



# Workforce Development Plan

FY 21/22 and FY 22/23



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# I. EXECUTIVE SUMMARY

## A. Introduction

Workforce Development efforts across Public Health Services (PHS), County of San Diego Health and Human Services Agency (HHSA) over the next two years (FY 21/22 and FY 22/23) are integrated with the current [Public Health Services Strategic Plan 2019-2021](#). Workforce Development efforts will also align to the next 2021-2023 Strategic Plan, just as workforce planning is integrated with strategic planning in PHS. The strategic planning process in the fall of 2021 included examination of trends in the operating environment, micro and macro forces of change, comparative data (e.g., California Department of Public Health (CDPH) Workforce Capabilities Survey, Public Health Workforce Interests and Needs Survey (PHWINS)), customer feedback, and external environmental scanning, led to the strategy, operational plans, and various action plans. Workforce development efforts of Public Health Services, County of San Diego also strategically align to the *Live Well San Diego* vision of a region that is healthy, safe and thriving, and to the [Baldrige Excellence Framework](#) (see *Figure #1*) which emphasizes the following elements of a robust workforce:

- assessment of workforce capability and capacity needs
- benefits and needs of workforce
- continuity/planning and preparation for change
- customer-focused excellence
- delivering value and results
- diversity
- ethics and transparency
- fit
- focus on core values and concepts, processes, results, linkages and improvements
- focus on success
- health
- integration
- management of growth
- managing by fact
- managing for innovation
- organizational learning and agility
- security
- societal responsibility
- systems perspective
- value for customers/stakeholders
- valuing people
- visionary leadership

## B. Purpose

The FY21/22 and FY22/23 PHS Workforce Development Plan includes all these elements and in accordance with the Baldrige Excellence Framework, the plan seeks to answer three questions:

1. Is our workforce doing as well as they could?

2. How do we know?
3. What and how should our workforce improve or change?

## C. Methodology, Results and Goals

These three questions are addressed through the methodology and results section of this plan. Seven goals were identified, and for each, several strategies have been identified based on the various survey results of the last 2 years, a review of recent literature (e.g., 2 years), and the annual Senior Staff Strategic Review including a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis of trends in the external and internal environments, including demographic trends in the workforce and our San Diego County community. This plan includes assessment of our Leadership Development, the Public Health Workforce Interests and Needs (PHWINS), Core Competencies for Public Health Professionals and assesses future workforce competency needs. The plan, its goals and objectives were reviewed and confirmed by Public Health Leadership. The priorities for the next two years will include:

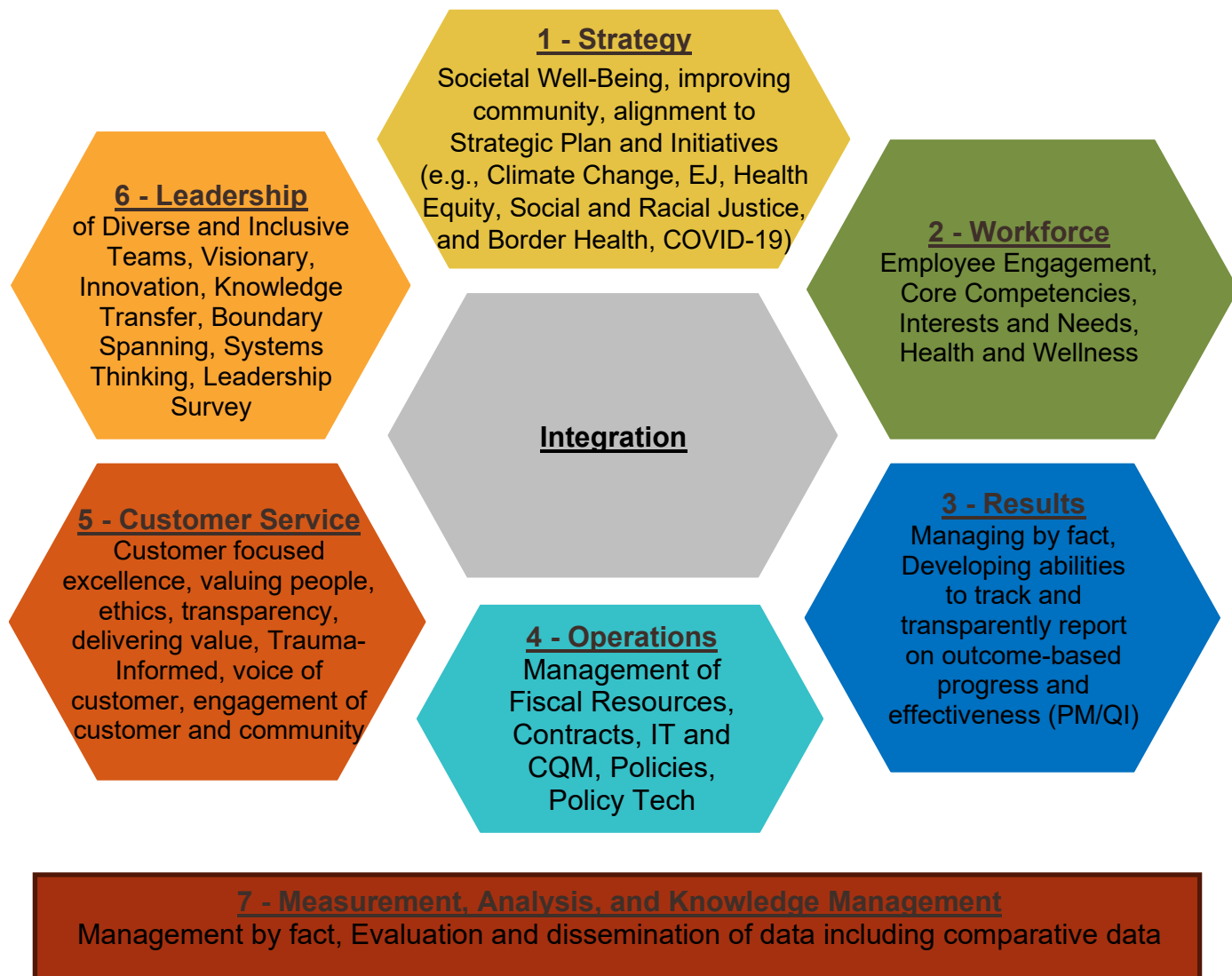
- Customer-focused excellence
- Data Literacy
- Financial Literacy and Public Health Management Skills (e.g., Operational Skills)
- Health Equity Skills (e.g., Cultural Competency - African American, LatinX, Middle Eastern, LGBTQ+)
- Infectious Disease Emergency Response (6-8 Part Series; Senior Staff Meetings)
- Information Technology
- Leadership of Diverse and Inclusive Teams (e.g., Regional Training Center (RTC) consultant, Inclusive Conversations Toolkit, Leadership Survey, inclusion of Transgender and Gender Non-Conforming, African American, Native American employees)
- New Core Competencies for Public Health Professionals
- NIMS/ICS and Emergency Preparedness and Response
- Performance Management/Quality Improvement (QI)
- Policy Tech
- Public Health Sciences Skills 101 Series (e.g., Health Equity 101)
- Racial Equity (e.g., tailored branch support from consultant, racial equity 1 – 5, racial equity 101)

The plan includes numerous resources and opportunities (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 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 of focus for this plan, each of which has a goal and specific objectives described in the Work Plan (FY 21/22 and FY 22/23).

**Figure 1. Baldrige Components.**



Source: [Baldrige Excellence Framework | NIST](#)

## D. Discussion

The various survey results, 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 infrastructure and landscape which also represents an opportunity to build the public health system of the future, to stabilize and institutionalize evidence-based 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, the public health impacts of 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 and develop 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. Where applicable and possible, the operations of the department should be examined through the lenses of these strategic initiatives and opportunities identified to make practical 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. 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 and 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 2022 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 FY 17/18 and FY 18/19 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 FY 21/22 and FY 22/23 and builds on the foundational work executed over the last several years as reflected in the series of 2-year Workforce Development Plans and accompanying Work Plans dating back to public health accreditation in 2016. The FY 2021/22 and FY 22/23 Plan is evergreen and, like the workforce itself, it needs to remain agile and responsive to inevitable change. The selected goals were based on the continued priorities for the County Board of Supervisors and the Chief Administrative Officer, the Agency and Public Health Services, as well as on the review of trends in public health workforce, SWOT analysis, surveys, focus groups, and their results. The plan positions PHS to evolve and reinforce its public health infrastructure in accordance with the new 10 essential public health services, with equity at its core, and the new core competencies for public health professionals. This plan positions leaders and staff to be able to adapt to the complex, dynamic current and future needs of San Diego County's population.

### A. Purpose

The purpose of the 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. Workforce Development efforts over the next two years (FY 21/22 and FY 22/23) integrate with the current [Public Health Services Strategic Plan 2019-2021](#) and will align to the subsequent 2021-2023 Strategic Plan. Workforce planning is integrated with Strategic Planning in PHS. The workforce development plan attempts to get the right staff in the right positions at the right with the right knowledge, skills and abilities or competencies. And where additional development is needed, the Work Plan FY 21/22 and FY 22/23 makes recommendations for how PHS Management and Senior Staff can help close those gaps.

### B. 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 NACo awards in 2021 for several of its programs including:

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

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

## C. Accomplishments FY 19/20 and FY 20/21

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

- |  |  |
|--|--|
| ▪ Clinical Quality Management (CQM) effort                   | ▪ Cultural Competency Training for Disease Investigators |
| ▪ Coaching by Senior Staff                                   | ▪ Data Essentials (Epi and Biostatistics) 101 Training   |
| ▪ Comprehensive (Uber) Plan and Strategic Framework document | ▪ Data Integration and Data Literacy Training Updated    |

- Diversity & Inclusion resources, activities, efforts and icebreakers
- E-learning module on Trauma and Resiliency
- Employee Engagement Survey and Branch Action Plans
- Ensured 90% of all staff had received the series of 101 trainings including Public Health Concepts, Data, Public Health History, Climate Change
- Financial Literacy Training
- Great Leaders Academy
- Health Equity capacity building, training, and resource sharing (e.g., email and Share Point)
- Implicit Bias Training
- IT gaps identified and addressed
- Knowledge Management effort including updating of policies and procedures, Program Operation manuals
- Leadership Development
- National Incident Management System (NIMS/Incident Command System) training
- NewP Onboarding Training updated and provided to all new employees
- Participation on National Working Group on the Core Competencies for Public Health Professionals and 2 Working Groups (i.e., cultural competency/health equity and climate change/environmental health)
- Performance Management, QI, Lean Six, Performance Management System training
- Policy Tech
- Professional Development (annually for all staff)
- Racial Equity Training
- Series of Branch Workshops on Future Skills and the Core Competencies for Public Health Professionals
- Strengths-Based Management Training for Senior Staff at Monthly meetings
- Training developed on disease outbreak and public health emergency response
- Training and onboarding of temporary staff to assist with the COVID-19 response (e.g., Disease Investigators, surge in the Public Health Lab processing COVID-19 tests); onboarding materials including workflows developed and provided
- Training on managing remote employees, Microsoft Teams training and other IT training
- Updated Workshop on Public Health Impacts of Climate Change
- Various Cultural Competency training
- Various Customer Service training
- Various training modules through the agency Learning Management System (LMS) throughout the year (e.g., Sexual Harassment training, Lean Six, Ethics and Compliance)

## D. Trends and Developments in Public Health Workforce Development: Highlights from Recent Literature (FY 19/20 and FY 20/21)

It is helpful to situate our workforce development efforts in the broader context of trends and developments as identified in recent literature (FY 19/20 and FY 20/21). Below are a few basic 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).

### Clinicians:

Prior to the pandemic, the National Academy of Medicine (NAM) had already created an Action Collaborative on Clinician Well-Being and Resilience. The focus was on addressing clinician burnout. The collaborative was to raise visibility, improve understanding, advance the evidence base and change culture among other aspects. The pandemic has undeniably had a major impact on the clinical workforce around the world, which will probably be the subject of numerous studies for years to come. During the pandemic, the Collaborative disseminated resources and strategies to address these issues which included numerous suggestions for consideration. For more information on these resources see: National Academy of Medicine; NAMREPORT-1-Annual-Report-WEB.pdf, p. 16. As these kinds of resources are developed, various studies and reports are published over the next 2 years, PHS will collect and develop an addendum to the Workforce Development Plan FY 21/22 and FY 22/23 and share with public health leaders as appropriate.

### Nurses:

According to a recent survey of Registered Nurses in California (2018), 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 professional overall;
- Teamwork;
- Feeling that work is meaningful; and
- Your job overall

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

- Amount of paperwork involved;
- Involvement in policy and management decisions;
- Non-nursing tasks required;
- Workload; and
- Clerical support (Joanne Spetz, 2020, p. 18)

Satisfaction among various factors declined between 2016 and 2018, including salary, adequacy of clerical support services, relationship with physicians, the skill of RNs at work, work schedules, non-nursing tasks required, and the nursing professional overall. Areas of satisfaction that have improved between 2016 and 2018 include the adequacy of staffing, recognition for a job well done, time available for patient education, teamwork, support from other RN's, quality of preceptor/mentor programs, and leadership from the nursing administration (Joanne Spetz, 2020, p. 121).

As employers and health care leaders, these elements are important to keep in mind in order to assist nurses' ability to produce high quality care for the present and future. 'Many respondents feel concern for how nursing is practiced today and how it is changing, with negative comments often focusing on electronic documentation, increased workloads, lack of job opportunities, excessive documentation, and demanding schedules (Joanne Spetz, 2020, p. 122).

As for the racial/ethnic composition of the Registered Nursing workforce in California, the workforce has become more diverse within the past 30 years. In 1990, over 75% of registered nurses were White compared to 41.6% of employed White registered nurses in 2018. The next largest ethnic group of nurses are Filipinos who accounted for 13.4% of RNs in 1993 compared to 20.6% in 2018. Working RNs who are of Asian Indian or Other Asian descent have shown an increase from 4.8% in 1993 to 11.2% in 2018. Working RNs who are of Hispanic descent have shown an increase from 3.7% in 1990 to 9.6% in 2018. Working RNs of Black/African American, Native American and Pacific Islander nurses have been comparatively stable from 1990 through 2018 (Joanne Spetz, 2020, p. 29).

It also looks like Registered Nurses are obtaining more pre-licensure education including Baccalaureate, Master's and Doctorate degrees (over 50% in 2018 compared to just over 25% in 1990) (Joanne Spetz, 2020, p. 15). In terms of nursing working settings, it appears the amount of Registered Nurses working in Public Health departments/community health agency are comparatively stable (2.5% in 1993 and 2.8% in 2018). The majority of Registered Nurses identify as working in acute hospital (64.2% in 2018). The majority of RNs identify as Staff Nurse or Director patient care providers as their nursing titles, whereas only 1.6% identified as Public Health Nurses in 2018 (Joanne Spetz, 2020, p. 16).

Direct care nurses were given a survey in a quantitative nonexperimental study to examine nurse burnout and position turnover. The survey findings show that 54% of nurses are experiencing burnout, with 28% of nurses experiencing high levels of burnout (Lesly A. Kelly, 2021, p. 98). Nurses that are experiencing the highest burnout rates are younger, female nurses who work dayshifts. The nursing workforce is 91% female and over 60-80% of nursing students are under the age of 30. These findings suggest employers and health leaders need to focus on burnout intervention efforts, such as better communication between providers or assistance with traumatic events through stress debriefing (Lesly A. Kelly, 2021, p. 100). Since the COVID-19 pandemic, stressors related to the pandemic are associated with nurse burnout. Stressors such as being overworked during a pandemic and



experiencing high stress scenarios are likely to increase burnout rates. Before the COVID-19 pandemic, nurses were already experiencing burnout from stressful scenarios. Now that there is a pandemic, nurses will experience additional stressors, increased morbidity, and intense working conditions. Employers and health leaders must take proactive measures to address nurse burnout, especially during the COVID-19 pandemic. Strategies that are suggested to address nurse burnout include reducing workload by improving the work schedule, self-management, and providing mental health awareness resources (Lesly A. Kelly, 2021, p. 101).

## Physicians:

Healthcare First is a health service study group that investigates the distribution of various health-related professions such as the physician workforce. The study conducted examines the current workforce distribution trends of physicians throughout the United States. The study group also makes projections up to the year 2030 based on these trends. The forecast of physician supply in the United States indicates that there will be an estimated shortage of 139,160 physicians by the year 2030. The West and South are predicted to have the greatest shortage of physicians (69 physician jobs per 100,000 people) (Xiaoming Zhang, 2020, p. 3). The states with the largest projected shortage of physicians are California, Florida, and Texas. The main objectives for these predicted high shortages are due to high physician demand from an increasing population, an aging state population, and an inadequate increase in physician supplies to meet growing demand. California's elderly population is projected to grow by 112% and 148% between 2017 and 2030. Currently, 33.4% of all active physicians in California are over the age of 60 and are within 5 years of retirement (Xiaoming Zhang, 2020, p. 4). The projected trends indicate that the number of new doctoral licenses per year is not sufficient to replace elder physicians when they retire. The physician demand will not be able to meet the physician supply available in California. Suggestions to prepare the physician workforce include increasing numbers of medical school graduates, hiring doctors trained in foreign countries, and utilizing emerging technology. As employers and health care leaders, we need to take adequate steps to ensure the physician workforce will be able to meet the growing demand for health services (Xiaoming Zhang, 2020, p. 8)

## Public Health Workforce Burnout in the COVID-19 Response in the U.S.:

A cross-sectional survey of public healthcare professionals was conducted to evaluate their mental and physical health, burnout trends, and short and long-term professional plans associated with the pandemic response. In the survey, symptoms of anxiety, depression, burnout, and poor physical health were reported by the public health workforce. Males reported disruptions in mental health such as 46.7% anxiety and 33.3% depression more than females who reported 39.9% anxiety and 28.2% depression. Females reported more symptoms of burnout (68.3%) compared to 60.0% of males who reported symptoms. Those who were 50 years or older were less likely to report symptoms of mental health disorders

and burnout compared to the younger workforce. Among racial and ethnic demographics, White, non-Hispanic individuals, and individuals reported as other (including multiple races) were more likely to report burnout than other racial demographics (Kahler W. Stone, 2021, p. 3). Risk factors for burnout were years of experience and the public health sector. Burnout was the highest for individuals who have 1-4 years of experience and 5-9 years of experience compared to those that had less than 1 year of experience. Burnout was 31% higher for those who work in academic settings compared to individuals in public health practice. 66.2% of individuals reported burnout in the survey sample. Additional risk factors for a high level of burnout (various symptoms of burnout that will not leave or require intervention) include age and years of experience. Individuals that are aged 40-49 were 2.3 times more likely to report high levels of burnout compared to those 18-29 years old. Individuals that have 10-14 years of experience were 4.3 times more likely to report high burnout compared to those with less than 1 year of experience (Kahler W. Stone, 2021, p. 6). Contributors to burnout and workforce turnover include exhaustion, low self-efficacy, and stress (Kahler W. Stone, 2021, p. 9).

### **Challenges and Opportunities for Strengthening the U.S. Public Health Infrastructure:**

Around half of public health workers are planning on leaving their organization within the next five years. Since 2014, there has been a 41% increase in public health workers planning on leaving their jobs. Public health sectors greatly affected by these worker shortages include epidemiologists, public health nurses, public health physicians, laboratory scientists and technicians, and environmental health workers. Shortages of public health workers are due to high turnover rates and retirement. High turnover rates are caused by lack of advancement, workplace environment, job satisfaction, lack of support, and inadequate pay. Other reasons for public health workers departing from their jobs include threats and attacks against workers and stress from profound responsibilities. The highest reason that was mentioned for leaving is lack of satisfaction with pay (National Network of Public Health Institutes, 2021, p. 7). Healthcare workers are at greater risk for burnout due to the increased workload and responsibilities associated with the COVID 19 pandemic on top of public health workforce shortages. As health leaders, it is important to develop adequate strategies to address high turnover rates in the public health workforce. Public health organizations can address sources of turnover during a pandemic by offering staff the ability to influence their work environment, make decisions, and control their work schedules. Work policies that have shown an increase in employee wellbeing allow flexible scheduling, childcare, and remote work options (National Network of Public Health Institutes, 2021, p. 14).

### **Final Destination Outcomes for 2015-2018 Public Health Graduates: Focus on Employment:**

An assessment of first destination outcomes of public health graduates was conducted to ensure there are enough trained public health professionals that can meet the rapidly changing demands of the public health workforce. Researchers are anticipating that recent public health graduates will fill in the vacancies of the retiring governmental public health workforce. There has been an increase in public health enrollment and graduates from all degree levels. General public health is the most common area of study, followed by health policy and management, health education or behavioral sciences, and epidemiology. Among a cohort of 55 institutions of public health graduates from 2015-2018, bachelor's degrees increased by 62%, master's degrees increased by 21%, and doctoral degrees increased by 6%. Of the reported public health graduates, 83% had known first destination outcomes. Of the 83% public health graduates, 71% were bachelor's, 88% were master's, and 92% were in doctoral degree programs (Christine Plepys, 2021, p. e3). It is important to assess first destination outcomes for public health graduates to monitor the supply and demand of the public health workforce. This also provides information regarding any changes to the job market which can influence what degrees and sectors will grow/decline in response to these trends. Since the COVID-19 pandemic has occurred, there will be new opportunities for employment as the government, businesses and communities continue to respond and update their practices (Christine Plepys, 2021, p. e7). Since enrollment in public health degrees are growing, it is also important to understand what areas of study are resulting in the best employment outcomes, recognize which sector best helps candidates achieve these employment outcomes, and assist schools and programs of public health to communicate their impact to prospective students and employers (Christine Plepys, 2021, p. e9).

### **Public Health Education and Changing Public Health Realities in the Public Health 3.0 Era:**

Since the COVID-19 pandemic has occurred, there has been a significant increase in interest in public health careers. There has been a 20% increase nationwide in Master of Public Health applicants (Shah, 2021, p. 336). Vocations in healthcare and nonprofit organization sectors are the most common types of jobs for first destination public health graduates instead of traditional government jobs. Specific fields and sectors of the public health workforce may be more favorable for graduates based on the salary and diversity of the employment sector. Salary differences of employment can influence prospective students' areas of study, while a more diverse employment sector will allow more job prospects (Shah, 2021, p. 336). Since government public health is severely underfunded, only 17% of public health graduates will be in public health agencies as their first employment destination. Since the employment sector of public health is rapidly changing, new skills will be in demand. Therefore, schools and public health programs will have to update their curricula to adapt to the changing dynamics of the public health workforce (Shah, 2021, p. 337).

## Frustration with Technology and its Relation to Emotional Exhaustion Among Health Care Workers:

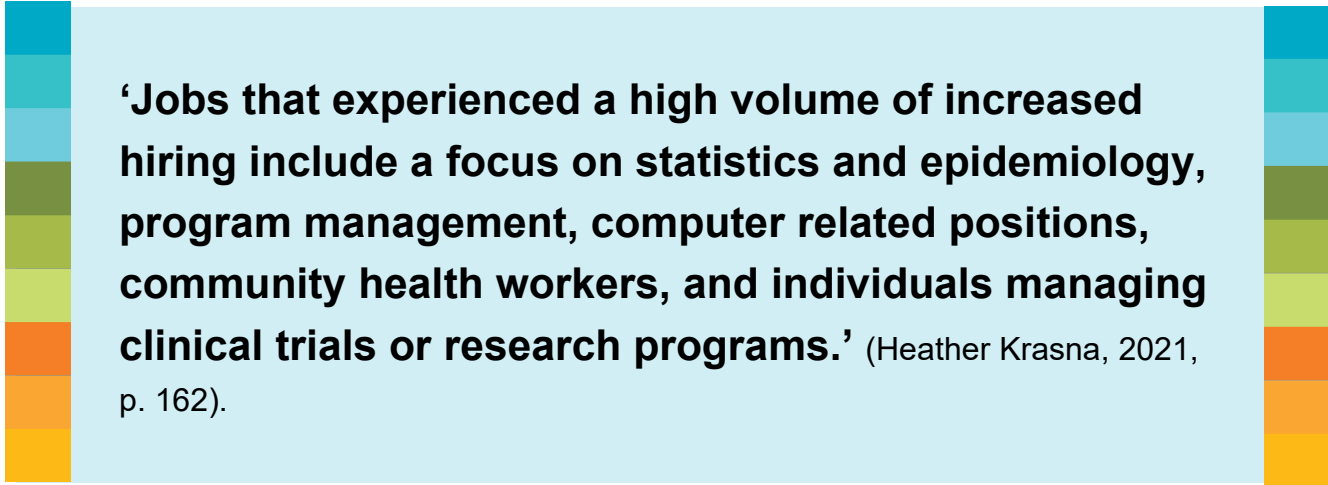
A cross-sectional observational study was conducted to evaluate and quantify health care workers' frustration with technology and its relation to emotional exhaustion using the Safety, Communication, Operational Reliability, and Engagement (SCORE) survey. Symptoms of burnout, such as emotional exhaustion, have increased dramatically and are affecting over 500,000 US physicians. Almost half of the physicians believe they spend a disproportionate amount of time on clerical tasks such as electronic health records (EHR). High EHR task loads, time spent on EHRs, and automated in-basket messages contribute to higher emotional exhaustion. The highest scores that were frustrated with technology were reported by physicians, pharmacists, physician assistants, and nurses. Frustration with technology and difficulty sleeping were the biggest contributors to emotional exhaustion across direct and indirect patient care settings. As health leaders, interventions need to be implemented to decrease health care workers' frustration with technology to reduce burnout among health care workers (Daniel S Tawfik, 2021).

**'High EHR task loads, time spent on EHRs, and automated in-basket messages contribute to higher emotional exhaustion.'** (Daniel S Tawfik, 2021)

## Labor market competition for public health graduates in the United States: A comparison of workforce taxonomies with job postings before and during the COVID-19 pandemic:

Since the COVID-19 pandemic has occurred, COVID-19 associated burnout is heavily present in the public health workforce. Public health leadership has been experiencing harassment due to the COVID-19 response becoming highly politicalized and polarized (Heather Krasna, 2021, p. 152). Since 2008, the public health workforce has decreased roughly by 20%. Employers that are not part of the public health workforce are attracting public health graduates by providing higher wages or better work environments. When multiple public health graduates find jobs elsewhere, a public health workforce shortage occurs (Heather Krasna, 2021, p. 153). Providing trends in job postings can help public health leaders assess the labor market competition for public health graduates and the current public health workforce.

After comparing job postings from the pre-COVID-19 era and COVID-19 era, there has been a significant increase in postings for epidemiologists and statisticians, medical and health service managers, natural science managers, sales managers, chief executives, computer occupations, private detectives, architecture and engineering managers, biologists, compliance officers and community health workers (Heather Krasna, 2021, p. 160). When public health graduates are looking for jobs, non-public health workforce jobs may entice graduates with better work environments and can result in a dramatic shortage of the public health workforce. COVID-19 has appeared to have impacted the job market for public health graduates, due to an increase in hiring in health insurance firms. The education sector has declined, while pharmaceutical firms are increasing due to investments in COVID-19 treatments and vaccines. Hiring in the governmental sector remained stable. Jobs that experienced a high volume of increased hiring include a focus on statistics and epidemiology, program management, computer related positions, community health workers, and individuals managing clinical trials or research programs. With this information, public health workforce leaders can promote competitive wages, lower barriers to entry into the traditional public health workforce and generate more effective recruitment programs for public health



**‘Jobs that experienced a high volume of increased hiring include a focus on statistics and epidemiology, program management, computer related positions, community health workers, and individuals managing clinical trials or research programs.’** (Heather Krasna, 2021, p. 162).

graduates to compete with new sectors (Heather Krasna, 2021, p. 162).

Public Health Services will need to consider these and other public health workforce 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.

## COMPETENCIES FOR PUBLIC HEALTH PROFESSIONALS

In addition to the [Core Competencies for Public Health Professionals](#) that PHS workforce development efforts are guided by, additional sets of competencies were either identified, developed, updated, or were explored in the last two years. As a minimum, Public Health

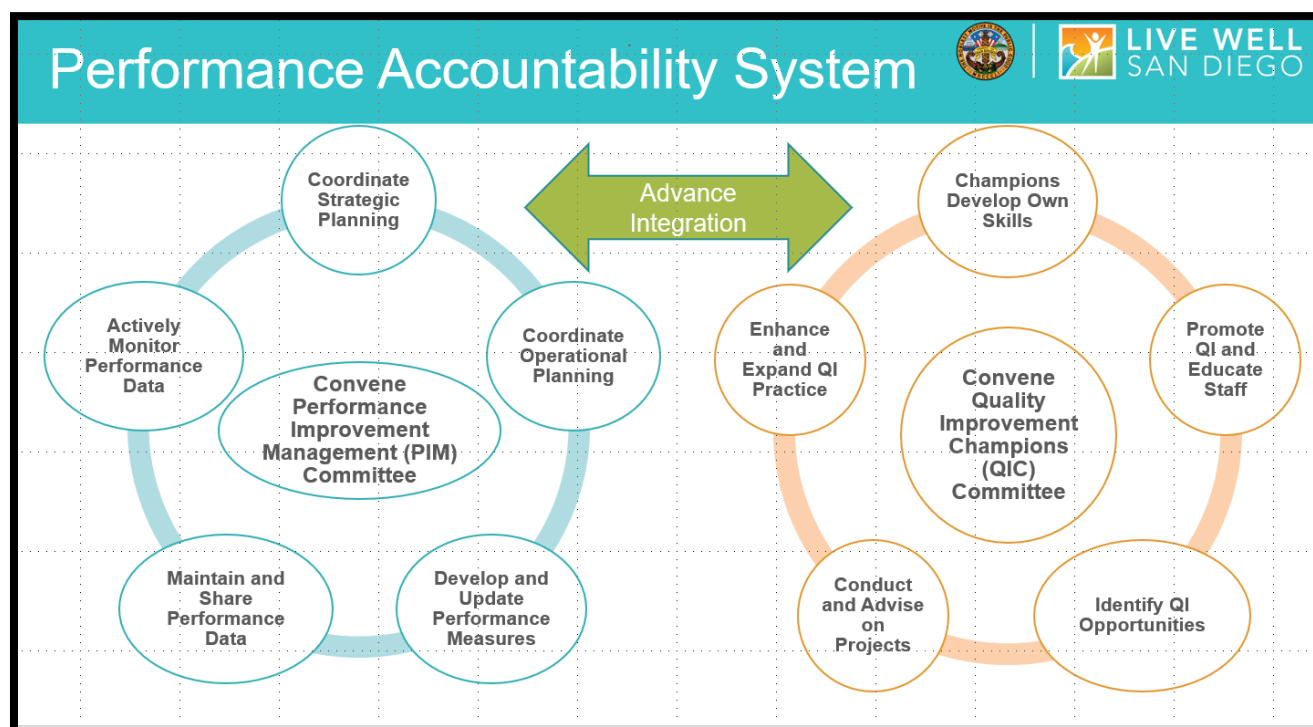
Leaders and Senior Staff should be aware of and/or make use of where applicable, the following sets of competencies as appropriate.

## 1. Competencies for Performance Improvement Professionals

On June 1<sup>st</sup>, 2018, the Public Health Foundation issued the Competencies for Performance Improvement Professionals in Public Health ([PI Competencies](#)). They are a set of skills that are desirable for performance improvement professionals working in public health (e.g., integrate data and information to improve organizational processes and performance) (26) (Public Health Foundation, 2018).

The Office of Performance Management, within PHS, is aware of these competencies and promotes them through the department's Performance Improvement Management Committee (PIM). A new Performance Accountability System (see *Figure #2*) was adopted as policy in 2021 (see figure below) and the emphasis on all aspects of performance management—from strategic and operational planning, to maintaining and sharing performance data, to actively monitoring performance data—influences the training provided. There is also an emphasis on the integration of performance management and quality improvement, which influences training for both disciplines.

**Figure 2. PHS Performance Accountability System.**



Source: PHS Office of Performance Improvement Management, 2021.

PIM members are asked at each monthly meeting about training needs. Resources are shared about both performance management and quality improvement—including links to



training websites with robust on-line training opportunities (such as CDC's new public health training website and the TRAIN Network). Training is offered several times a year in the performance management application the PHS procured in 2019, which includes the basics in results-based accountability and collective impact, as these are the principles upon which the application is designed. PHS has adopted the collective impact approach to performance management—referring to capturing the contributions of individual programs and activities across an array of partners from every sector to lead to big changes at the population or community level. *Live Well San Diego* reflects this collective impact approach. Branches are working to capture program activities as part of a larger picture of achievement of progress toward population improvement or community-wide goals. For example, the Maternal Child and Family Health Services Branch is part of a Statewide Perinatal Equity Initiative that is capturing how community activities developed through an engagement process can help improve outcomes for Black infants and their families. Through results-based accountability and collective impact, PHS hopes to extend or expand this approach to other initiatives and efforts that are underway.

Training in performance management will reflect this new orientation toward results-based accountability and collective impact. Other trends in performance management that were also underscored by the COVID-19 pandemic is the importance of showing performance data that captures health equity and inequities, and to make performance data more accessible through business intelligence and various dynamic, interactive dashboards.

## 2. Competencies for Population Health Professionals

The Competencies for Population Health Professionals (Population Health Competencies 2019) 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. Health Equity 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 Health 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.'* Additionally in 2021 the Council on Linkages convened a National Working Group to update the Core Competencies for Public Health Professionals which included a subcommittee on climate change and environmental health. This sub-committee ensured that climate change competencies were appropriately embedded in the updated set of Core Competencies. This will ensure that public health staff will have enhanced guidance re. what is expected of them with respect to how climate change is integrated into their work in public health at the various levels.

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 Working Group for situational awareness and/or discussion. If there are training implications, this can inform the various plans including Workforce Development Plan, Health Equity Plan and the Plan that guides the work of the PIM Committee.

### 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. These competencies reflect the 8 domains and 3 tiers of the core competencies. 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: [Competencies for Applied Epidemiologists in Governmental Public Health Agencies.](#)

## **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. Public Health Leaders and Senior Staff should be aware of these and the other sets of competencies and embed in branch level workforce development as appropriate, particularly to ensure compliance with ADA requirements. For more information see the disability in public health [web site](#).

### III. WORKFORCE DEVELOPMENT – COUNTY OF SAN DIEGO

#### A. County of San Diego

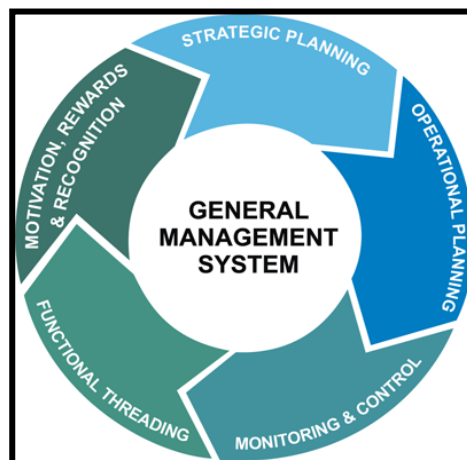
##### 1. General Management System (GMS)

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 (see *Figure #3*). 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.sdcountry.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**.

Figure 3. The Five-Part Cycle of the County of San Diego General Management System.

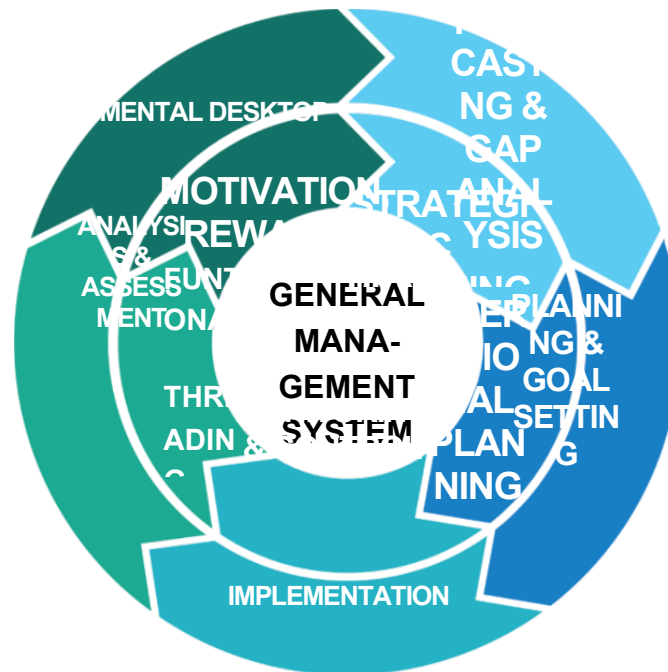


Source: County of San Diego, 2015

## 2. **GMS 2.0**

GMS ensures that our priorities and critical functions are achieved, and high performance is sustainable over time. *GMS 2.0* (see *Figure #4*) 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.

**Figure 4. County of San Diego Expanded General Management System**



*Source: County of San Diego, 2021*

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

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

#### 4. County Workforce Expectations

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

##### 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. 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.

## **B. 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, the Department of Homeless Solutions and Equitable Communities, as well as six regional service areas that include North Inland, North Coastal, North Central, Central, South, and East Regions. Each Department is headed by a Deputy Director. The Agency integrates health and social services through a unified service-delivery system referred to as 'no wrong door' and is supported by an interagency system of coordination and referrals. This system is person-centered, family-focused, and community-based, reflective of business principles. Additionally, the services are delivered in a cost-effective and outcome-driven fashion.

#### **1. CAPE and 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.

## 2. Criteria for Performance Excellence

Figure #5. Baldrige Components.



Source: <https://www.nist.gov/baldrige/2013-2014-criteria-performance-excellence>

## 3. Performance Excellence in Public Health: Public Health Accreditation

Another element that contributes to performance excellence is public health accreditation. The County of San Diego achieved national accreditation for public health services from the Public Health Accreditation Board (PHAB) on May 17, 2016. This recognition signifies that the County has demonstrated meeting national standards in providing essential public health services—which include investigating public health problems; informing and educating the public about public health issues; enforcing public health laws and regulations; and preparing for, and responding to, public health threats, emergencies, and disasters. This was done in partnership with County Groups, HHSA regions and Departments, and community stakeholders. The Regional Chairs from the Community Leadership Teams were also involved in the community partner site interview. Public Health Accreditation was an important step and will contribute to the operational excellence required by Baldrige.

## C. Public Health Services

As one department of the HHSA, PHS employs 550+ staff who provides services for the 3.3 million residents of San Diego County and numerous visitors to the region. The Director of the Department of PHS is also the Public Health Officer. PHS is divided into six branches, each headed by a Chief who oversees the various programs and services in each branch (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 Border Health efforts, 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. PHS Administration also includes Community Health Statistics Unit, Information Technology and other essential units that are key to the administrative and operational effort of the department.
- **California Children's Services (CCS)** assesses families for eligibility for the State funded program and where eligible, administers occupational therapy and physical therapy to children.
- **Epidemiology and Immunization Services Branch (EISB)** works to identify, prevent, and control communicable diseases and includes the Public Health Lab.
- **HIV, STD, and Hepatitis Branch (HSHB)** helps to assure the development and delivery of quality HIV, STD, and Hepatitis prevention and treatment services.
- **Maternal, Child, and Family Health Services (MCFHS)** works to promote health and to protect and support pregnant women, children, families and communities.
- **Public Health Preparedness and Response Branch (PHPR)** provides planning and medical response activities for bioterrorism, natural, and man-made disasters.
- **Tuberculosis Control and Refugee Health Branch (TBC-RH)** detects, treats, manages and prevents the spread of tuberculosis through treatment, case management and contact investigation, as well as administering the State funded Refugee Health Assessment Program (RHAP) that evaluates the health of newly arrived refugees and makes referrals to health care services in the community.

The work of these 7 branches is described in the three-year Strategic Plan (FY[2018/2019](#), FY[2019/2020](#), FY[2020/2021](#)). See *Figures #6.A & #6.B* for detailed information regarding the *PHS Strategic Plan*. PHS leadership is developing the FY21-22 and FY22-23 PHS Strategic Plan, which is a rolling two-year Plan.

**Figure #6. A. Public Health Services Strategic Plan: Vision, Mission, Values and Branch Goals, FY2019-21.**




## 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.

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## VALUES

- Collaboration
- Diversity
- Respect
- Responsiveness
- Transparency

---



### BRANCH GOALS

#### ADMINISTRATIVE SERVICES

- Provide leadership to all residents
- Promote social and economic opportunities
- Create a culture of engagement, and
- Ensure that public health is a priority
- Design, manage, and
- Use information technology
- Develop, coordinate, and
- Maximize resources to strengthen the system
- Facilitate coordination in the United States and the San Diego-Tijuana region

#### CALIFORNIA CHIEF OF PUBLIC HEALTH

- Coordinate and encourage public health activities
- Ensure all public health activities are of high quality
- Engage the community at the local level;
- Ensure timely and independent decision-making
- Promote the health of the community

#### EPIDEMIOLOGY AND PREVENTION

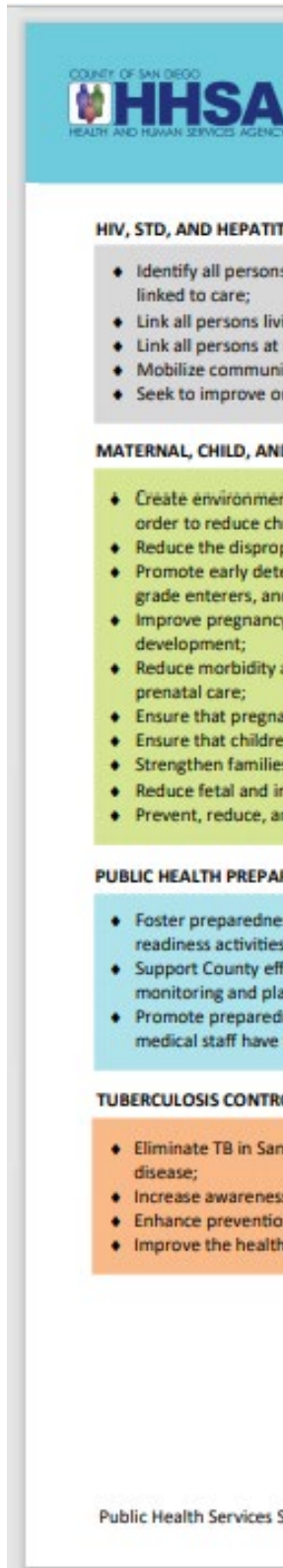
- Promote a healthy community
- Promote health of providers;
- Promote the health of the community
- Monitor and evaluate the health of the community
- Minimize the impact of disease and injury
- Reduce the burden of disease and injury
- Provide effective treatment and prevention
- Ensure timely and effective response to disease and injury
- Maintain a strong support for the community
- Ensure the health of the community

Public Health Services Snapshot of Strategic Plan

Source. PHS Strategic Plan, FY2019-20



**Figure #6. B. Public Health Services Strategic Plan: Branch Goals, FY2019-21.**



Source. PHS Strategic Plan, FY2019-20

## 1. PHS Vision

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

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

## 2. PHS Strategic Plan

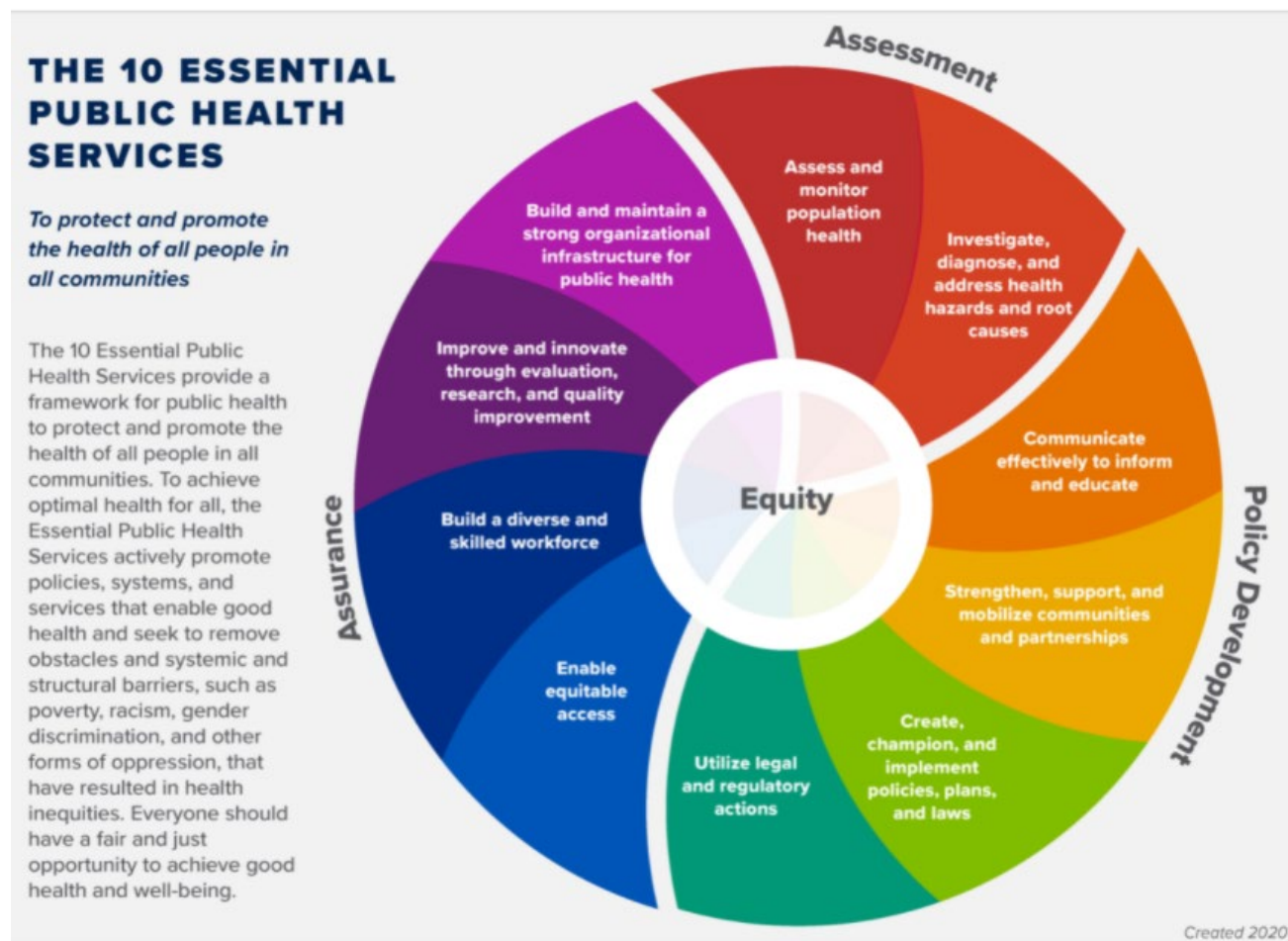
The PHS Strategic Plan is a three-year plan (2019-2021), and this workforce development plan supports that strategic plan and the subsequent 2021-2023 Strategic Plan.

## 3. The *new* 10 Essential Public Health Services

The new 10 Essential Public Health Services, updated in 2020 (see *Figure #7*)) describe the public health activities that all public health systems should undertake including assuring a competent workforce:

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

**Figure #7. The 10 Essential Public Health Services, 2020.**



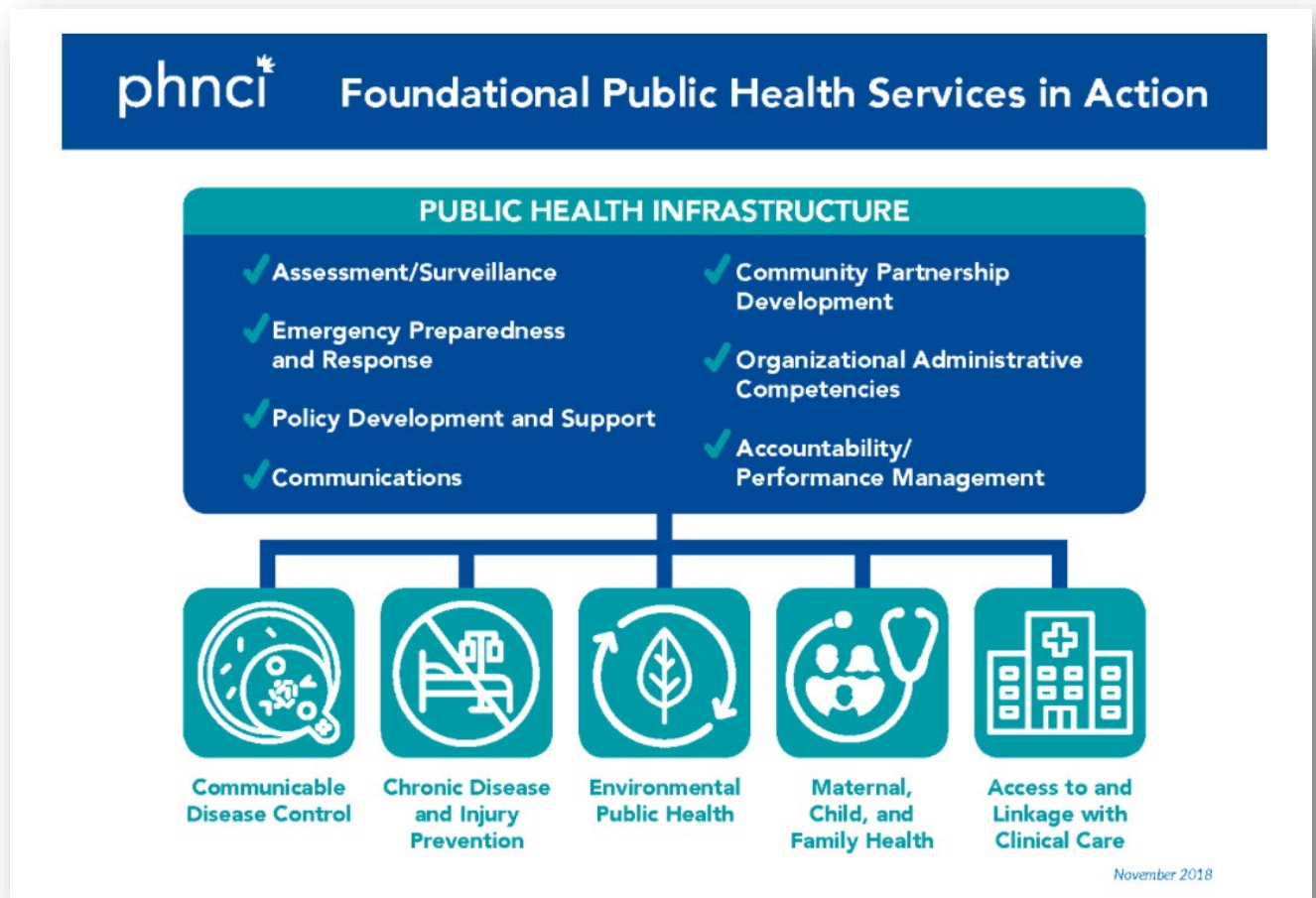
Source: [Centers for Disease Control and Prevention](#)

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

Another document that defines the roles and responsibilities of public into areas and capabilities is the Foundational Public Health Services, which is found below in *Figure #8*.

## 4. Foundational Public Health Services

Figure #8. Foundational Public Health Services, 2018.



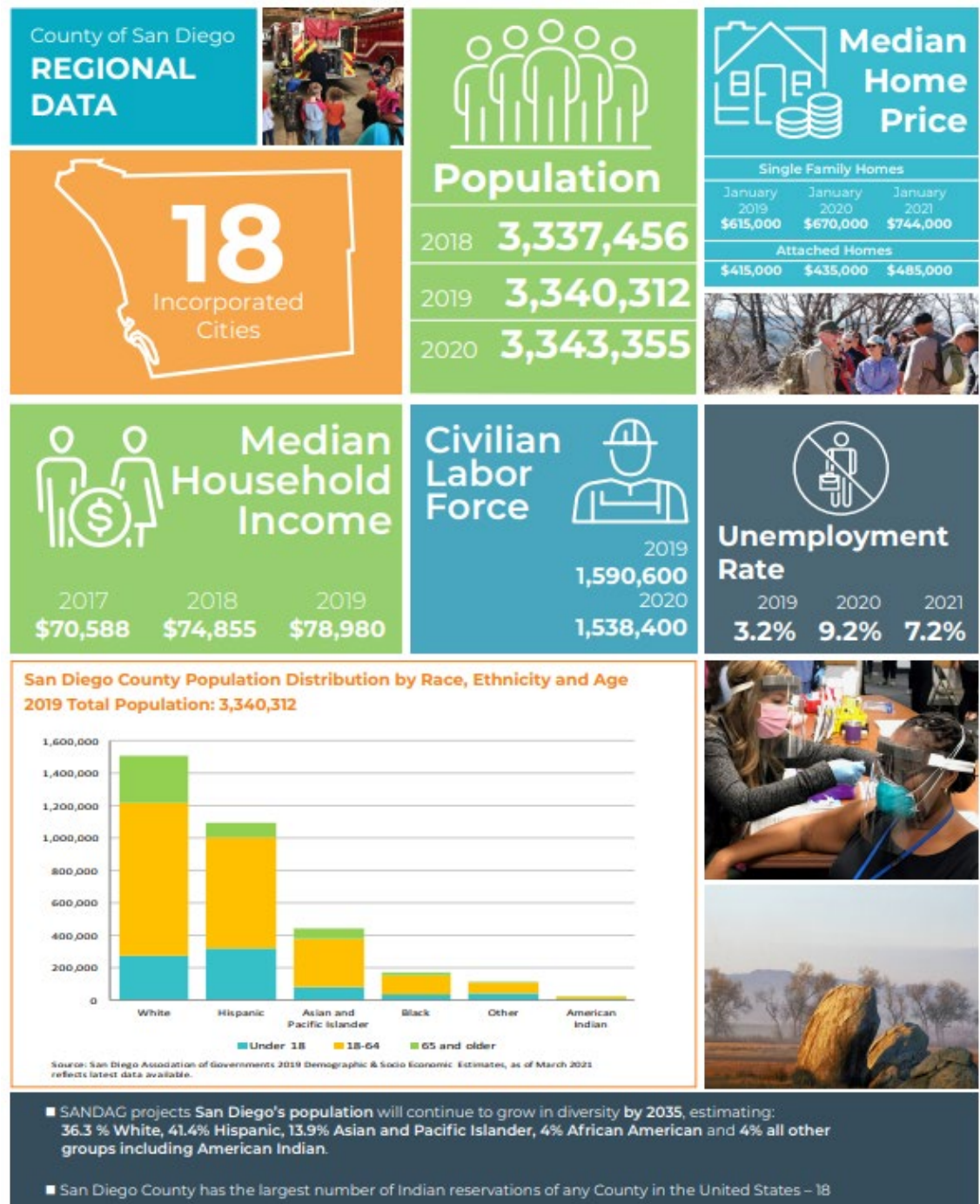
Source: [FPHS](#) | [PHNCI](#)

Originally developed in 2013, the Foundational Public Health Services (see *Figure #8* above) define a minimum package of public health program and capabilities that no local health department can do without. In 2022, the framework was updated to reflect the evolving role and modernization of governmental public health. As with the 10 Essential Public Health Services, equity was prioritized and added as one of the capabilities.



## 5. Profile of the Community and Workforce

**Figure #9. San Diego County, Regional Data.**



Source: [2021/22 Operational Plan Executive Summary](#)

## Recruitment Practices That Encourage Diversity

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

In terms of race and ethnicity, the County assesses how the demographic of the workforce compares to the available local workforce. For example, if Census data shows that 10 percent of the available local workforce is Black/African-American, the County aims to have 10 percent of its workforce reflect the Black/African-American available workforce. The County also assesses race and ethnicity of the County workforce based on Census and SANDAG data, and reports based on Federal and State requirements.

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

## Diverse Population Served

- The County *Operational Plan* (see *Figure #9* above) provides demographic data for San Diego County.
- San Diego County is the 5<sup>th</sup> largest County in the nation, and includes the City of San Diego, which is the 8<sup>th</sup> largest city in the nation. The county has a population of over 3.3 million people, living over an area of 4,200 square miles. The HHSA is responsible for serving all residents of San Diego County and visitors to the region. A third of the population identifies as Latino/a or Hispanic (33%) and many residents (12%) identify as Asian or Pacific Islander, which underscores the importance of Cultural Competency among the public health workforce (Figure 12 below).
- San Diego County also shares a border with Baja California and is considered the busiest border crossing in the world with approximately 904,000 Northbound border crossings every single day (source: SANDAG).
- San Diego County is a popular tourist destination, and it is estimated that at any given time, there could be nearly an additional 100,000 individuals in San Diego that are not permanent residents.

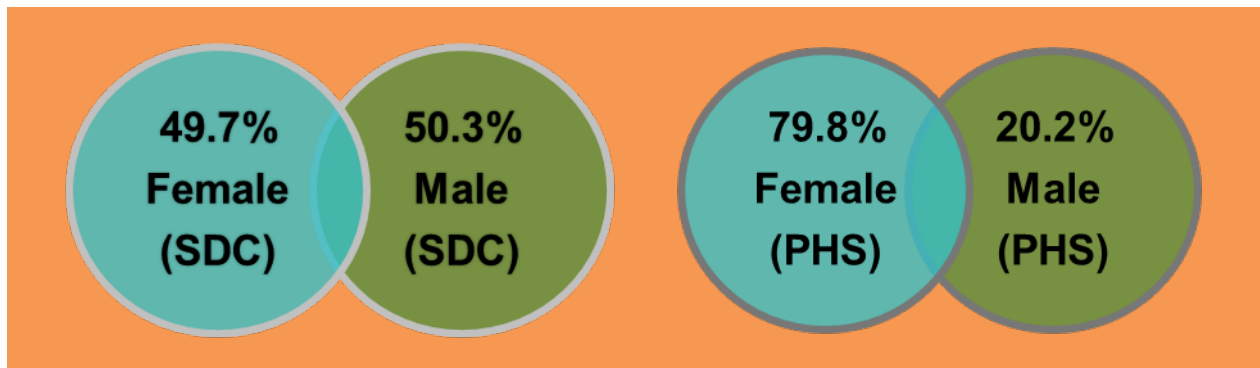
- Many individuals live, work, shop, receive health care and visit family on both sides of the border. Recognizing this fluidity, from a public health perspective, the San Diego-Tijuana border region is interconnected with a shared community.
- The border region is also defined as 60 miles north and south of the physical border, including communities as far south as San Ysidro and as far north as Oceanside. Therefore, one could argue that all County of San Diego programs serve the border community.
- In terms of cross-border emergency preparedness, several activities have taken place to address opportunities for collaboration and improved coordination in specific areas of binational emergency medical services such as cross-border trauma patient transfers and notification pathways for ambulances transporting individuals with infectious disease. The Office of Emergency Services developed a draft binational communications protocol to be utilized during large-scale regional emergencies that will impact both San Diego and Tijuana. Both initiatives are scheduled to resume in the Fall 2021.

## Current Workforce Demographics

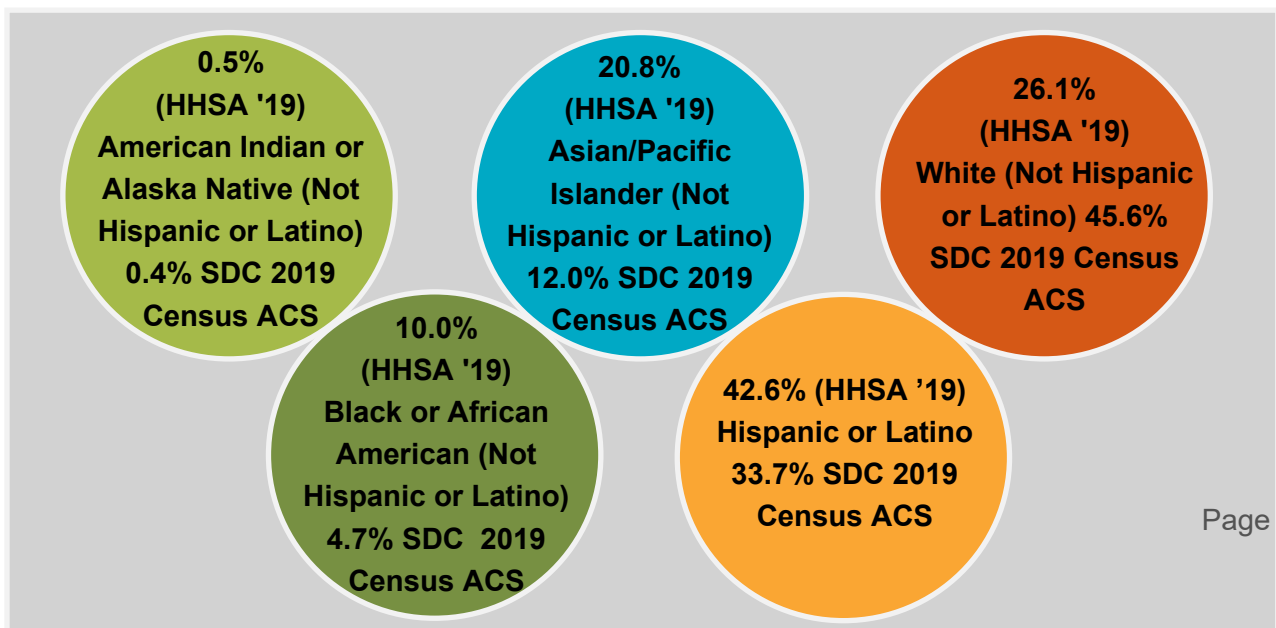
The 2021 PHS workforce was relatively close to reflecting the County population in terms of race/ethnicity per available People Soft data (2019), and U.S. Census Bureau's American Community Survey (ACS) data at that time (2019). As demonstrated below, approximately 30.2% of PHS employees identified as Latino/a or Hispanic, compared to the San Diego County (SDC) population of 33.7% identifying as Latino/a or Hispanic. More of the PHS workforce identified as Asian than was true for the total county population—23.6% compared to 11.6%. While the African American identification in the PHS workforce was 7.9%, higher than for the county at about 4.7%. In terms of gender, the PHS workforce overwhelmingly identifies as female (79.8%). See Figures #10-#13 below for the graphic depiction of these data.

**Figure #10. County and Public Health Services Demographics: Age, Race/Ethnicity and Generational Cohort.**

### Gender

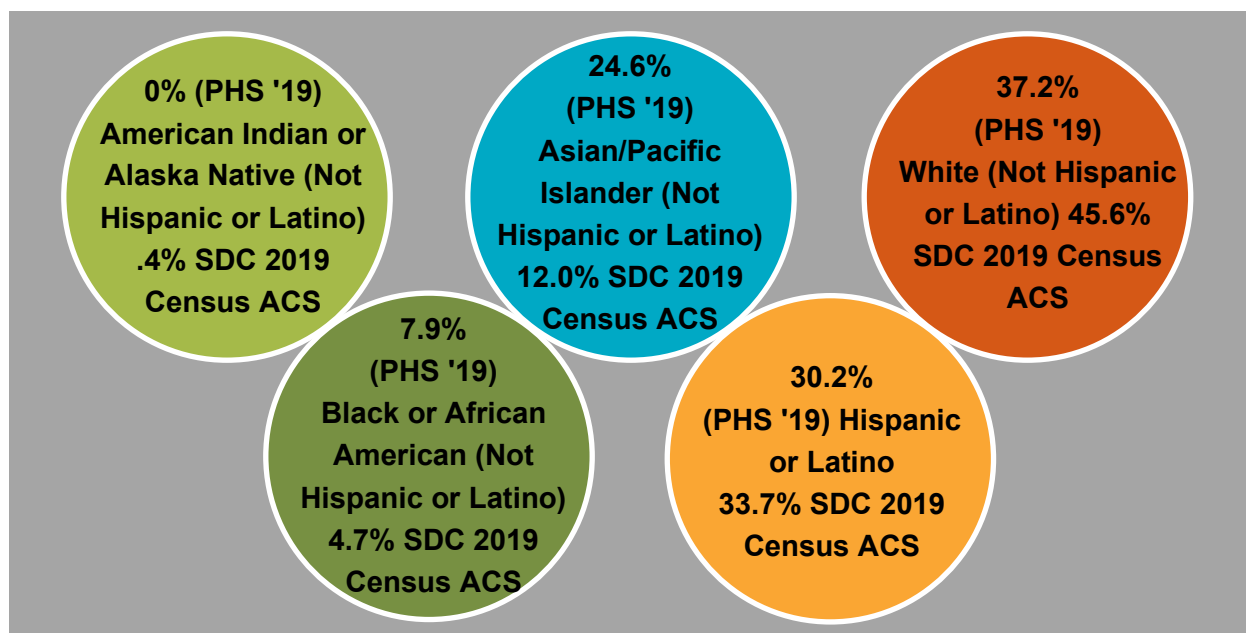


**Figure #11. Race/Ethnicity of Health and Human Services Agency of San Diego Employees.**

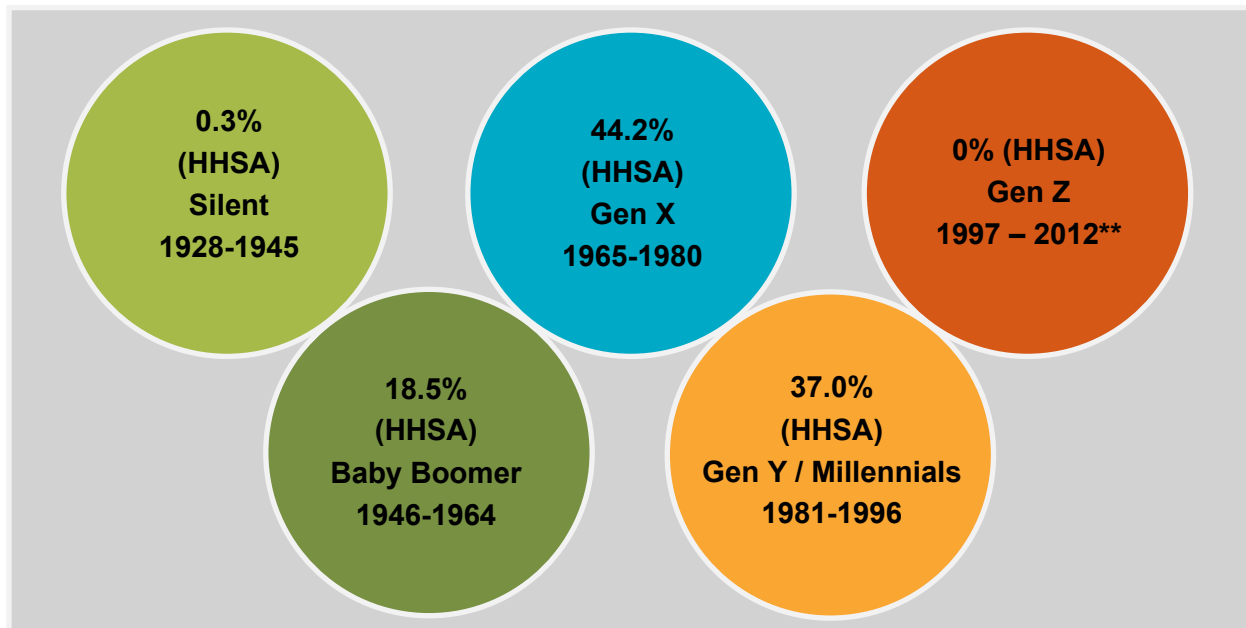




**Figure #12. Race/Ethnicity of Public Health Services Employees.**



**Figure #13 Generational Cohort of Health and Human Services Agency Employees. \***



Source: United States Census Bureau, American Community Survey (ACS), 2015-2019 5-year estimates; 2019 Employee demographics data from PeopleSoft, County of San Diego HHSA Department of Human Resources.

\*Generational cohort definitions from Pew Research Center.

\*\*No chronological endpoint has been set for this group.

## 6. 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. PHS is participating in *PH WINS 2021* as of September 2021 and will look to turnover projections once that data becomes available (i.e., summer 2022).

In the meantime, 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 Healthy Community
- Change Management
- Cross-Sectoral Partnerships
- Cultural Competency/Competence
- Data for Decision-Making
- Effective Communication

## 7. PHAB Standards and Public Health 3.0

### Core Competencies of Public Health Professionals

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

They are organized into eight domains of knowledge and skills (e.g., Financial and Management Skills). Each domain is split into three tiers, which represent different job classifications. Tier 1 would apply to entry level employees. Tier 2 would apply to program management and supervisors. Tier 3 would apply to senior management and executives.

In 2021 the Council on Linkages was conducting a national consultation to update the Core Competencies and Public Health Services Workforce Development lead was participating on the national working group and 2 of its subcommittees (i.e., cultural competency/health equity and climate change/environmental health). The revised set of competencies are expected to be launched in the fall of 2021, which will include a new domain for health equity skills (previously the cultural competency skills domain). PHS will be conducting its second assessment of core competencies in 2022. In the spring 2022, PHS will share the results of the survey with all staff, and train staff on the new set of competencies. More information is available on the Public Health Foundation website:

[http://www.phf.org/resourcestools/Pages/Core\\_Public\\_Health\\_Competencies.aspx](http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx).

**Table 1. Public Health Core Competencies 2020 (revisions underway 2021).**

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.

## 8. PHAB Standards for Workforce Development

PHAB incorporates the standards for workforce development to help ensure public health departments place a priority on developing future public health workers and take actions along several dimensions, including designing workforce development strategies and plans, implementing the plan, promoting professional and career development for all staff, and creating an environment that is supportive of the workforce. The workforce development plan must do more than “sit on a shelf” and must actively address gaps in capacity and

capabilities of the department workforce and its units and be responsive to the changing environment, including consideration of areas where there is significant change (e.g., information technology, emergency preparedness training, health equity, racial equity, racism as a public health crisis, implicit bias, climate change, environmental justice, cultural competence). Training curriculum must be shown to address these emergent trends and close gaps in capacity and capabilities identified.

## 9. Public Health 3.0

Expectations are rising for public health workers not only as reflected through national standards but also by a transformation within the County of San Diego. The County of San Diego has long had a history of commitment to excellence as reflected in its General Management System 2.0 and the County Strategic Plan that includes the goal to “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 initiatives. All public health employees will be expected to serve residents using the latest evidence-based approaches in consultation with community priorities that recognize the socio-economic determinants of health and leverage the collective efforts across County departments as well as partners within the community. This requires systems thinking and the ability to communicate and collaborate across governments and sectors. It requires an understanding of boundary spanning, political and governmental acumen. It also requires strong emotional intelligence (EQ), communication and interpersonal skills. The goal is to have a collective impact and bring positive, measurable change across all San Diego communities in terms of key indicators of community wellness, called the Top 10 *Live Well San Diego* Indicators. This is a very ambitious agenda for the PHS team as a significant contributor to the *Live Well San Diego* vision.

## 10. 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

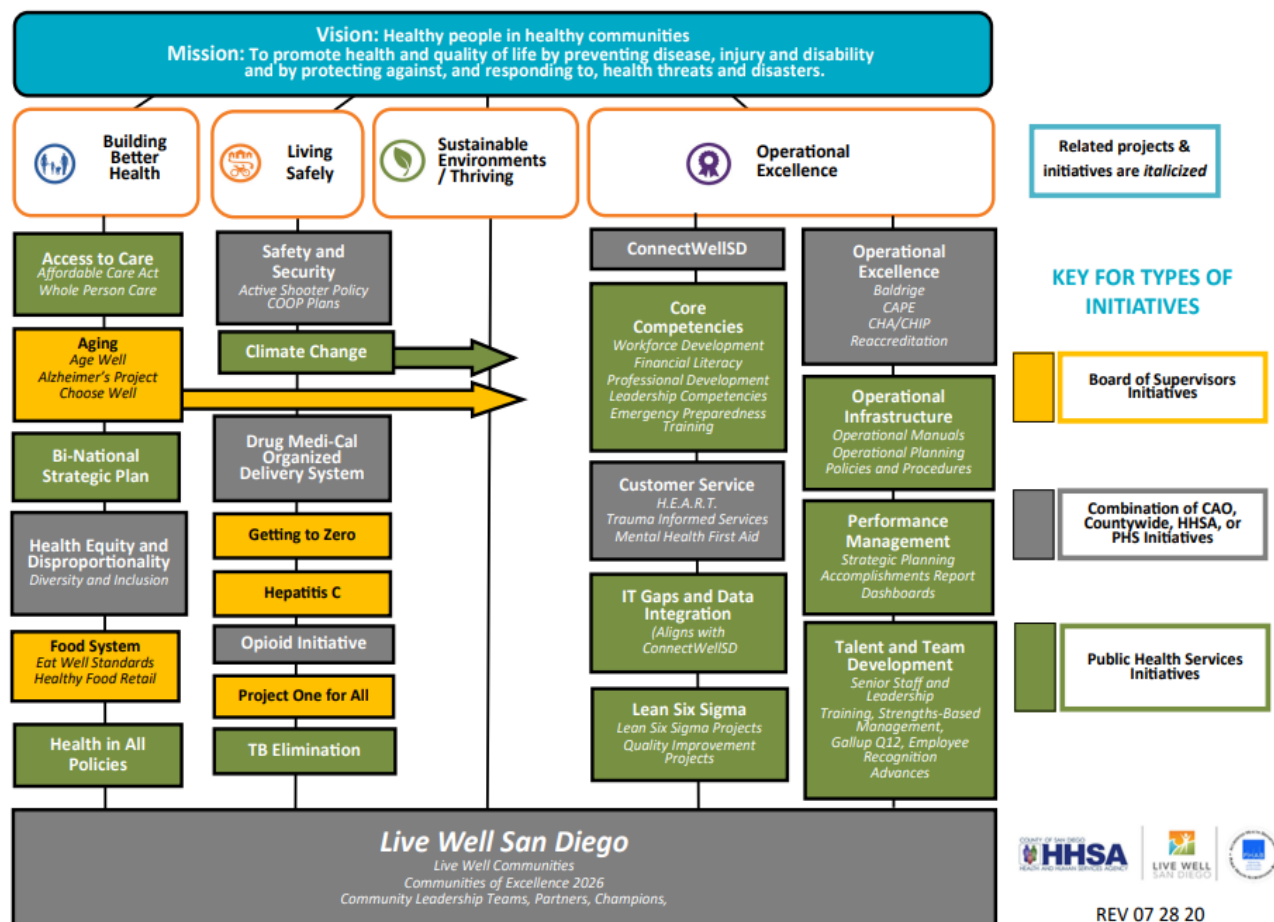
emergencies. Thriving focuses on promoting a region in which residents can enjoy the highest quality of life.

The County of San Diego Board of Supervisors, the Agency, and the department have launched several strategic initiatives that are forward-thinking and embrace new evidence-based best practices, emergent research and public health practice shown to support more effective, responsive, and successful workforce and workplace. This includes Customer Service, Trauma-Informed Services, and Diversity and Inclusion, Racism as a Public Health Crisis, Climate Change, Harm Reduction, and more, 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 these initiatives are described in the PHS Comprehensive Plan (Uber Plan) and the 2020 Strategic Framework document (see *Figure #14*, below) is maintained by PHS Admin and available on County SharePoint.

**Figure #14. PHS Strategic Initiatives Framework, 2020.**

County of San Diego Health and Human Services Agency, Public Health Services

Strategic Plan Framework Map FY 2019-2021



Source: Public Health Services, 2020

## 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. Baldrige award winning organizations demonstrate that customers are not only served but engaged. Engagement of customers and communities is also a priority of the County Board of Supervisors (2021). Therefore, PHS Admin has challenged all Branches to think about how to enhance the customer engagement effort in the next FY 21/22 and FY 22/23 Plan 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 and remote service delivery options such as telehealth).

### 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 this presents in the customers we serve and the people we interact with, including staff, our internal customers.

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 FY 21/22 and FY 22/23, 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 FY 21/22 the TISI Team will release a second e-learning module on trauma and resilience for staff.

### Diversity and Inclusion (D & I)

In 2015, the County launched its Strategic Plan for Diversity and Inclusion (D & I) with input from PHS. See Framework in *Figure #16* below. 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 of the D & I effort is managed through the PHS Health Equity Working Group where all members are required to be the D & I Champion within their branches. There are monthly D & I updates at branch all-staff meetings, monthly D & I posters, 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. Branches will be reinvigorating the Diversity and Inclusion effort and updating their branch D & I impact plans in the winter of 2021 (Nov 2021 – Feb 2022). Impact plans for the other initiatives will also be developed (e.g., Customer Service, Trauma-Informed Services, Employee Engagement).

Additionally, the County of San Diego boast a series of Employee Resource Groups to foster greater belonging and inclusion at the County. In 2021, the ERG Council hosted a series of staff Listening Sessions to better understand staff experiences and needs. The HHSA Diversity and Inclusion Transformation Team conducted an analysis of the input from the Listening Sessions and from it created a set of recommendations for transformation. Also in 2021, the HHSA Transformation Team created an Action Plan to advance efforts to support Transgender and Non-Binary, Gender non-conforming employees in the workplace. These efforts were in part a response to the 2019 HHSA Employee Engagement Survey results which showed that these were two of the categories of HHSA staff that demonstrated lower engagement scores on metrics related to inclusion in the workplace.

**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 belonging and inclusion into the workplace. Efforts on how to foster belonging and inclusion by sharing best practices, and setting goals, create educational opportunities for understanding how to incorporate belonging, 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.



Figure #16. County of San Diego, Diversity and Inclusion Framework.

#### 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.

Source: County of San Diego, The Knowledge Center.

## Health Equity and Climate Change

Since 2015 PHS has maintained a Health Equity Strategic Plan. Each year the PHS Health Equity Working Group 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 Working Group has created a series of training modules (101 Power Points) which will be updated in FY 21/22, including:

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

All staff are required to become familiar with this series as it supports the Core Competencies of Public Health Professionals (e.g., Public Health Sciences Skills). Starting in 2022, all staff who have not taken the 101 series and new staff will be assigned the series for review once the series has been updated (Spring 2022). Addressing and operationalizing health equity and climate change in local public health practice will require systems thinking, boundary spanning (e.g., with local universities), communication, problem solving and community dimensions of practice (e.g., Resident Leadership Academy Network). Efforts are being considered for 2022 to potentially use the BARHII survey for external partners, and/or collaborate on listening sessions or identify other opportunities to engage customers and communities (e.g., in partnership with the HHSA regional offices and the Department of Homeless Solutions and Equitable Communities). All efforts will be coordinated across the enterprise including with the County's Office of Equity and Racial Justice, the Office of Equity and Climate Justice (County of San Diego's Land Use and Environment Group), and other County partners.

## 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 several 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, 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.

#### A. 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).

## **B. 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)/Incident Command System (ICS) training has both online and in-person courses and is required of all PHS staff and management to varying degrees and is mandated by the Post-Katrina Emergency Management Reform Act of 2006. Ensuring all PHS staff are appropriately trained in NIMS/ICS to varying degrees will be a shared performance measure of all PHS branches in FY 22/23 and beyond. Additionally, PHS will be developing a training on Outbreak Management under ICS, a need identified following the FY 18-19 NIMS/ICS training effort.

## **C. Professional Development**

Other training is made available so that PHS 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). Reviewing and discussion professional development goals annually is part of the Performance Review process. Staff are expected to set goals for professional development with their direct supervisor every year. Staff are also encouraged to participate in webinars and conferences. TKC offers various CE opportunities and, with PHS, helps identify and promote continuing education opportunities offered outside of the County (e.g., Coursera). In addition, PHS will promote and/or 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.

## **D. Career Discovery**

HHSA Human Resources also features the Career Discover Program (CDP) (formally the Job Shadow Program). CDP provides HHSA employees an opportunity to explore select classifications and enhance their ability to map out a career plan by pairing participants, or

Career Explorers with an experienced Career Guide over a 3-month period. More information can be found on InSite: <http://insite.sdcountry.ca.gov/hhsa/hr/Pages/careerdiscovery.aspx>.

## **E. Academies**

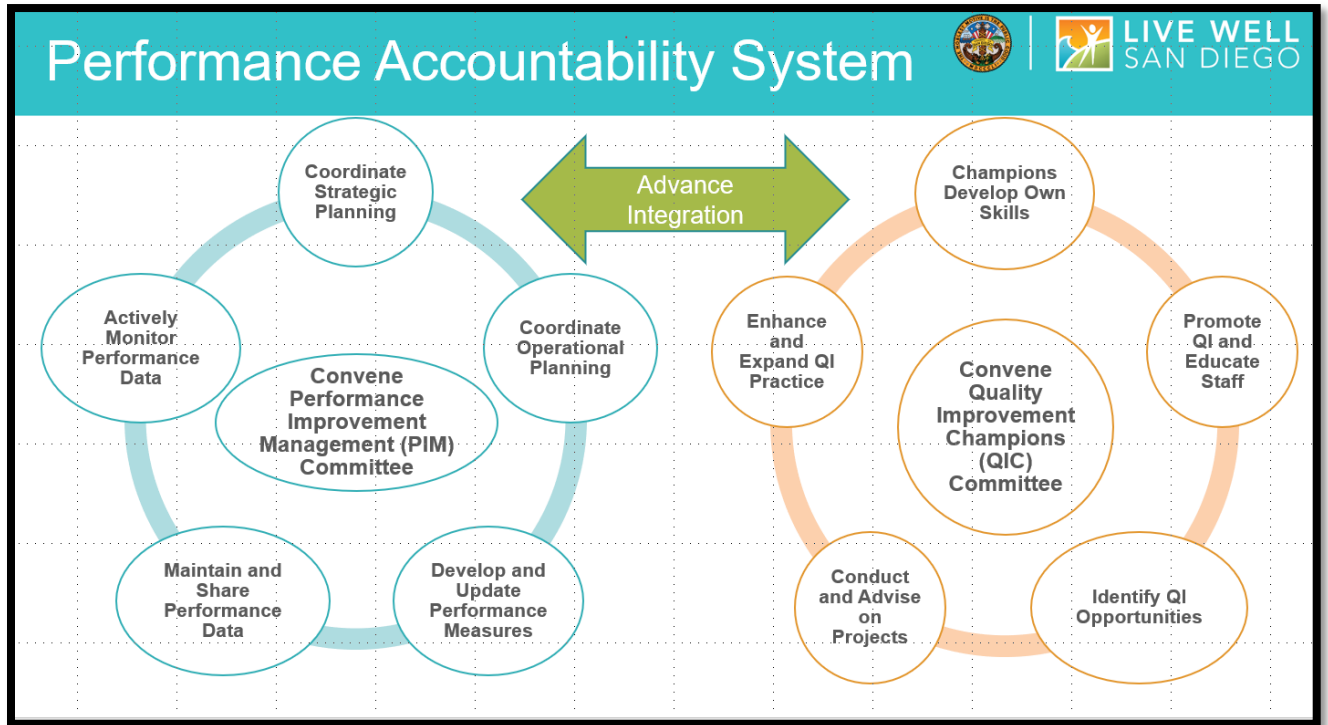
Another important avenue for PHS staff to develop as leaders and managers is by participating in Academies that are offered by the County's Department of Human Resources and HHSA's Agency Human Resources TKC. These Academies reflect County and Agency commitment to developing supervisors, managers and 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.

## **F. QI Training/Capacity Building**

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

Recently, PHS adopted a new Performance Accountability System (see *Figure #2* below) that was approved as policy in 2021. This Performance Accountability System sets up a structure in which the Performance Improvement Management (PIM) Committee is the center of performance management activity. The Quality Improvement Champions Committee, newly created in 2018, is the center of quality improvement activity. All activities are integrated in that performance management results inform the need for quality improvement projects, and gains in efficiencies and outcomes achieved through quality improvement projects are monitored with performance data.

**Figure 2. PHS Performance Accountability System.**



Source: PHS Performance Improvement Management, 2021.

Leading up to identifying and developing QI Champions, a Quality Improvement Culture Assessment was performed in 2018, referred to a Self-Assessment Survey based on the National Association of County and City Health Officers (NACCHO) Roadmap to a Culture of Quality. This survey identified modest progress in the QI culture; with training and other improvements still needed to achieve an organization-wide culture of QI. One strategy identified from this assessment was the identification of Champions who would receive training in QI, be responsible for developing their skills and for promoting QI and educating their own teams to build QI capacity. This capacity building has become increasingly critical to meet the Public Health Officer's goal of 8 QI Projects conducted each year.

QI workshops, in which an expert trainer is procured, have been sponsored each year over the past several years in which the goal is to build understanding of tools and methods in QI and to expand QI capacity. Each workshop has a different focus depending upon need. In FY 17/18, a two-day workshop called "QI Methods and Coaching for Champions" was offered so that Champions within each Branch received training so that they had the skills and comfort level to encourage and support QI projects within their respective Branches. In FY 18/19, "QI

Workshops for Project Teams” was held over a span of two days (one in April; the other in June) to see how teams applied their learnings to new QI Projects. Due to COVID-19, a workshop was not convened in FY 19/20.

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

The QI Resource Fair is held annually; most recently in November 2019. There was a pause on a FY 20/21 fair with the COVID-19 pandemic. This QI Resource Fair offers basic training to QI tools and methods through games, contests, and presentations of QI Projects. All staff are invited to participate, and the Fair serves as a very popular way to communicate to staff that they all have a role in QI and that their ideas for QI projects and participation on teams is critical to PHS success. The goal of all the QI training is to ensure the PHS workforce programs and services are having an impact for customers and for the community we serve. This effort supports Core Competencies Domain 2, Policy Development/Program Planning Skills (e.g., 2C13 Strategies for continuous QI).

## **G. 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 successful goal for FY 19/21 was to update and 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. That new and improved training is now being rolled out as new employees are onboarded.

### **Gallup’s Strength Based Management and Engagement Model**

PHS has embraced the Gallup’s Strength Based Management (SBM) and Engagement model to better focus on strengths, engagement, and performance of all PHS staff. PHS leaders, Senior Staff, and others with leadership potential, receive hands on, practical SBM and engagement training through an Academy, referred to as the Great Leader Academy. This academy consists of a one and one-half day of knowledge transfer, skills building, tools,



and resources as well as developing self-awareness to build capacity of managers and supervisors in HHS through Strengths Based Leadership. PHS leaders and managers use SBM principles to grow and develop staff.

PHS has also integrated Strengths Based Leadership philosophies and practices into meetings, including the monthly PHS Senior Staff Meetings, by having Senior Staff consider important Strength Based Leadership principles and concepts and participate in exercises and activities. A Strength Based Leadership committee, consisting of staff across branches and from different job classifications, was formed to promote integration of these concepts in the workplace. An enhanced employee recognition program is also held at Annual PHS All Staff Advances. Supervisors also incorporate Strength Based Leadership principles in staff performance appraisals and employee development plans. Each branch in PHS is responsible for completing an annual Strengths Impact Plan based on the results of the annual employee engagement survey. These Impact Plans outline activities that will be implemented annually to increase awareness of strengths, engagement, and performance. Areas in need of improvement are discussed at PHS Leaders meetings and incorporated in the Workforce Development Work Plan. All PHS staff members are provided a book and assessment to understand their own strengths. Books on 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 for the Administrative Analyst classification in revenue streams and other financial information, referred to as “Financial Literacy Training,” has been delivered at various venues, including the Public Health Leaders and Analysts meetings since 2014. The training presentation covers expenditures, revenues, staffing levels, clients served, contracts and other details as well as key cost drivers and funding stability issues. The curriculum, prepared by the Departmental Budget Manager, is regularly updated and offered on a continuing basis and integrated into existing meetings where there is opportunity for key staff to ask questions, discuss and grow in their understanding of financial matters as they impact PHS. This effort supports Core Competencies Domain 1, Analytical Assessment Skills.

There is a robust approach to orienting PHS Analysts that includes orientation documentation, and all new Analysts have to attend a series of trainings (10) that has to do with contracts and contract administration. Analysts also attend monthly contracts and fiscal meetings where they are further developed through presentations from guest speakers from Agency Contract Support (ACS) and others. Analysts learn through the QA review process and receive a newsletter with resources and links for Contracting Officer Representatives (CORs) and Analysts. CORs receive 60 hours of training every 2 years which is tracked by the Department of Purchasing and Contracting. Contracts and fiscal meetings are the primary way that staff receive updates and improve their financial literacy on a regular basis. PHS analysts leads meetings which include Principal Admin Analysts and the AAlls also meet monthly where their training needs are surveyed, and they have an opportunity to stay connected and provide input. Peer reviews in PHS have been well received as a means of workforce development for the Analysts and more of those are being planned for the 2021-2024 timeframe.

Additionally, the concept of a buddy system for the Analyst class was identified as something the Analysts would benefit from for their workforce development, particularly those Analysts new to PHS or HHSA. In the buddy system concept, Analysts would be paired with a more seasoned peer from the same classification. Another opportunity for Analysts to develop is to have questions answered by Agency Contract Support (ACS) and currently ACS has open hours dialogue for this purpose. In 2021-2024 the possibility of cross-training of Analysts will also be explored.



## Data Literacy and Data Integration Training

The Community Health Statistics Unit (CHSU) leads the HHSA Data Threading Group and data integration efforts to strengthen the departmental capacity to work with and analyze program, operational and outcome data and improve performance. CHSU has developed and facilitates training for PHS staff and others who are part of the Epidemiologist and Analyst classifications. Tools, techniques and resources pertaining to data analysis are rolled out through the Data Threading Group who meet quarterly. In addition to training Epidemiologists and Analysts, the Community Health Statistics Unit has partnered with the HHSA Knowledge Center to train all PHS staff on the basics of Data Literacy. This training was finalized in the summer of 2021 and assigned to all PHS staff, including temporary workers in August 2021. For all staff, PHS also requires participation in Data 101 which is part of a series of public health basics. In the fall of 2019, all staff had taken the Data 101 and in 2022 this training will be assigned to all new staff. Community Health Statistics Unit also continues to assist branches in maintaining their performance dashboards which were an output of the FY 16/17 Health Equity Metrics Workshops demonstrating impact in three key areas (e.g., population outcomes, program metrics and operational metrics).

## H. 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:



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:



## 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)**

## 3. Tiers:

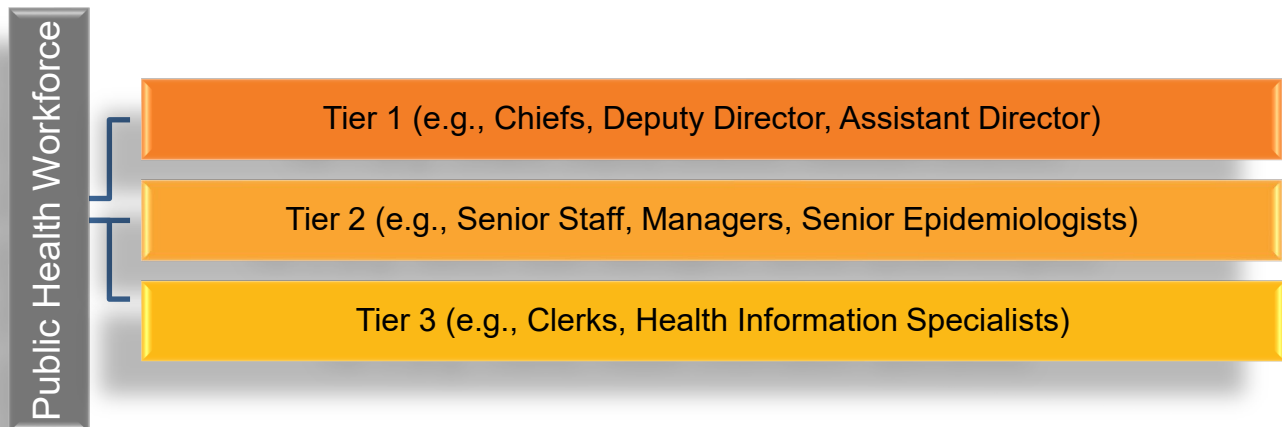
### Tier within the Organization (1, 2, 3)

**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).



## I. 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, (e.g., in response to COVID-19, working remotely, providing telemedicine) the public health workforce must be adaptable and continuously learning and growing. Additionally, the workforce is not a static entity but rather a dynamic set of professionals entering and exiting the public health workforce on a regular basis. The knowledge that the average public health services professional needs encompass professional knowledge from their field, the Core Competencies of Public Health Professionals, knowledge of the County context, knowledge of the agency as well as the PHS contextual knowledge and program specific information that all needs to be dynamically in motion to function as a successful public health employee. Fortunately, many of these are overlapping and mutually reinforcing (e.g., Health Equity, trauma-informed customer service, Cultural Competency, communication). Additionally, the majority of government public health workers (approximately 83%) do not have degrees in specifically public health although most have degrees and specialized training in related fields.

Since the time of accreditation, and the publication of the FY 15/16 and FY 16/17 Workforce Development Plan, considerable progress in workforce development within PHS has been achieved (e.g., 90% trained on both Cultural Competency and Customer Service, 90% of staff trained on trauma-informed services and promotion of resiliency, 100% of staff trained in Mental Health First Aid, enhanced Data Literacy and QA/QI training, Health Equity, Climate Change, ICS/NIMS, implicit bias, and racial equity training). There are always, however, opportunities for improvement, particularly considering emergent issues, and growing demands on the PHS workforce (e.g., infectious disease, emergency response, climate change, data analytics, preparation for additional public health emergencies). As such, continuous learning and continuous improvement is essential to success. Like the communities we serve, our workforce is constantly adapting to change, responding to emergent threats and opportunities.

## V. METHODOLOGY

This section summarizes which surveys, focus groups, and workshops were conducted over the last 2 years (FY 19/20 and FY 20/21) to identify opportunities for workforce development. The subsequent section (Results) will describe the key findings. These two sections form the foundation upon which the priorities for the next two years are selected. In the last 2 years the following were the major surveys, focus groups, and workshops, aligned to the key elements of the Baldrige Framework:

### Strategy

#### A. Future Skills

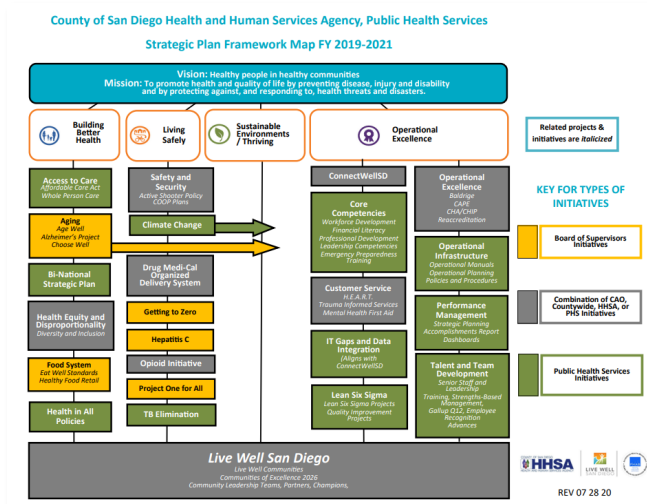
In 2019 PHS Admin rolled out a series of branch workshops on Core Competencies for Public Health Professionals and conducted focus groups on future skills in support of workforce development and planning. As part of the 2019 workforce development effort, the need to identify a set of future skills that would allow staff to meet the challenges of the future was identified as a key goal. In 2019 PHS conducted a series of workshops for staff across all classifications to identify those skills. Workshop participants were invited to consider how their work and the environment in which 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 can be found in Annex 7 of this document. On October 14, 2021, Senior Staff of PHS will identify a new set of future skills needed for workforce planning during the Senior Staff meeting as part of a guided exercise hosted by PHS Admin staff.



#### B. Strategic: Initiatives, Review, and Planning

Every year the HHSA Executive Office provides departments with guidance on the strategic reviews that roll up to the agency level. Each year PHS engages with Senior Staff and/or Public Health Leaders on this exercise. The results are compiled and provided to the Agency Executive Office. The scope usually includes identifications of strengths, weaknesses, opportunities, threats (SWOT) and strategic advantages and disadvantages. The purpose is

to provide an environmental scan and look outside the department into the operating environment with a view to describing the existing and coming challenges for management and staff. This is helpful to consider when developing the workforce as it is the workforce that must flex and respond to these challenges, potential threats and opportunities.



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

## C. Health Equity Working Group Input on Workforce

As part of the Health Equity Plan 2021-23 development, the Health Equity Working Group met to discuss workforce development on June 24, 2021. The Working Group agreed that the department needed to focus on the next level of cultural competency and to begin to make some of these classes mandatory for all staff such as African American, LatinX, and LGBTQ+ cultures. The Working Group recommended 4-hour classes where the key cultures are explored, and a public health lens is applied. The Working Group also emphasized training on health literacy, and translation as topics for the workforce to focus on in FY 21/22 and FY 22/23 and beyond. How to operationalize Health Equity concepts in practice was also discussed and agreed to be a key focus for workforce development. The Working Group also recommended updating the series of 101 trainings in 2022. Additionally, a Working Group subcommittee on workforce was formed to do a deeper dive on this key pillar of the Health Equity Plan 2021-2023.

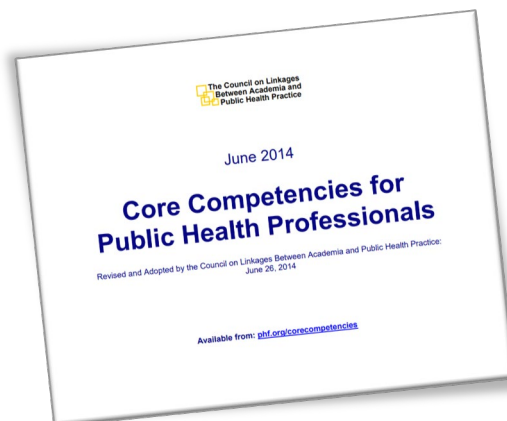
## Workforce

### D. CDPH Baseline Organizational Assessment Survey

The CDPH Baseline Organizational Assessment Survey was designed to collect information on the public health equity capacity in Local Health Jurisdictions (LHJs) in California. PHS, County of San Diego, like other LHJs, was asked to provide information on the extent to which PHS has operationalized and embedded health equity into departmental operations. The information provided was used to understand the current state of the health equity efforts within the public health departments in California and to develop an approach to advancing health equity within LHJs in the State. This survey effort represents one of the sources of comparative data available to PHS as it allows us to compare input with that of other local health departments in California.

### E. Core Competencies of Public Health Professionals

In 2016, PHS first conducted a self-assessment of its core competencies for public health professionals and scored an average of 2.67 out of 4. Two of the areas for focus going forward included financial and management skills and public health sciences skills. The senior staff of the department set the goal of increasing that score to 3 out of 4. PHS will reissued the core competencies self-assessment survey in February 2022. The Health Equity Coordinator for PHS participated on the national working group to update the core competencies and the department plans to roll out workshops in 2022 on the new competencies and conduct self-assessments on the new ones going forward. The final draft set went before the Council in October 2021 for approval, and to PHS Chiefs and executives for information.





## F. Employee Engagement Survey

Every year for over 10 years, PHS has conducted an employee engagement survey based on the 12 Gallup questions (e.g., Do I have a best friend at work?). 2018 was the 10<sup>th</sup> year of conducting the survey and a decade's worth of survey data was featured and reviewed at the Senior Staff Advance on October 31<sup>st</sup>, 2018. Branches used the findings to build branch impact plans and tracked progress monthly throughout the year. The PHS Employee Engagement Survey explores trends in the drivers that engage the workforce in achieving the mission and vision of PHS. In 2019 HHSA also conducted a survey of employee engagement for all agency staff. The survey was not issued in 2020 as a result of the pandemic and workforce deployments but was reissued in December 2021.

## G. Public Health Workforce Interests and Needs Survey

### (PHWINS) (PHWINS 2021)

In 2014 a major, national and state survey was conducted of government public health department staff and management asking about their workforce needs and interests. The survey included anticipation of attrition (turnover). The survey was important for public health departments as it revealed the national trends for the government public health workforce. 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 turnover can be expected, the reasons for the turnover, and key areas staff want to be trained on. Like the CDPH Survey, this national survey provides PHS with the comparative data it needs to explore how we rank relative to other local, State and federal public health departments. The survey will be reissued in September 2021 and close January 14, 2022.





## Results

### H. Performance Management/QI

Every year the Performance Improvement Management Committee and Quality Improvement Champions Committee are surveyed about their needs for training and development. These are largely informal assessments in which the PIM representatives and champions are asked about their needs and the needs of their respective Branches during ongoing meetings. Also, after every training or special event, including the QI Resource Fairs, feedback surveys are administered. The Quality Improvement Culture Assessment, based on the NACCHO Roadmap to a Culture of Quality, was administered in 2018 and there are plans to administer this survey before 2022. The results of this survey have informed many of the enhancements to the approach adopted by PHS, especially the capacity-building through the QI Champions Committee, and the Performance Accountability System that is intended to promote stronger and integrated practice.

## Operations

### I. Operational Needs and Priorities of the Public Health

#### Infrastructure

The operational needs and priorities of the public health infrastructure are determined through a number of leadership and professional meetings including advances and surveys. In 2021, numerous surveys are being issued to identify current status of core competencies (e.g., fiscal and management skills), and employee and leadership interests and needs for training and development. Additionally, in the last 2 years the Fiscal and Contracts Units of PHS Admin Branch hosted numerous meetings for the fiscal Analyst classification to identify training needs and opportunities for improvement in the realm of fiscal and contracts. Additionally, ACS does a regular survey of contractors to ask them about satisfaction with services provided by their CORs and the results are reviewed through the fiscal and contracts regular meetings.

## **Customer**

### **J. Customer Service Survey**

Every year all Branches issue customer service surveys internally and/or externally. Surveys are issued by branches and/or by programs in various modalities, sometimes continuously throughout the year or annually as determined by the Branch Chief and Program Managers. As a minimum, all branches issue surveys once a year and the results are rolled up and scores provided through the Business Planner to the Agency Executive Office, through the Office of Business Intelligence. The results are also reviewed by senior staff, and action plans are developed as a result. The plans are reviewed regularly between Branch Chiefs, the Public Health Officer and Assistant Director. The goal is continuous customer service improvement and workforce development. In October 2021, the Customer Service effort of PHS will be reconvened to determine current status and next steps for PHS survey roll-up and examination of results by branch to inform branch impact plans and inform additional staff training needs.

## **Leadership**

### **K. Leadership Development Survey**

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 continued into the FY 19/20 and FY 20/21 workforce development effort. In March 2022, the Leadership Development Survey will be reissued to determine the extent to which scores have changed, and to identify training opportunities.



## Measurement, Analysis, and Knowledge Transfer

### L. Data Literacy

Every year the Data Threading Group, led by the PHS Community Health Statistics Unit assesses their needs for training and development through an interactive process. Discussions are held during the quarterly meetings to identify what training, tools and resources are needed for the next level of measurement and analysis of data.

## VI. RESULTS:

### A. Future Skills

In 2019 the Office of Health Equity rolled out a series of workshops for PHS Branches on Future Skills for Workforce Development and Core Competencies for Public Health Professionals. Staff received copies of the Core Competencies. 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 were to inform the two-year Workforce Development Plan and beyond (e.g., 5 years). Senior Staff and Public Health Leaders are encouraged to review and be familiar with future skills identified by staff. In FY 21/22 and FY 22/23 the department will reexamine future skills with a view to informing future workforce development planning. The input provided by PHS staff through the branch focus groups can be found in Annex 7. The results of the Senior Staff exercise to identify the next set of future skills will be included here once available (e.g., November 2021).

### B. Strategic: Initiatives, Review and Planning

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). It also requires an analysis of the operating environment, both micro and macro forces that impact the department and the residents. 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 the fall of 2021 during a Strategic Review process facilitated by Public Health Services Administration.

The full SWOT analysis is available through the Office of Performance and Improvement Management.

### C. Input from PHS Health Equity Working Group on Workforce

On June 24, 2021, the Health Equity Working Group discussed workforce development and priorities for training over the next 2-3 years. Working group members recommended the following:

1. Update the series of Public Health Sciences Skills 101s to include recent developments in COVID-19, health literacy, racial and climate/environmental justice and other relevant advances in public health and social sciences (e.g., revised core competencies for public health professionals 2021).

2. Provide training and development for all staff on key cultures and subpopulations (e.g., social and cultural observance calendar, promotion of TKC trainings).
3. Provide training and development for staff on emergent topics such as health literacy including new translation and pronoun policy.

## E. CDPH Baseline Organizational Assessment Survey

PHS was one of the local health departments to participate in the State survey on called the Baseline Organizational Assessment for Equity Infrastructure. Public Health Services Admin will receive the results of the CDPH Workforce Survey in 2022. Statewide, the results of the Baseline Organizational Assessment for Equity Infrastructure are: Domain 1 – Workforce and Capacity average of 2.55/6; Domain 2 – Collaborative Partnerships average of 2.64/6; Domain 3 – Equity in Organizational Policies and Practices average of 2.16/6; and Domain 4 – Planning and Shared Decision-Making average of 2.23/6. It should be noted that Southern California (which includes San Diego County) and the Bay Area have individual competency average scores ranging from 3 to 3.6, meanwhile, all other regions have competency average scores under 3. Specifically, for Southern California Competency Scores, the domain averages for the region were slightly higher than those of the state. All the competency averages for the region were also slightly higher than those of the state. Public Health Services, County of San Diego scored among the highest in the state with a score of between 5-6 overall score out of 6. CDPH is preparing a report with San Diego scores on each metric relative to the state averages.

The full results are available through the Office of Health Equity and Climate Change.

## F. Core Competencies for Public Health Professionals Survey

PHS issued the second Core Competencies for Public Health Professionals Survey in the February 2022. Results were compared to the 2016 results to ensure goal of 3 out of 4 was achieved. The new competencies will be shared broadly across the department once finalized and the next core competencies survey will assess staff against the new set of national competencies.

The average score in 2022 was 2.65, compared to the average score of 2.68 in 2016. In 2022, the 3 lowest average scores were in Domain 1: Data Analytics and Assessment Skills; Domain 2: Policy Development and Program Planning Skills; and Domain 6: Public Health Sciences Skills.

The full results of this survey are available through the Office of Health Equity and Climate Change.

## F. Employee Engagement Survey

The PHS Employee Engagement Survey (or the Public Health Services Strengths Based Management Employee Survey 2021 (Gallup)) was issued December 2021.

The department-wide results from the 2021 survey indicate that the three domains with the highest average scores are: “I know what is expected of me at work” with a score of 4.29, compared to a score of 4.21 in 2018; “My coworkers are committed to doing quality work” with a score of 4.15, compared to a score of 4.17 in 2018; and “Overall, are you satisfied with your job?” with a score of 4.15, compared to 4.09 in 2018. The 2021 survey results indicated that the three domains with the lowest average scores are: “The Leadership makes me enthusiastic about the future” with a score of 3.77, compared to 3.73 in 2018; “I am confident in the Agency’s financial future” with a score of 3.89, compared to 3.88 in 2018; and “This last year, I have had the opportunity at work to learn and grow” with a score of 3.90, compared to 3.84 in 2018.

The full results of this survey are available through the Office of Health Equity and Climate Change.

## G. Public Health Workforce Interests and Needs Survey

### (PHWINS)

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

The results show that 76% of PHS self-identify as a woman and 64% of PHS self-identify as BIPOC. 75% of PHS staff said the COVID-19 pandemic had “no impact” on their decision to stay or leave. 72% of PHS staff said that they intend to stay. One in four PHS staff rate their mental health as either “poor” or “fair.” PHS staff who responded to the survey indicated that 45% have either a doctoral degree (9%) or a Master’s degree (36%). Respondents also indicated that 77% do not have a degree in public health per se. Eighty-two percent of respondents indicated that diversity, equity and inclusion were departmental priorities. Budget and financial management was the top scoring training need by all participants regardless of supervisory level at 58%. For non-supervisory level this was even higher at 62%. Additional training needs identified included:

- Change management
- Systems and strategic thinking

- Community engagement
- Cross-sectoral partnerships
- Policy engagement

For mental health 1 in 4 reported their mental health as poor or fair. Overall, 79% reported job satisfaction and 52% reported satisfaction with pay. The full results of this survey are available through the Office of Health Equity and Climate Change.

## H. Customer Service Survey

Below is a summary of the results of the PHS H.E.A.R.T. survey input for all branches for FY2021/22.

The FY21/22 PHS Customer Service H.E.A.R.T. survey resulted in an average score of 4.73 with a total of 601 survey responses across the department. Of the H.E.A.R.T. survey questions (related to helpfulness, expertise, attentiveness, respect and timeliness), *timeliness* received the lowest average score department-wide.

The full results of this survey are available through the Office of Health Equity and Climate Change.

## I. Leadership Development Survey

PHS Admin issued the Leadership Development survey in March 2022 with the standard questions based on the County Leadership Development Model. The survey was a self-assessment of leadership competencies.

The survey results indicate that the 3 lowest average scores were Organizational Acumen – Views politics and necessary and useful (3.75 average score); Interpersonal Relationships – Superior influence and persuasion skills (3.90 average score); and Initiative as a Leader – Stimulates and actively initiates change in the organization (3.95 average score).

The full results of this survey are available through the Office of Health Equity and Climate Change.

## J. Data Literacy

It was determined in 2021, that all staff need to take a basic Data 101 and Data Literacy training. Data Literacy rolled out through LMS in the fall of 2021. Office of Health Equity and Climate Change is working with The Knowledge Center to track and report on participation quarterly (as of 10/20/2022). Data 101 is being revised in fall 2022 and will be rolled out to new staff (i.e., staff who started on or after January 1, 2020), and anyone who had not taken Data 101 previously. It was also determined that expert Epidemiologists and Analysts would

benefit from training in Census, allocation and various software (e.g., R). It was also determined that the Community Health Statistics Unit would benefit from advanced training through Coursera and University of Michigan (see details in Work Plan).

## VII. SUMMARY

In summary, there are several emergent themes for the Public Health Services workforce to potentially focus on in the next two years (FY 21/22 and FY 22/23), including:

- 1) Customer-focused excellence
- 2) Data Literacy and Data 101
- 3) Financial Literacy (e.g., BEAM)
- 4) Health Equity Skills (e.g., Cultural Competency)
- 5) Outbreak Management under Incident Command System
- 6) Information Technology
- 7) Leadership of Diverse and Inclusive Teams (e.g., RTC consultant, Inclusive Conversations Toolkit, Leadership Survey, Transgender and Gender Non-Conforming, African American, Native American)
- 8) New Core Competencies for Public Health Professionals
- 9) NIMS/ICS and Emergency Preparedness and Response
- 10) Performance Management/Quality Improvement
- 11) Policy Tech
- 12) Public Health Sciences Skills 101 Series (e.g., Health Equity 101, Racial Equity 101, Health Literacy 101)



## VIII. DISCUSSION AND PLAN

### A. DISCUSSION: STRATEGIES AND ACTIONS TO ADDRESS THE GAPS

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

### B. FY21/22 and FY 22/23 Strategic Plan for Workforce Development

#### 1. VISION

An agile, adaptable, highly skilled public health workforce.

#### 2. MISSION

Hiring, retaining, and training a competent and diverse workforce capable to meet the public health needs of the San Diego County population.

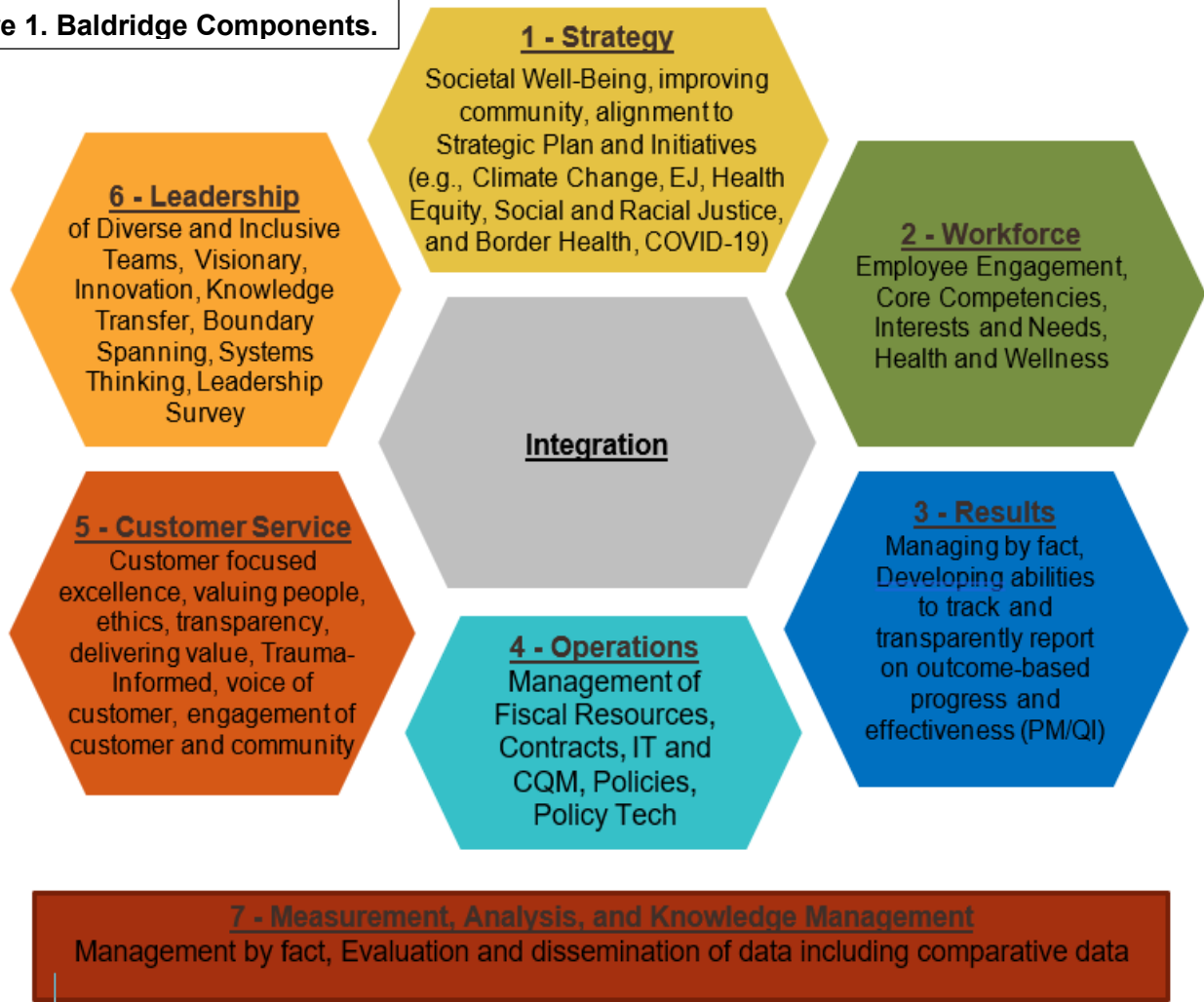
#### 3. GOALS

Seven workforce development goals for the next two years have been identified to support the PHS Strategic Plan, and address workforce development gaps. 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, and the new 10 essential services of public health, Core Competencies for Public Health Professionals and Population Health Professionals, and County, Agency and Departmental Strategic Plan and Strategic Initiatives.

## C.Seven Goals (FY21/22 and FY22/23)

### Aligned to the Baldrige Excellence Framework

**Figure 1. Baldrige Components.**



Source: [Baldrige Excellence Framework | NIST](#)

## 1. Strategy

This goal encompasses: *Live Well San Diego*, societal well-being, improving community, alignment to PHS Strategic Plan and County Board of Supervisors, HHSA and PHS strategic initiatives (Health Equity, Climate Change, Environmental Justice, Social and Racial Justice), Border Health, COVID-19, NIMS/ICS emergency preparedness and response. The efforts encompassed by this goal are aligned to the Strategic Framework.

**Racial Equity Training:** In FY21/22, PHS will strive to ensure that all permanent staff are trained on Racial Equity in Public Health and the Public Health Workforce:

In this highly interactive course, tailored to various audiences within Public Health Services, permanent staff, including Public Health Leaders and Senior Public Health Staff and others, will explore how racial equity is essential to the delivery of effective public health services, and therefore critical in developing the public health workforce. Participants of these trainings will become familiar with concepts related to racial equity, including racial bias and how these concepts and others can manifest in the policies, practices and everyday operations of public health organizations. Participants will explore how these concepts often occur without intention or awareness. Participants will learn how to mitigate potential impacts on Black, Indigenous and People of Color (BIPOC), with the goal of improving service access, and improving health outcomes. This training series is intended to normalize the practice of explicitly examining how the Public Health Department can operationally address racism and advance racial equity and ultimately, advance health equity. This training effort supports the vision of seeing all residents healthy, safe and thriving and supports the Strategic and Operational Plans of Public Health Services.

Sample topics to be covered in the racial equity training series:

- How racial inequities drive poor health outcomes
- History of lack of trust in health systems
- Race is a social construct
- History of racism in the United States
- Implications of structural racism
- History of policing in the United States
- Coded language of racism
- Micro-aggressions
- Strategies to talk about race
- Building capacity to talk about race
- Strategies to be actively anti-racist

Additionally, in FY 21/22 a consultant will be retained to work with Branch Chiefs to tailor trainings for staff. The consultant will also produce a Racial Equity 101 that will be recorded

and saved to LMS and assigned to all future PHS staff as they are onboarded. The consultant will also create a series of tailored cultural competency trainings specific to the public health context.

## 2. Workforce

This goal encompasses: Public Health Workforce Interests and Needs Survey (PH WINS), Employee Engagement, Core Competencies for Public Health Professionals, Diversity and Inclusion (e.g., Transgender and Gender Non-Conforming, African American), health and wellness, including the work of the PHS Domain 8 Workforce Team.

PHS will promote the TKC course on Transgender and Non-Binary, Gender Non-Conforming inclusion, particularly among PHS leaders in FY 21/22. If the Diversity and Inclusion Transformation Team finalizes recommendations from the ERG Listening Sessions, those will be circulated through Public Health Leaders and the PHS Health Equity Working Group. PHS will issue the PH WINS Survey, the Employee Engagement Survey, the Core Competencies for Public Health Professionals Survey, and the Leadership Survey (see Leadership Goal). PHS will promote Diversity and Inclusion efforts throughout FY 21/22 and FY 22/23, and re-issue Branch D & I Impact Plans.

## 3. Results

This goal encompasses managing by fact, developing abilities to track and transparently report on outcome-based progress and effectiveness, **Performance Management and Quality Improvement** including the work of the PHS Performance Improvement Committee. This the QI resource fair, PIM Committee trainings).

## 4. Operations

This goal encompasses **administrative and programmatic operations**. It includes the **financial management** 101 training provided by the PHS Admin Budget Office and the Contracts Management Office. Through the fiscal analysts' monthly meetings additional training topics are covered in coordination with ACS and DPC. CORs are also required to take essentials of fiscal management through the annual Contract Threading Group trainings. As new software is rolled out or new databases or online tools developed, staff will train in how to implement. This goal is aligned to the work of the PHS Fiscal Analysts Working Group. Additional trainings in financial and management skills will be explored. Also, programmatic operations involve trainings related to the clinical quality management (CQM) program. All policies created through **Policy Tech** are included in this operational goal.

## 5. Customer Service

This goal encompasses customer-focused excellence, valuing people, ethics, transparency, delivering value, trauma-informed services, including the voice of the customer and engagement of customer and community. This goal includes training that results from examination of customer service survey results, all customer service-related training and development including coaching of staff and developing improved customer service experiences through tools and resources. Baldrige award winning organizations are successful at **customer engagement** so anything that enables staff and management to advance in greater levels of engagement with customers and community would be advantageous in understanding the customer experience. 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. Specifically, during this period (FY2021/22 through FY2022/23), PHS will work toward ensuring that all new staff complete 4-hour customer service (and cultural competency) training upon onboarding. This goal is aligned to the work of the PHS Customer Service H.E.A.R.T. Committee.

## 6. Leadership

The **Leadership Development Survey** is included in the scope of this goal. 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/>. 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 services of a consultant from the Regional Leadership Center will be procured for providing tailored solutions to Branch Chiefs, and training staff on:

**a. Interpersonal Skills:** Empathy, building trust and rapport with 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 the organization. Managing and resolving conflicts, creating a sense of safety, de-escalating tense situations diffusing tensions and changing a course of events toward a positive outcome are essential for good leadership. Externally, nurturing collaborative relationships enables cross-sector efforts which are the foundation of Public Health 3.0. Internally, nurturing collaborative interpersonal relationships is important to mentoring, coaching, knowledge transfer, employee engagement, creating an inclusive, trauma-informed workplace, and ultimately achieving the organization's goals.

**b. Organizational and Political Acumen:** Leaders 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. Public Health leaders must be able to work with, understand, influence and motivate others to work toward a vision while building employee commitment and engagement.

**c. Coaching, Motivating and Recognizing Staff:** Development of others and successful coaching of staff are key components of leadership development, knowledge transfer, succession planning, and employee 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 morale in the workplace and give freedom to workers to feel they are an integral part of the organization.

**d. Strategic Thinking and Systems Thinking:** 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 organizational culture and the systems already in place and then creating an outline of where we want to go and what strategies we will use to get there.

**e. Change Management/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.

- f. **Other Leadership Training Topics for PHS Leaders:** As needed or requested.
- g. **Training as Identified for Partners (e.g., cities):** As needed or requested.

## 7. Measurement, Analysis, and Knowledge Management:

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

## D. Potential Barriers to Closing the Gap

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

- 1) Time and competing demands in the context of the pandemic.
- 2) Challenging to coordinate and track training in a remote environment with so many new staff.
- 3) New staff are being oriented in a remote context where they do not have the benefit of learning directly from colleagues through daily collaborations and corporate culture.
- 4) Turnover due to potential burnout, and retirements combined with significant learning curve for new staff in the complex public health context.
- 5) Need for training and development tailored to classifications and programs vs. generic (less effective).
- 6) Opportunities to practice what is learned, applied learning for behavioral change.

## E. Action to Address the Gaps

- Pursue Workforce Development Grant and hire staff to support public health workforce development.
- Develop robust Work Plan, review and report on Work Plan quarterly over the next 2 years through Chief's 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, Analysts).
- 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.
- Make best use of LMS to automate as much as possible.
- Explore possibility of Branch reps for Workforce Development and/or expansion of the Domain 8 Workforce Development Team.

## IX. 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-July 2021	Participation in National Working Group on Core Competencies, literature collection, literature review, and survey preparation. Draft WFD Plan comes together to cover FY 2021-2022 and 2022-2023.	Office of Health Equity (OHE), Domain 8 Lead, Domain 8 Team, SMEs (CHSU, HR), and leads for WFD goals, Public Health Officer
August – October 2021	Roll out surveys. Analyze results. Adjust the plan per results. WFD plan highlights shared with Senior Staff and Public Health Leaders. Input sought through strategic planning process on workforce planning and future skills.	OHE, Domain 8 Lead, Domain 8 Team, SMEs (CHSU), Public Health Officer, HR (for survey approval)
July 2021	Approval and release updated version of WFD Plan and Work Plan with input from SMEs, updated quarterly.	PHO, OHE, Domain 8 Lead, SMEs
January 2023	Start drafting next 2-year plan.	OHE, Domain 8 Lead and Team, SMEs
May 31, 2023	WFD Plan developed to cover FY 2023-2024 and 2024-2025.	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	Version 3
4. May 2021	FY19/20, FY20/21	May 2021 - Aug 2021	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

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

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

- **PHS Executive Team, Branch Chiefs, Program Managers and Supervisors** – Responsible to the PHS Director/Public Health Officer to ensure that individual and organizational training initiatives are implemented. Works to mentor and support staff in developing individual development plans (including professional training needs/wants) and in implementing these plans. Responsible to ensure all staff are informed about County, HHSA, PHS strategic initiatives and any related education and training. Responsible to ensure that information shared through Public Health Leaders, Senior Staff or emails are disseminated to staff as appropriate.
- **All Employees** – Work with supervisors to identify trainings and classes that meet their needs, as well as the organization's needs (e.g., core competencies for Public Health Professionals, annual professional development requirement). All employees, at every level, are responsible for expanding their capacity for communications in three areas: Mind-Set, Skill Set and Open H.E.A.R.T. in accordance with the D & I Strategic Plan. Ultimately responsible for their own learning and development.
- **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.)

## APPENDIX 3: COUNTY OF SAN DIEGO LEADERSHIP DEVELOPMENT MODEL

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



## 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 to keep licensing/practice up to date. HHSA's The Knowledge Center as well as PHS' branches assist and track continuing education units (CEUs) earned by designated staff. TKC offers some continuing education professional development opportunities. In addition, PHS Administration and individual branches identify and promote continuing education learning classes offered outside the County. PHS branches also convene summits and other training opportunities by which staff can obtain CEUs.

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

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

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



## APPENDIX 5: ACADEMIES OFFERED BY COUNTY OF SAN DIEGO

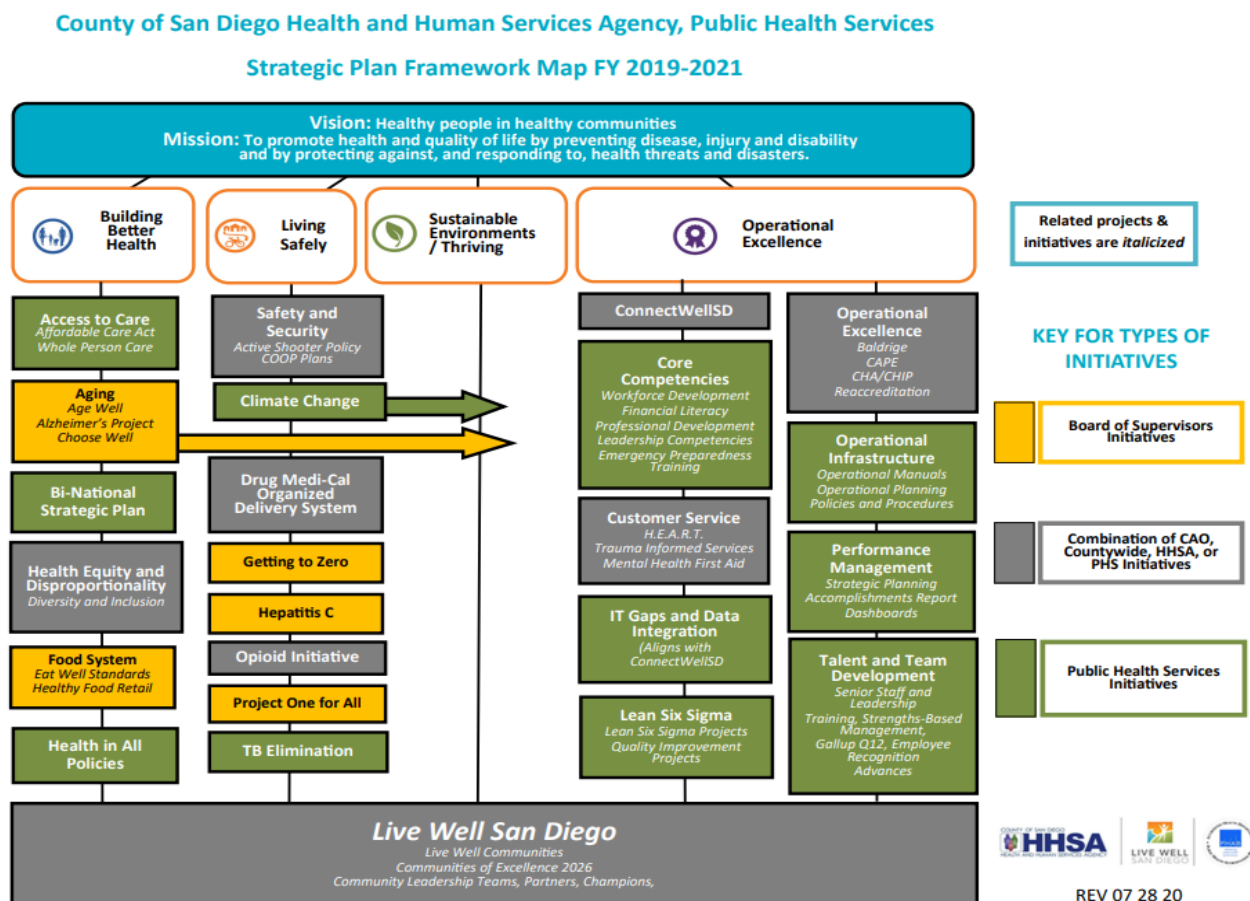
The County and The Knowledge Center at HHSA have developed unique and intensive learning opportunities through Academies. For the most part, these Academies were developed to build strong, adaptable leaders, managers and supervisors, and to support career advancement for all staff. These Academies typically involve more than one day of training, sometimes spread over a longer period. 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:	Talent Development provides useful training that can help you manage your career and achieve personal growth:
<ul style="list-style-type: none"> <li>• All About You Training Series</li> <li>• Communication Training Series</li> <li>• Getting the Job! Training Series</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Communication Training Series – Various classes to enhance presentation skills, learn the basics of facilitation, and improve writing skills and grammar.</li> <li>• 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.</li> </ul>
Customer Service Training Online	A variety of customer service classes are available online through the Knowledge Center including "Providing Great Customer Service Experiences with HEART", "Customer Service Skills: Definitions and 17 Examples", "Taking the Heat- A Customer Service Guide" and Creating a Positive Experience for our Customers"
County Grammar Review Online	These seven modules will help you review basic grammar rules to help you improve your written communication.
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.

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

## APPENDIX 6: PUBLIC HEALTH SERVICE INITIATIVES

There are several Initiatives that grew out of the Workforce Assessment and Development Workshop convened by PHS in 2014, and new ones that have been identified since. 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. The PHS initiatives are reflected in the most recent version of the Strategic Framework and include, for example, Binational Strategic Plan, Climate Change, Core Competencies, Data Literacy and Integration, Health Equity, Health in All Policies, IT Gaps, Opioid Initiative, Quality Improvement, Performance Management, Tobacco Retail, Kresge Emerging Leaders in Public Health, Public Health Re-Accreditation, TB Elimination, Hep C Elimination, and Workforce Development.



## APPENDIX 7: FUTURE SKILLS (2019 – 2024)

In FY18/19 PHS undertook a series of workshops to identify what future skills might be needed over the next 5 years into the future (2019 – 2024). Below are the responses broken out by job class families.

### 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-ittrack)
- 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/analysts, informatics
- Decision making
- Degrees
- Disease
- District attorney/police department investigators
- Diversity in patient population
- EHR-patient portal
- Electric vehicles
- E-Material—pamphlets etc.
- Emergency response preparedness
- Facebook
- Facetime
- Gang Unit
- Generational differences
- Genotyping
- Group dynamics
- Hot team
- Housing with contracted services
- Increase tuition
- Informatics
- Investigation skills
- IT investigations
- IT-EMR tablets
- Knowledge of how to access latest versions of Branch, division & agency Strategic Plan
- Language skills training
- Leadership skills & management (in government); policy legislation; promoting public health nursing (policy change); continuing education; understanding funding
- Latent Tuberculosis Infection (LTBI)
- Medical documentation
- Motivational interviewing
- Multi-lingual language needs
- New technology
- Nursing continuing education
- Organizational/time management skills
- Pathway to advanced
- Pediatric conditions
- Phone skills
- Political/organizational acumen for HHSA-PHS, etc.
- Positive attitude
- Public speaking
- Regular + up to date training for IT products & software
- Resource development
- Robust stronger/training on case management/care coordination (TB, foster care, CCS, etc.); complex health needs

- Self-care
- Social media
- Staff RN to PHN certificate
- Staying current in field of work/job
- Stress management
- Support nurses seeking higher education (BSN, MSW, DNP, PhD)
- Teamwork
- Telecommuting
- Time management methodologies
- Trauma-informed care training
- Understanding limitations
- Use of tech to communicate with external stakeholders (i.e., PTs, PCP)
- Video patient assessments (tele-nursing)
- Will # of patients increase or decrease (LTBI- Latent Tuberculosis Infection-case management)
- Work styles
- Writing skills; research; professional writing

## 9. Health Services Project Coordinators

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

## 10. PHPR Staff/EMS - Emergency Response Specialists

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

- Technology
- Technology related
- Virtual DOC
- Writing/public speaking

## 11. Information Technology

- Advanced technology (Cloud)
- Centralized/standardized systems (Cerner)
- Clear path to clean path to clean/defrag/speed up/ replace PC's with low performance
- De-commissioning old systems
- Evangelize change
- Excel 101 (for all)
- Increased number of staff
- Outlook 101 (for all)
- Word 101 (for all)

## 12. Human Services Specialists

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

## 13. Occupational Therapists/Physical Therapists

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

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

- Adaptability/thriving through change

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

## 15. Public Health Professionals in General

- Ability to embrace change
- Adaptability/thriving thorough change

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

## 16. Other (Not Specified)

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

## APPENDIX 8 WORKFORCE DEVELOPMENT WORK PLAN

*(SEPARATE DOCUMENT)*

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