12%
- Infectious disease: 12%
- Mental health: 10%
- Repeal of ACA: 9%
- Vulnerable populations: 9%
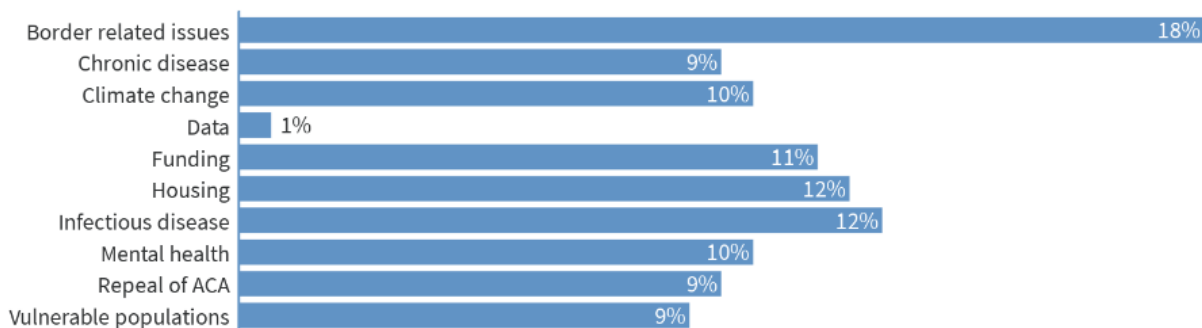
Missing External Threats:

Word Cloud Summary of Missing Threats Provided During Senior Staff Meeting		
(Please note that some responses are grouped together and not listed in any ranking order.)		
• Wages, Cost of Living • Income Inequality • Anti-Vaccination Movement Leading to Outbreaks • Uninformed Public • Arrogance • Science Denial • Rosecrans Street • Old Building	• Substance Abuse • Education System Failures • National Policies • Politics: All Politics and Political Transitions • Lack of Hiring Flexibility • Divisiveness • Mistrust	• Violence: Gun Violence • Racism/White Supremacy • Telecommute • Aging • Capitalism • Funding • Lack of Compassion • Polarization • Pollution

• • •

Strategic Advantages

Missing: Strategic Advantages

strengthening adaptable environment
retaining diverse union expertise pension
diversity $$leader
contractors leadership preparedness
driven recovery data
passion health equity flexible
tuition team research
staff focus border commitment
funder data-driven
practice resilience
border community community inclusion
dedication diverse workforce strong visionary

Word Cloud Summary of Missing Threats Provided During Senior Managers Meeting

(Please note that some responses are grouped together and not listed in any ranking order.)

• Data Driven Policy & Practice	• Benefits - Pension	• Dedication
• Subject Matter Expertise	• Visionary	• Leadership – Diverse Leadership/Workforce
• Strengthening Community Resilience through preparedness and recovery	• Union	• Focus on D & I
	• Border Community	• Progressive
• Health equity	• Expertise/Talent	• Retaining Staff
• Community Input	• Research	• Adaptable
• Environment	• Better Technology	• Balance
• Flexibility	• Tuition	• Health Equity
	• Structure	

• • •

Strategic Challenges

Missing: Strategic Challenges

Word Cloud Summary of Missing Threats Provided During Senior Managers Meeting

(Please note that some responses are grouped together and not listed in any ranking order.)

• Disrespect and Bullying • Management Bullying • Management Transparency Unhealthy Work Environment • Working within *Living Well* • Creation of New Positions Reflecting Needs Today • CDPH Grant Priorities Not Always Included in Strategic Initiatives • Lack of Integration with Academic Institutions • Rigidity	• Lack of Trust • Lack of Flexibility • Low Salaries • Staffing and Burnout • Balancing Workload • Can't Fire Poor Performers • Promotion Opportunities • Too Many Policies • Micromanagement • Survey Approval • Debt • Safety	• Performance • Artificial Barriers • MAA/TCM • Adequate Facilities • Technology Deficits • Skill Deficits • BOS Support • Competing Priorities • Cross Threading Departments

2. PH WINS Survey (2017)

JJ Insert

3. KSABs of Trauma-Informed Customer Service

One of the goals of PHS for 2018-19 was to diffuse the knowledge, skills, abilities and behaviors (KSABs) for excellence in Customer Service throughout the department and coach to these competencies. Having this understanding allows everyone to be on the same page about what exactly is expected with respect to customer service excellence within PHS.

KNOWLEDGE

1. **Knowledge of Resources for Clients and Staff (Knowledge Worker)**
   - Programs and services for referrals, assistance, and accommodation
   - Policies and procedures, laws (e.g., to promote human rights, safety and minimize liabilities)
   - Mission, vision, values, programs and services
   - Job duties, roles and responsibilities

2. **Knowledge of Customer**
   - Cultural (diversity, competency, humility, responsiveness), individual and group narrative, historic trauma
   - Social Determinants of Health, Health Equity, racial/ethnic, gender, age, sexual orientation, poverty
   - Strengths, positive qualities, resiliency, vulnerabilities, needs and challenges, boundaries

3. **Knowledge of Self**
   - Awareness personal and implicit biases, strengths, weaknesses, triggers, trauma-history, boundaries, seeking feedback to develop awareness, Myers Briggs Type Indicator, Gallup, DISC or Ethical Style (Personality Types)

4. **Knowledge of Subject Matter _EXPERTISE_ including on Trauma and Resiliency**
   - Definitions and concepts, Mental Health First Aid, Psychology 101 (human behavior, emotions) secondary traumatic stress, toxic stress
   - ACES, assessment, signs, symptoms, sources, strategies
   - Trauma-informed practice
   - Importance and implications of ACES and trauma on health and public health
   - Public Health Sciences, organizations, data, academic journals

SKILLS

5. Active Listening Skills

- Eliciting information (e.g., asking open ended questions), clarifying, empathizing, restating, summarizing, reframing
- Tolerating silence, being present, giving full attention
- Absorbing and processing information meaningfully

6. Verbal, Non-Verbal, and Written Communication Skills

- Awareness and management of one's own non-verbal communication, pick up and respond to non-verbal, body language or other cues, read situations, responding to indicators of trauma
- Verbal communication including engagement skills, interviewing skills, motivational interviewing, respectful disclosure
- Emails, reports, communications materials
- Making persuasive presentations (some classifications)

7. Interpersonal/People Skills

- Taking an interest in others, small talk, welcoming people, getting on the same level, relating, being helpful, customer service H.E.A.R.T. skills, make people feel appreciated and respected, seeing and bringing out the best in people, sharing success, community engagement

8. Conflict Management and Resolution Skills

- Creating a sense of safety, taking the high road in a conflict, re-directing people's attention when necessary, de-escalate tense situations, diffusing tensions, changing course of events toward a positive outcome

9. Computer Skills

- Programs such as Power Point, Word, Excel, Outlook, Public Health Information System, Connect Well, Refugee Health Electronic Information System, Electronic Health Records, databases

10. Organizational and Political Acumen Skills

- Context such as politics and power dynamics

ABILITIES

11. Ability to Have and Demonstrate *RESPECT*, Compassion, Empathy, Patience
- For *all* others, in *all* ways and situations without exception
- Practice non-judgement, develop the habit of suspending judgement and giving people the benefit of the doubt

12. Having Emotional Intelligence (EQ)/Maturity
- Be authentic, transparent, avoiding projecting one's own issues onto others
- Receive potentially negative information and not take it personally
- Teamwork: Collaborate and work well as part of a team

13. Professionalism
- Being positive, calm and composed, diffusing and de-escalating situations, applying self-calming and self-care techniques, role model of trauma-informed and resiliency promotion to others
- *ATTENTIVENESS* and accessible to people, situations, the big picture and details in a *TIMELY* manner, respectful of people's time
- Problem solving, being creative, thinking outside the box, making decisions in solving a variety of problems
- Flexibility, agility, nimbleness, adaptability, humility

BEHAVIORS

14. Gestures
- Smiling, friendly, open, welcoming, inclusive, polite, *HELPFUL*, supportive, courteous, caring, acknowledging of others, building and supporting resiliency in others

15. Work-Life Balance
- Modeling work-life balance for others
- Encouraging and promoting health

4. KSABs of Health Equity

Highlights from the Health Equity KSABs Include:

Knowledge K

1. Public Health and Health Equity 101 including Health in All Policies
2. Social and Behavioral Sciences
3. Data related Public Health Sciences

Skills S

4. Communication
5. Emotional Intelligence
6. Data
7. Research
8. Program Planning
9. Performance Management (QA/QI)

Abilities A

10. Intra-personal Abilities
11. Inter-personal Abilities
12. Community-Related Abilities

Behaviors B

13. Workforce Development
14. Public Health (e.g. Policy, Systems, and Environmental Changes, SDOH, HiAP)

5. KSABs of Diversity and Inclusion

Highlights from the draft KSABs of Diversity and Inclusion include:

Emergent Themes

- Knowledge of self and other (e.g., biases, backgrounds, identities, cultures, histories, traumas)
- Showing up authentically, welcoming others and their differences, allowing a space for people to be their authentic selves at work comfortably and without judgement
- People skills, EQ, bonding, inquisitiveness, facilitating effective conversations and meetings where people feel seen, heard and had their expertise drawn upon (e.g., asking people for input and opinions)
- Communication including active listening, adapting communication styles, openness, patience, and empathy
- Advanced or higher–level social and soft skills involving sophisticated communication that requires inter and intra-personal strength and abilities

Conclusions

1. The basis of many KSABs for Diversity and Inclusion is <u>soft-skills</u> or <u>people skills</u> with a major emphasis on <u>communication</u> in all its forms, verbal, non-verbal, writing, coaching, mentoring, dialogue, asking questions, facilitating conversations and meetings, inter and intra-personal skills.

2. The ability to <u>adapt</u>, pivot and flex to meet the needs of a variety of people coming from a variety of backgrounds, values and communication styles, professional backgrounds and skill levels seems to be elemental to succeeding in the realms of D & I.

3. These components are <u>similar</u> to what we see with KSABs of Trauma-Informed Services and Customer Service, and to some extent, Health Equity. The reason the first 3 have more in common is because they are about direct interface with people primarily. Health Equity refers more to the upstream and/or behind the scenes efforts to remove barriers that prevent people from living to their full health and well-being potential. Health Equity draws more heavily on application of Domain 6 of the Core Competencies, the Public Health Sciences Skills).

4. It comes down to <u>treating people</u> with non-judgement, empathy, compassion, understanding, flexibility, and patience whether they are inside or outside the organization.

6. Inclusion Workshops

The all-Branch inclusion workshops identified a number of ways staff want to be included in the workplace. All staff were asked about what it is to be respected and authentic at work. Below is a summary of what staff and management said, some of which could be opportunities for practice as well as workforce development.

☐ **Was I myself/<u>authentic</u> (self-aware and courageous) today while still being professional?** This includes being honest, real, comfortable sharing information about myself, genuine, original, and transparent.

☐ **Did I actively try to practice successful two-way <u>communication</u> today in person and by email?** This includes honing my communication skills including active listening, asking people around me for input, opinions, ideas, suggestions, and recommendations; acknowledging people and trying to make sure they felt seen and heard; awareness of subtle things like facial expressions and body language, mine and theirs; waiting for co-workers and customers to complete their thoughts before inserting what I wanted to say.

☐ **Did I try to <u>include</u> others in my professional and social circle, making sure not to be click-ish?** This includes building bridges between divides, being welcoming, and acknowledge others, their strengths and contributions; inviting people to lunch, fun or social get-togethers, to participate in projects or activities; looking to see who may be left out and

remedying the situation; respecting people of all positions, ranks and titles and talking to people as equals by finding common ground.

☐ **Did I get through the hour, or day, without <u>judging</u> others, including myself, harshly?** This includes being patient and practicing compassion and self-compassion; making room for various points of view and assuming the best of everyone in every situation; giving others the benefit of the doubt; not judging people who have different values from myself and recognizing my own biases as they arose today.

☐ **Did I demonstrate <u>openness</u> to learning about other's differences, histories, struggles and successes?** This includes being curious and interested in others around me; asking them about who they are, how they are, whether that is in or outside the office; demonstrating a genuine interest in the answers and a willingness to be transparent in return sharing information about myself in an authentic way that shows trust in the person and the relationship and engaging in conversation and showing I care on a personal level.

☐ **Did I show <u>respect</u> for the people around me today?** This includes making eye contact, taking people seriously, apologizing if I hurt someone's feelings; acknowledging their presence, their requests or instructions, their emails, regardless of rank and title; going to people directly instead of over their head; giving people information or new challenges because they have shown themselves capable and trustworthy; giving full attention, saying hi and smiling at everyone within 5 feet of me; refraining from talking behind people's backs; not acting entitled or above another; speaking quietly outside people's offices and cubicles and trusting others and giving them autonomy.

7. Employee Engagement Survey *(Need highlights from Leslie/CHSU; J. Julien sent a final email to Ryan and Leslie on 1/6/2020)*

8. Leadership Development Focus Groups

Key Development Areas

PHS conducted focus groups with Public Health Leaders and identified the need for further development in the following key areas:

1. **Negotiation:** Crucial Conversations™, the negotiations that go into high stakes conversations; facilitating those conversations and understanding your own emotions – to be successful in your Crucial Conversations (e.g., intergovernmental negotiation).

2. **Interpersonal:** Empathy, building trust and rapport with your staff, peers and community inside and outside the workplace are crucial to leadership. Communication skills, active listening, patience, flexibility, and understanding are significant in building relationships

both internal and external to your 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.**

3. **Organizational and Political Acumen:** Leaders need to understand 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 (or failure) often depends on how effective we are in recognizing and understanding the political arena in which we move and then operating effectively within that arena including knowing what you can (and cannot) say in various situations.

4. **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 engagement. The leaders who are successful in coaching and developing their staff know their personnel can work better independently, have more confidence, and feel more like a team. Motivating your staff through challenges and recognition are not only a part of coaching but improve moral in the workplace and give freedom to workers to feel they are an integral part of the organization.

5. **Emotional Intelligence for Leadership:** Training on Emotional Intelligence (EQ) for Leadership refers to understanding and using EQ as a leader, understanding how it affects you and your staff, how to successfully manage your emotions and your relationships with others, how to review, accept and implement the results of 360 evaluation feedback from your supervisors, peers and subordinates. Applying emotional intelligence to the process in order to gain insight and personal growth in this process. This includes knowledge of self, awareness of personal and implicit biases, strengths, weaknesses, triggers, boundaries, seeking feedback to develop awareness and various personality traits.

6. **Strategic Thinking and Systems Thinking:** Increasingly Public Health Professionals are being 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 what the culture is along with 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.

7. **Boundary Spanning (PH Leaders and Senor Staff Advances):** Systems have a transference across their boundaries and this process of transference is facilitated by what is referred to as a 'boundary spanner'. Boundary spanners are key in seeking out and bringing new ideas into the organization, system or sub-system. Boundary spanners tend to be opinion leaders. Public Health Services needs to continuously identify and integrate

evidence-based best practices to achieve public health goals. This can only be done by continuously being exposed to new knowledge, ideas and innovations and then seeking to apply them within the context of the organization where advantageous to the organization's goals. Additionally, the Center for Creative Leadership describes the importance of assets and identifying the mandates and resources of partner organizations prior to entering into negotiations and/or collaborations. In this way, all parties understand the capabilities of one another's originations prior to making demands, assumptions, or asking for assistance.

8. **Change Management/Visioning Facilitation:** Leading Public Health Leaders in a facilitated exercise to vision a future state for the department and determine strategies to achieve the desired goal.

9. **Other Leadership Training Topics for PHS Leaders:** As needed or requested.

10. **Training as Identified for Partners (e.g., cities):** As needed or requested.

Objectives of Leadership Development Training:

- Describe an understanding of emotional intelligence and its impact on you and your staff.

- Demonstrate self-awareness of emotional reactions at times of stress.

- Perform independent assessment of yourself on emotional intelligence maturity and identify areas for growth.

- Develop skills in identifying and holding a crucial conversation.

- Develop an understanding of organizational and political acumen. Know how to navigate challenges within the organization.

- Identify ways to coach, motivate, and influence staff and implement steps to do so.

- Determine ways to develop empathy and build rapport with staff and internal stakeholders.

- Develop abilities to apply strategic and systems thinking to public health challenges and solutions.

- Identify ways to develop and foster boundary spanning capabilities.

- Develop gap analysis to facilitate culture change process.

- Change Management/Visioning session leading to a written description of a future state for the department and strategies to achieve culture change and the desired goal.

- Leaderships trained on additional topics to be determined.

- Partners (e.g., cities) trained on leadership topics.

9. Customer Service Survey

Below is a summary of the results of the PHS H.E.A.R.T. Survey input for all branches for 2019.

Internal #:

Helpfulness: 3.61

Expertise: 3.61

Attentiveness: 3.59

Respect: 3.65

Timeliness: 3.55

Overall Average: 3.60

Internal %

	Strongly Disagree	Disagree	Agree	Strongly Agree
Helpfulness	1.18%	3.35%	28.07%	67.19%
Expertise	1.18%	4.01%	26.89%	67.92%
Attentiveness	1.66%	5.90%	25.24%	67.22%
Respect	1.66%	2.13%	25.87%	70.35%
Timeliness	2.38%	7.43%	24.74%	61.74%

External #:

Helpfulness: 3.84

Expertise: 3.82

Attentiveness: 3.85

Respect: 3.87

Timeliness: 3.82

Overall Average: 3.84

External %

	Strongly Disagree	Disagree	Agree	Strongly Agree
Helpfulness	1.91%	0.58%	8.55%	88.87%
Expertise	1.81%	1%	8.92%	88.31%
Attentiveness	2.08%	0.41%	6.88%	90.61%

Respect	1.61%	6.95%	6.07%	91.79%
Timeliness	2.13%	1.02%	8.66%	88.23%

10. Future Skills Focus Groups

Throughout 2018-2019 the Office of Health Equity facilitated a series of workshops for PHS Branches on Workforce Development and Core Competencies for Public Health Professionals. Staff received copies of the Core Competencies and reviewed highlights from the last 2 years of Workforce Development efforts. Staff were advised that an evaluation would be forthcoming through email to obtain their input on the last two years. Staff broke out by job class families and **assessed future workforce competency needs**. Staff were asked to identify sets of potential future skills they may need to develop over the next 5 years. The input on future skills received from staff will inform the two-year Workforce Development Plan (2019-2021). Following is the input provided by all departmental staff by job class family to date:

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
- 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

11. BARHII Survey for Staff: Health Equity and Cultural Competency

After 5 years of concentrated effort to develop the workforce particularly in the area of Health Equity and Cultural Competency, overall, PHS staff reported high levels of awareness and knowledge of Health Equity, Cultural Competency and related concepts as well as how they pertained to their work in Public Health Services (as measured in 2018 with approximately 65% response rate). For example:

- 84% of PHS staff indicated that they knew what Health Equity is;
- 84% indicated that they understood what the term health disparities meant;
- 83% indicated they understood what the social determinants of health are and how they impact health;
- 82% indicated they understand how health equity relates to their work;
- 75% indicated they use a health equity lens to inform their work as applicable;
- 92% indicated yes or moving in that direction re. the County of San Diego as an organization demonstrating a commitment to addressing the social, and economic conditions that impact health; and
- 87% thought PHS demonstrated a commitment to working with external partners, policy-makers, and community members to address the environment, social and economic conditions that impact health inequalities.

Less than 20% of the respondents had taken the BARHII survey in 2012 so for that and other reasons, the results are not comparable. Of the respondents, 63% were Tier 1, 28% were Tier 2, and 9% were Tier 3.

12. Other focus group: Health Equity Committee input – Training for Senior Staff on Health Equity

Training *Senior Staff* on Health Equity is a component of the PHS Health Equity Strategic Plan. In 2018-2019 the PHS Health Equity Committee explored the kinds of training Senior Staff would need to fully implement the PHS Health Equity Strategic Plan. Below are highlights from their input:

- Data Analytics, evaluation, indicators to track outcomes
- Identify and share what other local health departments do about Health Equity by Branch and program
- Frequent, regularly scheduled trainings on Health Equity to keep Health Equity top of mind

- Involvement of Senior Staff in implementing the Health Equity plan within each branch
- Strong(er) understanding of the Social Determinants of health, the barriers in tackling them and the specific social needs of communities that the County and its staff are working with
- Hands on and interactive mandatory interpersonal Cultural Competency
- How to address disproportionality and disparities

13. Evaluation Workforce Development 2017-2019

2017-2019 Workforce Development Evaluation Results

Respondent Tiers

- ■ Tier 1 –Front Line Staff/Entry Level.
- ■ Tier 2—Program Management/Supervisory Level.
- ■ Tier 3—Senior Management/Executive Level.

7%
24%
69%

Branch Response Rates

- ■ CCS
- ■ EISB
- ■ HSHB
- ■ MCFHS
- ■ PHPR
- ■ PHS Admin Office
- ■ TB

16%
17%
10%
8%
13%
11%
25%
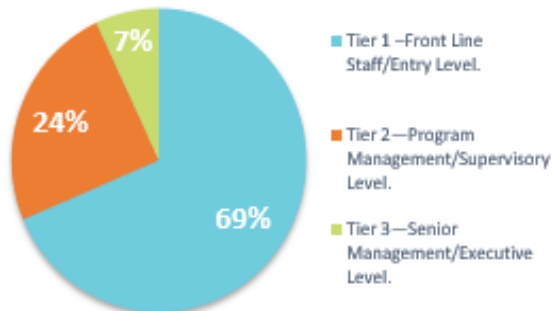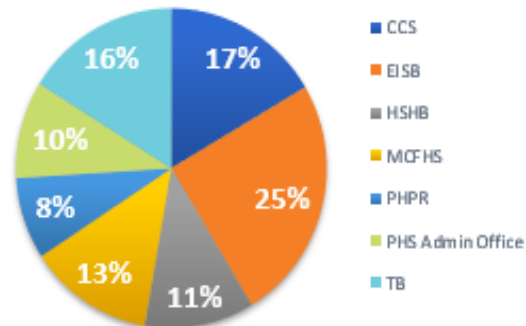
Top 5 Highest Scoring Elements

1. Mental Health First Aid Training (4.31)

2. Safe and Security (Active Shooter) Training (4.12)

3. Cultural Competency Training (4.03)

4. Diversity and Inclusion (D&I) icebreakers, resources, and activities (4.01)

5. Workshop on D&I Leadership and Accountability (3.98)

Top 5 Lowest Scoring Elements

1. IT Training (3.26)

2. In-Person and LMS Connect Well Training (3.40)

3. Financial Literacy and sharing of best practices and resources through PHS Analyst meetings (3.48)

4. PolicyTech Trainings (3.50)

5. Professional Development of staff and management as per PRs (3.53)

Total Average: 3.76 / 5

Total Respondents: 254 *(51% of all PHS Staff)*

Overall Rating Averages

1% 2% 19% 20% 14% 44%

- ■ Very Discontent
- ■ Discontent
- ■ Neutral
- ■ Content
- ■ Very Content
- ■ Not Applicable
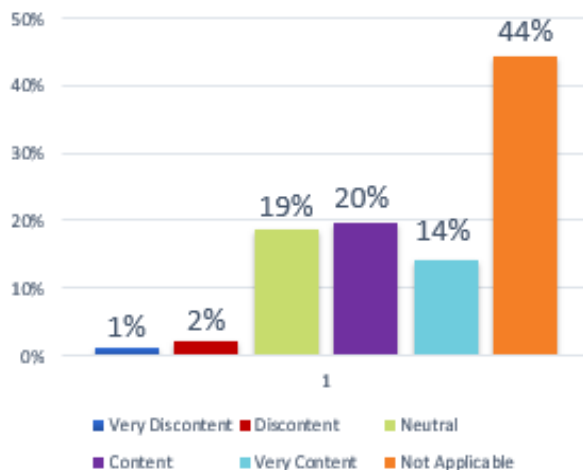
"Mentorship opportunities, job shadowing, public health equity to all tiers of employees, integrated management fellows, more diversified positions to move up/grow within a department."

"...describe how to create a trauma-informed workplace environment (beyond providing trauma-informed client services)."

"IT skills—more in-depth training in various applications we can utilize to be more efficient in our jobs."

"I enjoyed the time management training and would like to see that continue."

"Employee appreciation and motivation."

"I think skill development and allowing time for staff to develop these skills is necessary."

13. SUMMARY

In summary, there are several emergent themes for the Public Health Services workforce to potentially focus on in the next two years (2019-2021), including:

- Addressing the public health impacts of extreme weather and climate change (e.g., preparing clients)
- Communication and interpersonal skills
- Data integration, literacy, and analytics including mapping, visualization, reporting, software applications, etc.
- Diversity and Inclusion (interpersonal communication skills, EQ, respect and authenticity at work)
- Engagement of diverse staff, customers and community
- Health Equity (Social Determinants of Health, disparity, disproportionality, Cultural Competency, ACES)
- Innovation, IT solutions, proficiency, software/database management
- Leadership Development including leading people in times of change, political acumen, development of higher-level partnerships (boundary spanning), and managing up and down
- Management of human and fiscal resources including contracts
- Mental/Behavioral Health
- Preparedness for *Public Health* Emergencies including special populations and border related issues

VII. DISCUSSION AND PLAN

DISCUSSION

All the goals of the 2019-2021 plan are within the 10 essential services and core competencies. They reinforce County, HHSA and PHS strategic initiatives, support continuous improvement and operational excellence. The goals set the department and our workforce up for success in responding to emergent threats and opportunities, including the CAPE and Baldridge awards.

Surveys and Focus Groups Planned for 2019-2021

County Leadership Development Model Survey (2019-2020)
PHS plans to roll out the Leadership Development Survey for Senior Staff including Public Health Leaders in the Fall of 2019. Department of Human Resources adopted a Leadership Development Model (Appendix 3) that depicts competencies for leadership and identifies which competencies are essential depending upon the management level reached—from classified management positions, to unclassified, and then at the executive level where competencies need to be even more fully developed.

The intent of this model is to help guide the development of leaders, which is critical to the success of the County, HHSA and PHS as one of the major County departments. The model not only empowers employees by helping identify professional goals and a plan to attain those goals, but this model also serves as a powerful retention tool by creating a link between employees and the organization that is investing in them. The model grew out of recognition of the need for better succession planning and its advantages include the stronger partnerships between supervisors and managers and their staff as they proactively work to develop employees for leadership roles. *See Appendix 4 for the County of San Diego's Leadership Development Model.* A significant effort has been undertaken in 2018 and 2019 in the area of Leadership Development. The survey in the Fall of 2019 will measure progress.

APPENDIX 3 COUNTY OF SAN DIEGO LEADERSHIP DEVELOPMENT MODEL
*CM – Classified Management; UM – Unclassified Management; EM – Executive Management

Core Competencies for Public Health Professionals (2021)

PHS also plans to roll out the second Core Competencies for Public Health Professionals' self-assessment survey for all staff in 2021 (delayed by COVID-19), once the Council issues the updated Core Competencies (2021). In 2016 Public Health Services staff participated in the first self-assessment survey of Core Competencies for Public Health Professionals. The overall score was 2.67 out of 4 and Senior Staff set the foal of 3 & over for the next self-assessment as a good score.
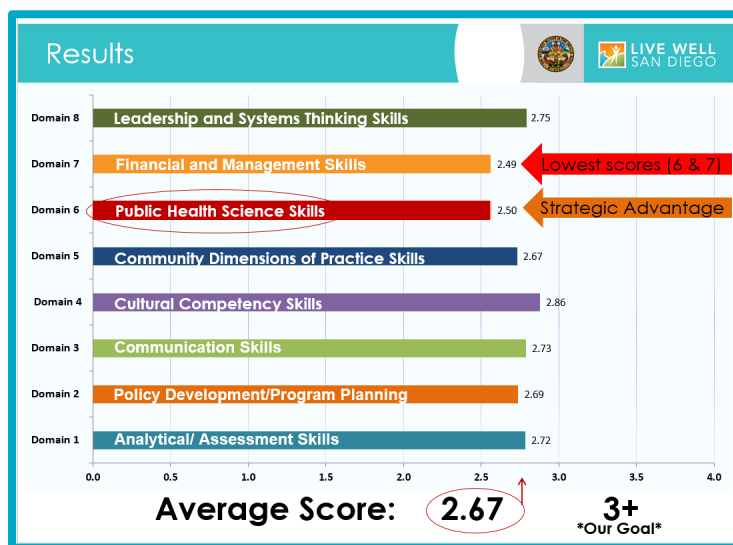
2019-2021 Strategic Plan for Workforce Development

VISION

An agile, adaptable, highly skilled, public health workforce capable of meeting varied and complex needs.

GOALS

Six workforce development goals for the next two years (2019-2021) have been identified to support the strategic plan, and address workforce development gaps. These goals and their corresponding objectives, activities and timelines appear in the Work Plan found in *Appendix 2*. They are aligned to GMS 2.0, Public Health 3.0, TAPP, Baldrige, PHAB Domains/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 (2019-2021)

Leadership
of Diverse and Inclusive Teams, Coaching, Development and Knowledge Transfer including Leadership Survey

Strategy
Alignment to Strategic Plans and Strategic Initiatives (County, HHSA, PHS) such as Climate Change, Health Equity and Border Health

Workforce
Continuous development and engagement (e.g. Core Competencies, employee engagement, future skills)

Customer Service
(e.g. Diversity and Inclusion, Trauma-Informed, Mental Health First Aid, Connect Well)

Operations
Management of Fiscal Resources, Contracts, IT and CQM

Measurement, Analysis, and Knowledge Management
Evaluation and dissemination of data

Results
Developing abilities to track and report on progress and effectiveness (PM/QI)

1. Align Workforce Development Efforts to Strategic Initiatives:

This includes workshops for the PHS Health Equity Committee, Public Health Leaders and PHS Epidemiologists on the local public health impacts of climate change, COOP training and/or drills, finalization of any NIMS/ICS training, Climate Change 101, Public Health Impacts of Climate Change presentations, Partner Relay training and/or drills and anything related to ensuring continuity of operations for the department, resiliency of clients, patients and partners in the event of an emergency or disaster including dissemination of the new Office of Emergency Services Family Planning Disaster Guide. This also includes promotion of the APHA resource document for local health departments on climate change and health equity.

This includes ensuring all PHS staff have taken Health Equity 101 and seeing it uploaded to LMS. It also includes any training on health equity through the Health Equity Committee, Public Health Leaders or Senior Staff meetings. It also includes promotion of health equity related webinars, events and resources shared, including promotion of the TRAIN Health Equity Learning Bundle, and review of the PHAB report on the future of health equity for accredited health departments. The idea of a bi-national health 101 will be explored. This will also include any training and development related to upstream prevention and how trauma and mental health can have an impact on public health long term (e.g., ACES, trauma-informed efforts). Exploration of a specific training on Health in All Policies (HiAP), prevention and/or the social determinants of health will be explored. All efforts related to training and developing staff in the areas of collective impact, systems thinking and boundary spanning all fit within this strategy goal.

2. Operations:

This 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 will include a new performance management system to replace InSite Vision.

3. Results:

This includes all Performance Management training on quality improvement (e.g., QI resource fair, PIM Committee trainings).

4. Measurement, Analysis, and Knowledge Management:

This includes 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., annual epidemiology research exchange and the vector summit).

5. Workforce:

The goal is to explore and confirm what future skills may be in demand for PHS into the future beyond 2020 so we are poised to roll out any new priorities at the end of this workforce development plan period (2019-2021). Early indications are that this could include social intelligence, trans-disciplinary, new media literacy, cross-cultural, cross-generational empathy, cognitive load management, engage networks, design architect, other. This will depend, in part on developments in the field of public health over the next two years and any key emergent trends or changes to priorities. During 2018-2019, PHS conducted a preliminary literature

review and hosted a series of focus groups with key thought leaders including Public Health Leaders to confirm needed skills to build into future Workforce Development Plans over the next 5 years. The results of the workshops were shared with Chiefs. The next step will be to share the cross-cutting themes with Public Health Leaders and determine some new opportunities to advance these key areas.

Future skills could *potentially* include areas such as: **Resource management** skills are for the acquisition, retention, and management of people and fiscal resources. All levels of the public health workforce would benefit from additional training in financial and resource management skills, including ethics. Financial skills relating to the administration of grants and management of budgets are vital, and there is a continued need for leadership skills, communications skills, and management of teams. The movement towards accreditation of governmental public health agencies means an increased expectation for workforce development in this area.

- **Policy engagement** refers to the spectrum of skills needed to address public health concerns and needs of local, state, and federal policymakers and partners. Successful public health agencies raise the visibility of public health issues by making legislative work a top priority and building strong relationships with policy makers and partners before crises emerge. As a result, Public Health Leadership is viewed as an important and highly respected resource for policy makers. (6).

'Ensuring the adoption of strategic skills and training necessary to support their development throughout the public health workforce will require a collective effort across the entire training enterprise and governmental public health workforce (6).`
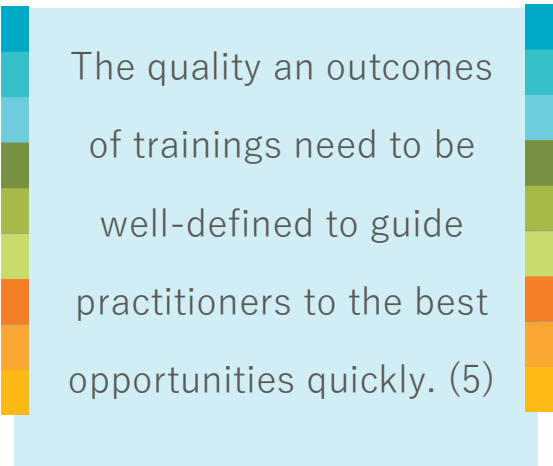
- **Data analytics** are the skills to leverage, synthesize, and analyze multiple sources of electronic data and use informatics to identify health priorities, select appropriate evidence-based approaches to address those priorities, and determine the effectiveness in reducing costs or improving health outcomes. Leveraging existing public health data systems to meet current and future needs around the upcoming consumer health data explosion and integration and use of "electronic health records" will be essential to accurately forecast emerging public health issues (6).`

- Learning to work with very specialized populations, beyond Cultural Competency and toward greater levels of **cultural proficiency**.

6. Leadership:

This includes engagement of the Regional Training Center (RTC) to develop Public Health Leaders in key areas identified through the public health leaders' focus group. Topics include interpersonal communication, coaching, DISC, political and organizational acumen, critical conversations, boundary spanning and systems/strategic thinking. Workshops on leadership and accountability for diversity and inclusion are included in this goal along with any efforts to develop staff including through the transfer of knowledge (e.g., operations manuals, policies, procedures), and professional development. The Leadership Development Survey is expected to be rolled out as part of this goal as well in 2019-2020. This also includes the Great Leader Academy and Gallup Training Courses and monthly strengths-based leadership development at senior staff meetings. The Human Services Leadership Institute continues to offer courses which are available to Public Health staff anytime through: https://humanservicesleadership.org/.

> Funding for Training should be geared toward practical application and integration of learning to address system changes. (5)
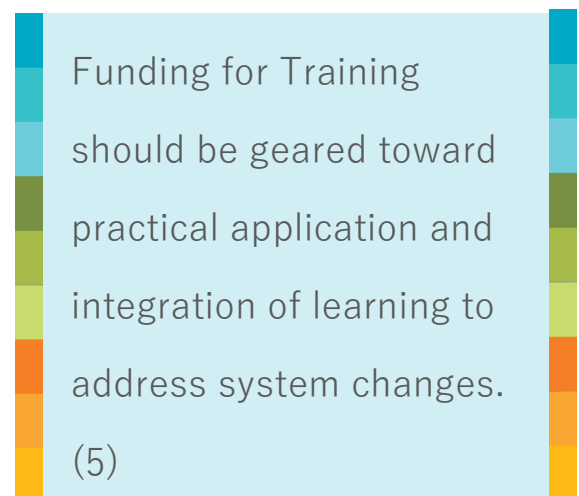
Additionally, NACCHO offers Leadership Development, Management Essentials training and other related courses. NACCHO's Leadership Development Institute (LDI) is the professional development home for local governmental Public Health Leaders. It provides user-centered and directed learning, engagement, and collaboration to create a customized, individual experience. Building from the widely popular Survive and Thrive leadership program, a cohort-based model, the LDI creates a space for learning, collaboration, and professional development. The core components of the Leadership Development Institute include a competency model for local health officials (LHOs), a set of online eLearning courses and virtual instructor-led trainings, as well as a selective Community of Practice for new LHOs. For more information see: http://ldi.naccho.org/.

> The quality an outcomes of trainings need to be well-defined to guide practitioners to the best opportunities quickly. (5)

7. Customer Service:

This includes all customer service-related training and development including coaching of staff and developing improved customer service experiences though the application of the KSABs and other tools and resources. This also includes any training and development related to Connect Well (e.g., Manger's Forum November 13, 2019), person-centered training, trauma-informed services and mental health first aid. Staff participation in the customer service innovation summit or digital online forum are part of this effort. Baldrige award winning organizations are successful at customer engagement so anything that enables staff and management to advance in greater levels of engagement with customers would be advantageous in understanding the customer experience. The County also wants departments 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. Any training to advance use of technology (e.g., participation in the innovation summit) would count toward this goal. Additionally, any training to advance cultural and intergenerational competency are also included in this goal. Specifically, during this period (2019-2021), PHS will work toward ensuring that all new staff complete 4-hour cultural competency and customer service training upon onboarding.

Potential Barriers to Closing the Gap

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

1) Time and competing demands.

2) Turnover due to retirements and shorter tenures combined with significant learning curve in the various roles within public health context.
3) Need for training and development tailored to classifications and programs vs. generic (less effective).
4) Opportunities to practice what is learned, applied learning for behavioral change.

Action to Address the Gaps

- Develop robust Work Plan, review and report on Work Plan quarterly over the next 2 years through Chiefs meetings, 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.
- Identify highest needs/priorities for training as a department, Branch, and down to the level of the individual and ensure progress is tracked in PRs, unit and program-level workplans.
- Share the Workforce Development Plan and Work Plan with TKC and schedule a meeting to review and discuss opportunities for greater collaboration and/or how TKC can support optimally where possible.
- Develop tailored trainings where possible for various classifications or job class families and train across branches, departments or business groups (e.g., CDIs, Public Safety Group for investigations); (e.g., child protective services investigations, probation).
- Work with TKC and other agency departments, where possible, to share and leverage resources or best practices including (for TKC) uploading of presentations (e.g., 101s) and tracking results.

APPENDICIES

APPENDIX 1: Annual Schedule and Timeline for Publication

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

Date	Action	Who
January-May 2019	Literature and survey review. Draft WFD Plan comes together to cover FY 2019-2020 and 2020-2021.	OHE, Domain 8 Lead, Domain 8 Team, SMEs (CHSU, HR), Public Health Officer
March - May 2019	Develop plan and revise if needed. WFD plan highlights shared with staff through Core Competency presentations. Evaluate the last 2 years with staff survey.	OHE, Domain 8 Lead, Domain 8 Team, SMEs (CHSU), Public Health Officer, HR (for survey approval)
May 31, 2019	Approval and release updated version of WFD Plan and draft Work Plan with input from SMEs, updated quarterly.	PHO, OHE, Domain 8 Lead, SMEs
January 2021	Start drafting next 2-year plan.	OHE, Domain 8 Lead and Team, SMEs
May 31, 2021	WFD Plan Completed to cover FY 2021-2022 and 2022-2023.	OHE, Domain 8 Lead and Team, SMEs

B. 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	Current Document (Version 3)
4. May 2021	FY19/20, FY20/21	Nov 2020 - April 2021	Next (Version 4)
5. May 2023	FY21/22, FY22/23	Nov 2022 - April 2023	Next (Version 5)
6. May 2025	FY23/24, FY24/25	Nov 2024 - April 2025	Next (Version 6)

APPENDIX 2: ROLES AND RESPONSIBILITIES FOR PHS WORKFORCE DEVELOPMENT

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 Committee** – 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 Committee representatives are also responsible for key elements of education and training on Health Equity and climate change e.g., 101 series, 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., KSABs.
- **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, professional development). 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.
- **Domain 8 Team** – Develop the Workforce Development 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.
- **Community Health Statistics Unit** – Provides data support in survey design, administration and analysis of results (e.g., evaluation of Workforce Development efforts every 2 years, BARHII Surveys, Employee Engagement, Leadership Development, Core Competencies for Public Health Professionals, etc.)

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

COUNTY OF SAN DIEGO LEADERSHIP DEVELOPMENT MODEL

Initiative	Results Orientation	Interpersonal Relationship	Problem Solving	Development of Others	Organizational Acumen
EM Stimulates and actively initiates change in organization Anticipates and prepares for opportunities not obvious to others	Sets and achieves challenging goals for department/unit Commits self and others to improve performance and reach challenging goals Persists over time in the face of obstacles; tenacious Resilient and recovers quickly from setbacks	Superior influence and persuasion skills Carefully adapts message to others Consensus builder	Anticipates future consequences and trends accurately; applies knowledge appropriately Integrates data from many sources before drawing conclusions and taking action Carefully considers implications and impact of decisions across time and on others Capitalize on opportunities and manage risks	Mentors and coaches managers, peers, and leaders Candidly addresses and confronts performance issues Recognizes strengths and weaknesses of others and how to best manage them Deals with performance issues in a timely manner	Maintains a global perspective in all activities, decisions Demonstrates an understanding of multiple stakeholder needs Can negotiate well; settle differences and maintain relationships
UM Actively seeks opportunities to improve status quo Is motivated to perform beyond the requirements of the position	Demonstrates desire to improve self Sets and achieves challenging goals for self Follows through on commitments Seeks feedback and corrects course Remains Optimistic and persistent even under adversity	Helps others learn interpersonal skills Relates to a wide range of styles and personalities Demonstrates strong teamwork and collaboration skills Seeks to understand perspectives and needs of others Establishes rapport easily	Supports the big picture; not "turfy" Understands multiple perspectives, agendas, goals, etc. Anticipates problems and roadblocks Formulates objectives and priorities and implements plans consistent with the long term interest of the organization Effectively Manages conflict situations	Mentors and coaches direct reports Holds others accountable, sets high standards Makes self available to others; takes a personal interest in staff Provides enough autonomy and freedom for others to succeed	Builds and supports mutually beneficial relationships with other organizations, associations, and community contacts Recruits and develops a diverse workforce at all organizational levels Views politics as necessary and useful Looks beyond department boundaries when making decisions
CM Volunteers and demonstrates initiative to take on new assignments Pursues innovation which results in sustained organizational change Seeks opportunities for continuous learning and development Gives extra effort when not required to do so	Takes pride in accomplishments Works towards standards of excellence Goal-oriented Deals effectively with pressure	Builds trusting relationships Easy to approach and talk to Treats others with dignity and respect	Considers impact of actions on other people and departments Well-organized; plans and prepares in a thorough fashion Thinks globally in problem solving and plan development	Fair, even-handed Praises, recognizes others Encourages and motivates others to do their best	Networks with relevant parties inside and outside organization Recognizes others' agendas Sensitive to political dynamics inside the organization

Core Threshold Competencies Essential to all Leadership Roles

Customer Service Orientation | Department-specific Functional Skill & Technical Knowledge | Flexibility/Adaptability | Self-Confidence | Knowledge Worker

Core Organizational Values Guiding all our Work at the County of San Diego

INTEGRITY: Dedicated to the highest ethical standards

STEWARDSHIP: Ensure responsible stewardship of all that is entrusted to us

COMMITMENT: Committed to excellence in all that we do

7/31/2012

APPENDIX 4: 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 in order 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, Office of Emergency Services, and Animal 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 5: 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 of time. 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 Boot Camp Online	Participants will learn the fundamentals of face-to-face, telephone and written correspondence in working with internal and external 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.
Serving Everyone with Excellence	The focus of the customer service program is to improve the experience and satisfaction of external and internal customers. The goals of Serving Everyone with Excellence are to: •Provide leadership and sustained involvement by employees •Educate and train, on a continuous basis •Identify and mitigate customer service challenges •Reward and recognize customer service excellence

Class	Description
Supervisor Academy	The Supervisor Academy is designed to simulate workplace situations in which supervisors will be challenged to move beyond just learning the concepts of effective supervision. The redesigned Supervisor Academy is a series of workshops in which supervisors will experience the actual application of soft skills. Immediate feedback from subject matter experts in these workshops will allow supervisors to implement these skills in the workplace and enhance the relationship with their staff.
Supervisor Certificate Online Program	SCOP is an online training program for employees designed to teach the basic skills of supervision. There are a total of 13 classes plus assessments, and the program can be completed in about 7 to 10 hours.

APPENDIX 6: PUBLIC HEALTH SERVICE 15 INITIATIVES

These are the 15 Initiatives that grew out of the Workforce Assessment and Development Workshop convened by PHS in 2014. These Initiatives are often topical and reflect the growing complexity and interdisciplinary nature of the field of public health. These Initiatives continue to be a focus of PHS efforts to develop new competencies and position PHS for the future.

15 PHS INITIATIVES

1. Active Shooter Policy
2. Binational Strategic Plan
3. Climate Change
4. Core Competencies
5. Data Integration
6. Health Equity
7. Health in All Policies
8. IT Gaps
9. Lean Six Sigma Project
10. Operational Excellence
11. Opioid Initiative
12. Performance Management
13. Public Health Re-Accreditation
14. TB Elimination
15. Workforce Development

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APPENDIX 7: Input from Public Health leaders Focus Groups on Leadership Development

Summary of Focus Group Results

Public Health Leaders Meeting 10/22/18

Background

As part of the Kresge Foundation Emerging Leaders in Public Health initiative, one of the objectives is to identify and address the training needs of Public Health Services (PHS) leaders. On October 22, 2018, as directed by Dr. Wilma Wooten, Dr. Sayone Thihalolipavan, and Jo-Ann Julien, a focus group was conducted to solicit feedback from PHS Directors, Chiefs, and Senior Managers about their perceptions on the most pressing training needs of PHS leaders and the highest public health priorities in San Diego County for collaboration and coordination with the municipalities.

Methods

A total of 26 participants were separated into five groups and were given eight questions to answer through discussion. Groups were each given a large pad of paper to record answers either on the paper itself or on individual sticky notes. Groups were encouraged to provide both group feedback as well as individual input. All responses were recorded as written and coded into categories (see annex A).

Results

City Jurisdiction Questions

During the first part of the focus group questions, PHS leaders were engaged on their opinions about training needs specific to engaging with municipalities, as well as top public health priorities. PHS leaders generally believed that **communication, organizational acumen, and political acumen** were the greatest skills needed to engage city municipalities. Regarding top public health priorities, **homelessness/housing** was the most common answer. Other recurring answers included **use of alcohol, tobacco, and other drugs (ATOD), built environment, emergency preparedness, and aging**. Some nuances in responses are outlined below:

- Communication
    - Common/accessible language
    - Listening
- Organizational Acumen
    - Understanding the organizational structure of the municipalities

Workforce Development Questions

The second part focused on general training needs and priorities of PHS leadership. Many of the PHS leaders expressed that **communication** was a top skill necessary to collaborate and coordinate with the municipalities. In terms of general skills important to leadership, PHS staff believed that **systems thinking**, ability to **guide the team to a solution**, and having **empathy and humility** were the most critical. When discussing systems thinking, many staff agreed that it is often difficult when trying to think outside of their own branches at times given the busy workload. Other recurring responses regarding important leadership skills included **relationship building, negotiation, engagement, organizational acumen, and political acumen**.

In alignment with previous responses, PHS leaders expressed **communication** to be the main training that all PHS leaders should experience, as well as one of the greatest skill deficits within their branches. There were additional mixed responses, however, regarding skill deficits, which ranged from **prioritization**, to **emotional intelligence**, **and advanced/technical** training. PHS leaders also expressed that **strategic vision** was one of the rarest and most valuable skills among leadership in their respective branches. Nuances are outlined below:

- Communication
    - Ability to not use jargon
    - Ability to have universal language
    - Presentation skills
- Relationship building
    - Building trust/rapport/accountability
- Strategic vision
    - Moving forward through ambiguity
    - Planning for future

Annex A

Below are the eight questions and their responses that have been organized into categories based on emergent themes. The left column displays the verbatim responses. The right column displays the categories of themes.

1. What do you see as the <u>greatest important skill</u> you need to engage city municipalities?

Actual Responses	Category
Accessible language	**Communication (5)**
Common language	**Communication**
Common language	**Communication**
Communicate needs of priorities effectively	**Communication**
Listening	**Communication**
Ability to know the players	**Organizational acumen (5)**
Knowing infrastructure of organization	**Organizational acumen**
Organizational acumen	**Organizational acumen**
Understanding of organizational structure	**Organizational acumen**
Understanding of the municipalities' structures	**Organizational acumen**
Political acumen	**Political acumen (3)**
Political acumen	**Political acumen**
Political acumen	**Political acumen**
More deep analysis of current issues	Analysis
Understanding of context	Analysis
Opportunities to engage	Engagement
Ability to influence non-PH minded individuals	Influence
Persuasion	Negotiation
Salesmanship	Negotiation
Problem solving	Problem solving
Relationship building	Relationship building
Relationship building	Relationship building
Teamwork	Teamwork

2. What do you feel are the <u>top three priorities</u> in health and wellness in San Diego County for working with local city jurisdictions?

Actual Responses	Category
Homelessness	**Homelessness/housing (9)**
Cost of living and housing	**Homelessness/housing**
Homelessness	**Homelessness/housing**
Homelessness	**Homelessness/housing**
Homelessness	**Homelessness/housing**
Affordable housing	**Homelessness/housing**
Homelessness & housing affordability	**Homelessness/housing**
Homeless	**Homelessness/housing**
Homelessness	**Homelessness/housing**
Aging	**Aging (4)**
Aging	**Aging**
Alzheimer's	**Aging**
Aging population	**Aging**

Drug addiction	**Alcohol, Tobacco, & Other Drugs (ATOD) (4)**
Substance Use	**ATOD**
Opioids (Subs)	**ATOD**
Opioids (Subs)	**ATOD**
Environment	**Built environment (3)**
Transportation	**Built environment**
Family friendly communities	**Built environment**
Chronic disease	**Chronic disease (3)**
Chronic disease	**Chronic disease**
Chronic diseases	**Chronic disease**
Access to care	Access to care
Healthcare service delivery systems and coordination	Access to care
Behavioral health	Behavioral health
Mental health	Behavioral health
Climate change	Climate change
Climate change	Climate change
Collaboration	Collaboration
Redundancies by collaborating on mutual programs	Collaboration
Communicable diseases	Communicable diseases
Flu	Communicable diseases
Communication	Communication
Decision making	Decision making
Illness prevention	Disease prevention
Healthy lifestyles	Disease prevention
Educational trainings	Educational trainings
Planning for health outbreaks	Emergency preparedness
Quick response to health issues	Emergency preparedness
Equity	Equity
Health Equity	Equity
Include city leaders in CHIP + CHA process	Include city leaders in CHIP + CHA
Influence	Influence
Leadership	Leadership
Coaching people to solutions	Leadership
Prioritizing effectively	Prioritization
Meet & prioritize jointly	Prioritization
Resources	Resources
Safety	Safety
Socio-economic status	Socio-economic status
STDs	STDs
Urban planning	Urban Planning

3. What public health issues do you see as the greatest need in collaboration and coordination with the municipalities within the county?

Actual Responses	Category
Homelessness	**Homelessness/housing (4)**
Housing	**Homelessness/housing**
Lack of appropriate housing	**Homelessness/housing**

Homelessness	Homelessness/housing
Emergency preparedness	**Emergency preparedness (3)**
Emergency preparedness	**Emergency preparedness**
Outbreaks	**Emergency preparedness**
Drug issues	ATOD
Behavioral health	Behavioral health
Border concerns	Border concerns
Transportation	Built environment
What's in it for the cities?	City priorities
Key policies across cities to improve health	City priorities
Communicable disease	Communicable disease
Infectious disease	Communicable disease
Chronic disease	Chronic disease
Education	Education
Educational trainings	Education
Employment	Employment
Inequality/Equity	Equity
Poverty	Poverty
Vaccination info & availability	Vaccination
PH 101	Other

4. What skillsets would city managers need to collaborate and coordinate with municipalities? (this question is related to the workforce working with cities)

Actual Responses	Category
Effective communication	**Communication (10)**
Ability to have universal language	**Communication**
Ability to not use jargon	**Communication**
Excellent communication skills	**Communication**
Presentation skills	**Communication**
Translating technical concepts for laypeople	**Communication**
Training in deliberative dialogue	**Communication**
Communication	**Communication**
Presentation skills	**Communication**
Communication	**Communication**
Relationship building	**Relationship building (5)**
Building rapport/relationship/trust	**Relationship building**
Building trust	**Relationship building**
Accountability	**Relationship building**
Commitment	**Relationship building**
Negotiation skills	**Negotiation (4)**
Negotiating conflict	**Negotiation**
Negotiation skills	**Negotiation**
Negotiation	**Negotiation**
Consensus building	**Engagement (3)**
Stakeholder engagement	**Engagement**
Community engagement	**Engagement**

Understand how cities are managed/operated	**Organizational acumen (3)**
Organizational acumen	**Organizational acumen**
City govt 101	**Organizational acumen**
Political acumen	**Political acumen (3)**
Political acumen	**Political acumen**
Political acumen	**Political acumen**
What is in the scope	**Understanding context (3)**
Ability to understand the cities' priorities	**Understanding context**
Understanding of context	**Understanding context**
Analytics	Analytics
Ability to influence others	Influence
Facilitation	Facilitation
Leadership	Leadership
Media	Media
Organizational planning	Organizational planning
Organizational/planning skills	Organizational planning
Policy development	Policy development
Strategic planning	Strategic planning
Strategic planning in health outcomes	Strategic planning
Maximizing skills	Team building
Team building/collaboration	Team building
Understanding of urban planning	Urban planning

5. If there was one training you think every city manager should experience, what would it be?

Actual Responses	Category
How to communicate complex data/issues	**Communication (3)**
Communication	**Communication**
Effective, efficient communication	**Communication**
Facilitation	**Facilitation (3)**
Better use of meetings, emails	**Facilitation**
Facilitation of meetings	**Facilitation**
Intl' Assoc. of Public Participation Training	**Intl' Assoc. of Public Participation Training (2)**
Intl' Assoc. of Public Participation Training	**Intl' Assoc. of Public Participation Training**
Negotiation	**Negotiation (2)**
Negotiation skills	**Negotiation**
Change management	Change management
Conflict resolution	Conflict resolution
Crosscutting issues like behavioral health	Crosscutting issues like behavioral health
Data/analytics	Data/analytics
Local govt planning 101	Organizational acumen
Project management	Project management
Social determinants of health	Social determinants of health
Time management	Time management

6. What is the rarest skill to find among city managers and leadership, which is most valuable in your workplace?

Actual Responses	Category

Moving forward through ambiguity	**Strategic vision (5)**
Strategic and futuristic vision	**Strategic vision**
Seeing the big picture & connecting dots	**Strategic vision**
Planning for future/proactive	**Strategic vision**
Strategic vision	**Strategic vision**
Balancing staff workload	Managing staff
Accountability	Accountability
Clarity and finding common ground	Clarity
Ability to translate technical speak to non-technical speak	Communication
Consensus building	Consensus building
Facilitation	Facilitation
Identifying & creating departmental structure/process	Identifying & creating departmental structure/process
How to innovate	Innovation
How to get resources	Procuring resources
Relationship building	Relationship building
Thinking outside of silos	Systems thinking
Translating input into action	Translating input into action
Unifying around shared goals	Unifying around shared goals

7. What is the most important skill that a city manager should have?

Actual Responses	Category
Systems thinking	**Systems thinking (4)**
Systems thinking	**Systems thinking**
Systems thinking	**Systems thinking**
Systems thinking	**Systems thinking**
Empathy/humility	**Empathy/humility (2)**
Ability to understand and empathize with others in stressful or conflicting situations	**Empathy/humility**
Ability to guide team to solution	**Guiding team to solution (2)**
Leading effectively through change	**Guiding team to solution**
-Ability to build trust	**Relationship building (2)**
Relationship building	**Relationship building**
Agility	Agility
Listen	Communication
Current knowledge	Current knowledge
Email acumen	Email acumen
Effectively engage	Engagement
Organizational development	Organizational planning
Political acumen	Political acumen
Responsiveness	Responsiveness
Self-knowledge	Self-knowledge
Taking feedback	Taking feedback
Working as teams	Teamwork
Time management	Time management

8. What skill deficits cause the most grief for your team?

Actual Responses	Category
Using data to improve outcomes	**Technical/analytical (3)**
Information sharing	**Technical/analytical**
Technical	**Technical/analytical**
Communication bandwidth	**Communication (2)**
Communicating info up to PHS admin	**Communication**
Emotional intelligence	**Emotional intelligence (2)**
Lack of self-knowledge	**Emotional intelligence**
Ability to prioritize	**Prioritization (2)**
Ability to prioritize	**Prioritization**
Advanced training level 3.0	Advanced training
Effective/timely decision making	Decision making
Not following process	Following processes
Ability to choose/individualize own training	Personalized trainings
Project management/time management	Project management
Strategic planning	Strategic planning
Translating ideas into action	Translating ideas into action

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