



2015-2018
Workforce Development Plan

Monterey County Health Department

Signature Page



This plan has been approved and adopted by:

Ray Bullick, Director, Monterey County Health Department

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Revisions:

Date	Revision Number	Description of Changes	Pages Affected	Reviewed or Changed by

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Purpose

Training and development of the workforce is one part of a comprehensive strategy toward Monterey County Health Department's (MCHD) ongoing quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

A primary purpose of this plan is to assess the sufficient numbers of workers needed to meet changing public health needs and changing populations. This plan further assesses the strengths of workforce planning between MCHD and educational institutions that assure diverse and high quality professionalism.

Lastly, this plan serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement, and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*



About the rock design: *Strong employees, working together, can build a foundation, a pathway, a bridge to do great things.*

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I. Monterey County Health Department Profile



Vision **Creating a Legacy of Health Together**

Mission The Monterey County Health Department **enhances, protects, and improves** the health of the people in Monterey County. The Department provides a wide variety of services in the areas of public health, environmental health, behavioral health, emergency medical services, public guardianship, and clinic services.

- Strategic priorities**
- ▶ **Empower** the community to improve health through programs, policies, and activities
 - ▶ **Enhance** community health and safety by emphasizing prevention
 - ▶ **Ensure** access to culturally and linguistically appropriate, customer friendly services
-

- Core Values**
- ▶ **Integrity** – We conduct our work in a trustworthy and dependable manner.
 - ▶ **Respect** - We value the strengths, experiences, and perspectives of others.
 - ▶ **Innovation** - We search for creative solutions, manage resources wisely, and lead the way.
 - ▶ **Health Equity** – We cultivate activities, programs, and policies that equalize opportunities for communities to be healthy.
 - ▶ **Excellence** – We promote quality outcomes through learning and continuous performance improvement
-

Culture of Learning

MCHD is committed to ongoing professional development through mandatory and voluntary learning opportunities that are developed and delivered through the County's Learning and Development Network, the department itself, professional associations, and external providers.

County Policies

County policies that support a culture of learning include:

- A. 9.17 Educational Stipend – X Unit
- A. 33 Leave of absence for education or training.
- A. 23: Professional Expense Stipend for organizational membership and employee job enhancement.
- A. 48.1 Compensated Voluntary Training.
- A. 48.2 Educational Assistance Program.

Learning & Develop. Network

Monterey County's "Growing Our Own", Learning Program provides learning and growth opportunities necessary to uphold and expand the County's values <http://www.co.monterey.ca.us/training/learning.html>

Behavioral Health Workforce Education

Funded by California's Mental Health Services Act, MCHD's Behavioral Health Bureau provides a wide variety of mental health and wellness workshops, trainings, conferences, webinars, and consultations for staff, clients, and community members.

Educational Institutions

Collaborations with local colleges and universities consist of:

- Positions as adjunct faculty.
- Guest speaker
- Membership on collective impact collaborations and collaboratives.
- Memberships on advisory boards and committees.
- Partnerships in developing college and university departmental programs that educate candidates for MCHD nursing, social worker, health educator, and administrator positions.

MCHD maintains internship agreements with local colleges and universities for three to 18 month positions. MCHD frequently contracts with California State University, Monterey Bay Institute for Community Collaborative Studies for research services.

Workforce Retention

County policies that support retaining existing employees include:

- A. 3 SPECIAL APPOINTMENT PROVISIONS FOR NURSING PERSONNEL
 - A. 8.1 Overtime Discouraged
 - A. 8.4.2 Flex-time and Alternate Work Schedule Excluded
 - flex time
 - A. 20 LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT
 - A. 21 HEALTH, DENTAL AND OPTICAL INSURANCE
 - A. 30 MANAGEMENT ANNUAL LEAVE AND INCOME PROTECTION PLAN
 - A. 35 Professional Leave
 - A. 49 Employee Incentives Program
-



**Connections
to other
MCHD plans
& initiatives**

2011-2015 Monterey County Health Department Strategic Plan

https://www.mtyhd.org/wp-content/uploads/2014/10/Strat_Plan_FINAL.pdf

The plan defines 3 initiatives for 2011-2015, and recommends Health in All Policies practices, a regional approach, a realignment of Department programs and resources, an evaluative culture, and collective action with community residents, agencies, and organizations.

2013 Monterey County Community Health Assessment

https://www.mtyhd.org/wp-content/uploads/2014/11/Final_CHA_pdf_11_21_13.pdf

The socio-economic determinants of health, quality of life indicators, and access to affordable and safety net health care in Monterey County are described in this assessment.

2014-2018 Community Health Improvement Plan for Monterey County

https://www.mtyhd.org/wp-content/uploads/2014/11/MCHD_CHIP_2014-FINAL.pdf

15 Action Plan objectives primarily focus on health equity and the disparities that health inequities cause. The Plan's link to this Workforce Development Plan is evident in four objectives meant to ensure access to culturally and linguistically appropriate, customer-friendly, quality health services.

2011-2015 Community Themes and Strengths Assessment

<https://www.mtyhd.org/wp-content/uploads/2014/11/CommunityThemesStrengths.pdf>

County residents voiced the need for greater availability and access to quality health care.

2013 Local Public Health System Performance Assessment

<https://www.mtyhd.org/wp-content/uploads/2014/11/MC-LPHSA-FINAL-REPORT.pdf>

Monterey County's local public health system was ranked by community partners as having moderate activity in the area of assuring a competent public and personal health care workforce. It was noted that education and training to maintain skill and competency should be made a higher priority.

II. Workforce Demographic

Numbers & Percentages

MCHD's workforce as of December 31, 2014, predominantly (74%) consisted of clerical, professional, and health professional/ancillary job groups. Race/ethnic composition was nearly identical to the County's population. At 81%, female employees far outnumbered male employees.

Job Groups	Employee Category		#	%
	Management	groups 1-2	15	2%
Professionals	groups 3-7	200	24%	
Health Professionals/Ancillary	groups 8 & 10	182	22%	
Paraprofessional-Technicians	group 13-14	159	19%	
Clerical	groups 17-18	231	28%	
Skilled Craft/Maintenance	groups 16 & 19	33	4%	
TOTAL		820	100%	

Note: Monterey County categorized employee functions in 20 groups, of which only 13 groups apply to the Health Department. Source: MCHD Equal Opportunity Plan 2015, pp 8-14.

Race/ Ethnicity	Employee Category	#	%	Monterey County
	African American		28	3.4%
Asian/Pacific Islander		57	7.0%	7%
Hispanic alone		457	55.7%	56%
Native American/Alaskan Native		5	0.6%	1%
White, non-Hispanic		273	33.3%	33%

Source: MCHD Equal Opportunity Plan 2015, pp 15. US Census ACS 3-year estimate for 2013, ages 18-64.

Gender	Employee Category	#	%	Monterey County
	Male		159	19%
Female		661	81%	47%
TOTAL		820	100%	100%

Source: MCHD Equal Opportunity Plan 2015, pp 8-14. US Census ACS 3-year estimate for 2013, ages 18-64.

**Turn-over
Rate**

In calendar year 2014, MCHD's turn-over rate was 6.6%, according to the 2015 Equal Opportunity Plan. The turn-over rate includes voluntary separations and retirements, involuntary terminations, and releases during the initial probationary period. Comparatively, private sector companies reported an average monthly turnover ranging from 3.5% to 10%, and MCHD's rate falls in the middle of that range.

	Employee Category	Total N	Age 60+	% of Total N
Employees < 5 years from retirement	Management	116	33	28%
	Non-management	710	68	10%
	TOTAL	826	101	12%

As of March 2015, over one quarter (28%) of management staff were over age 60. Assuming a retirement age of 65, this percentage of staff would be expected to retire within five years.



Job Applicants

MCHD's history of providing access and opportunity for women and minorities is strong. Recruitment plans are carefully developed and consistent with established County of Monterey personnel services practices. Diverse subject matter experts are utilized to screen applications, as well as diverse internal and external panel members provide objective input into the final selection interviews.

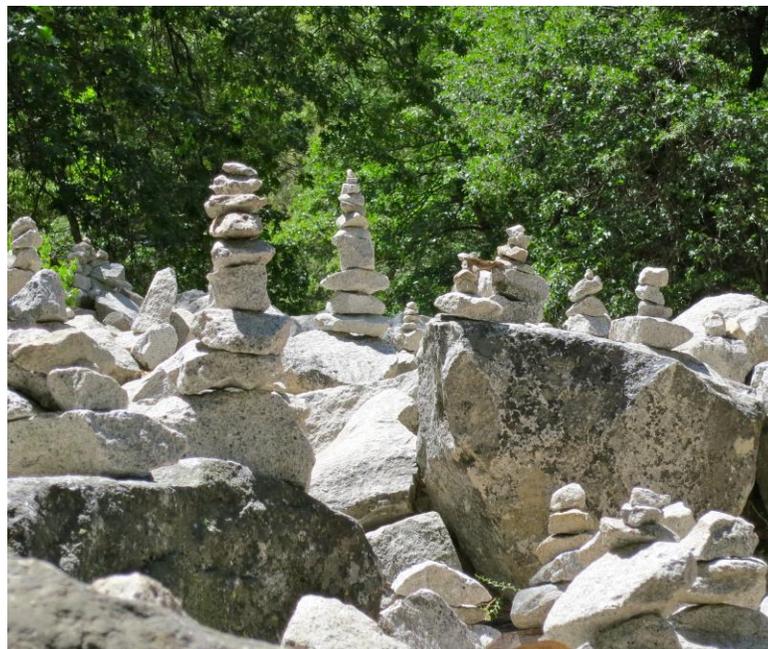
MCHD recruited for 61 positions in 2014. For these, 1,912 applications were received that were comprised of 75% female candidates and 71% minority candidates.

Race/ethnicity	% Applicants	% 2014 County Population*
African American	5.7	3.0
American/Alaskan Native	1.8	1.0
Asian/Pacific Islander	9.2	7.0
Latino/Hispanic	54.0	58.0
White (non-Hispanic)	29.0	30.0
TOTAL	100%	100%

Sources: MCHD Equal Opportunity Plan 2015, pp 15. US Census Bureau Dec 2014.

<http://quickfacts.census.gov/qfd/states/06/06053.html>

*2014 population percentages is for ages 19-65. Totals may not amount to 100% due to rounding.



Future Workforce Needs

The US Department of Health and Human Services and the Institute of Medicine reports on public health workforce needs for the 21st century¹ recommend that local public health departments:

- Assess future changes in workforce needs and budget accordingly;
- Use competency-based education and training curriculum;
- Relate job descriptions to the 10 Essential Public Health Services;
- Create optimal proportions of functional occupations;
- Develop measurable performance indicators for identified competencies;
- Develop partnerships to meet future workforce demands;
- Develop a workforce that represents the population being served; and
- Develop in-house training and education opportunities that reflect upcoming technologies and practices.

The Public Policy Institute of California estimates that more than 80% of the increase in demand for health care services through 2020 will result from aging and population growth, rather than from ACA coverage expansion.² About 40% of all health care jobs that need to be filled over the next decade will require some college but less than a bachelor's degree; the majority of health care jobs are technical and support positions.



¹ US Department of Health and Human Services: <http://www.health.gov/phfunctions/pubhlth.pdf> and Institutes of Medicine: <http://www.iom.edu/Reports/2002/Who-Will-Keep-the-Public-Healthy-Educating-Public-Health-Professionals-for-the-21st-Century.aspx>

² Public Policy Institute of California. (2014) California's Health Workforce Needs.

**Retention
Efforts**

A goal of this Workforce Development Plan (see Section VII) is to assess the sufficient numbers of workers needed to meet changing public health needs and changing populations. The projected population characteristics will be compared to the projected numbers of workers needed by function and classification.

**Learning and
Quality
Improvement**

MCHD Human Resources Division has a long standing practice of thoughtfully on-boarding new employees so the transition to a new position is as smooth as possible and so that employees have suitable reference information for dealing with employment related issues as they surface in the future. Mid-way through 2014 the division launched a repackaged on-boarding process that included a video introducing MCHD and all of the bureau chiefs. A supervisors' checklist to prepare for a new employee is under development.

MCHD provides multiple in-house opportunities for learning and inclusiveness focused on employee leadership, equity, and empowerment. The Environmental Health Bureau has launched a year-long Leadership Academy, modeled after a federal program, that engages mid-level staff in broader planning, analysis, decision-making challenges. The Academy is being examined for ways it may be applied to other MCHD bureaus. The Administration Bureau, through its Planning, Evaluation, and Policy unit, conducts the Health Equity Scholarship Academy (HESA) for MCHD staff at all levels. HESA is conducted in five monthly modules to explore institutional and environmental health inequities and strategies to overcome barriers for equity and equality. MCHD initiated a department-wide Quality Management Initiative and Quality Improvement training program this year, and has trained over 10% of its workforce at all levels in a set of nationally recognized quality improvement techniques. A structure for QI evaluation and a multi-year Quality Improvement Plan are in development that will satisfy national public health accreditation requirements.

Workplace Climate

MCHD conducted an All Staff Survey in February 2015 to assess staff perceptions of job satisfaction, work environment, professional development opportunities, teamwork, communications, continuous improvement, performance appraisals, and related workforce topics. The survey response rate was nearly 70%, and individual bureau response rates ranged from 51% to 94%. Survey results were provided by bureau and aggregated to the Department overall, and all result formats were posted on SharePoint.

These survey results are incorporated in the Cultural Competency, Communications, Employee Recognition, Performance Management, and updated Strategic Plan. An All Staff Survey will be conducted again in February 2017.

Policy Accessibility

In addition to human resources policies, MCHD has a number of work/life balance policies such as lactation, flex time, professional development reimbursement, and employee recognition policies. These policies and procedures help MCHD operate efficiently and effectively. Regular reviews and revision of those policies and procedures is important for continuous quality improvement. MCHD staff have ready access to policies and procedures on SharePoint and the Monterey County website that allow all to be informed of organizational and operation expectations.

A substantial undertaking to categorize, review, and reinstate all existing MCHD policies is underway that will satisfy national public health accreditation requirements. In the course of this work, gaps in employee and consumer-related policies will be identified. A permanent structure and process for routinely reviewing policies for appropriateness and applicability is under development, and staff at all levels will have opportunities to engage in the review process. The purpose of the review is to assess MCHD's processes developing, writing, reviewing, revising, training and sharing policies and procedures with staff. The outcome is to ensure known and repeatable processes, which facilitate continuous improvement and organizational learning.

III. Workforce Competencies for Public Health Professionals



**Core
Competencies
for Public
Health
Professionals**

Monterey County Health Department has adopted the Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice.

The Core Competencies are a set of skills desirable for the broad practice of public health. These competencies support workforce development within public health and can help public health organizations prepare for accreditation, meet training needs, and improve performance. Competencies can be integrated into public health practice to enhance workforce development planning, workforce training, and performance evaluation, among other activities

The Core Competencies align with the 10 Essential Services of Public Health and are formatted in eight domains, as follows:

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

Each of the eight domains is stratified into three tiers:

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

The Core Competencies are located on MCHD's SharePoint main page. Tools, examples, and training materials are accessible at http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx

Competency-based training

A large portion of staff competency trainings are provided through Monterey County's Learning and Development Network. Courses are free, designed to fit within a standard work schedule, and available to staff at all levels based on classification and supervisor approval. Topics include these:

Career Development
Change Management
Communication Skills
Computer Skills
Conflict Management
Customer Service Skills
Ergonomics
ERP-Financial
ERP-Payroll
ERP-Performance Budgeting
Health
Leadership Development
Management Development

Mandatory Trainings:
-EOO
-Orientation
-Safety
-Security
Project Management
Team Building
Time Management
Wellness
Writing Skills

A variety of computer skills are available via outside vendors.

All other types of training opportunities are presented in the Appendix of this report.



IV. Health Equity and Cultural Competencies



Core Competencies for Health Equity

One of MCHD's strategic Initiatives for 2011-2015 is to "ensure access to culturally and linguistically appropriate, customer friendly services." A sub-goal is to "continue involving residents and collaborating with community-based organizations, cities, schools, agencies, nontraditional groups, and faith based sectors."

Principal Standard

Both of these goals speak to the needs voiced by community members and recognized in the Department's Strategic Plan to provide better access to quality services. In response, MCHD measures staff competencies against the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Human Care, developed by the US Department of Health and Human Services Office of Minority Health. The standards are as follows:

Governance, Leadership, & Workforce

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.
2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

**Engagement,
Continuous
Improvement, &
Accountability**

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.

**Assessment of
staff ethnic and
minority
composition**

The ethnic composition of MCHD's workforce is nearly a mirror image of the ethnic composition of the entire County of Monterey. A gender comparison indicated an over-representation of females in MCHD's workforce, and an under-representation of males. This result, however, is consistent with national historic norms where "women

gravitate toward “caring” fields like health and education, and then often pursue more flexible specialties.”³

Variable	MCHD Workforce	County Population
White, non-Hispanic	33.3%	31.6%
African American	3.4%	3.6%
White, Hispanic	55.7%	56.8%
Asian/Pacific Islander	7.0%	6.9%
Native American	0.6%	0.6%
Males	19%	51.4%
Females	81%	48.6%

US Census Bureau Dec 2014. <http://quickfacts.census.gov/qfd/states/06/06053.html>

Assessment of Health Equity Competencies Employees in units D, E, X and Y who provide necessary service to the public are eligible for bilingual skill pay in the amount of \$20 dollars per pay period, upon assignment by the Department Head and successfully passing a proficiency test. As of August 2015, 419 employees were receiving bilingual skill pay. While this amounts to 52% of the workforce, it is commonly known that a far greater number of staff speak Spanish in the course of their work.

Monterey County Residents over age 5 who speak English less than “Very Well.”	26%
MCHD Workforce receiving bi-lingual pay (n=419/812)	52%

Sources: MCHD Human Resources, 2015. US Census Bureau 2011-2013 American Community Survey 3-Year Estimates.

³ Goudreau, Jenna. 20 surprising jobs women are taking over. Forbes, Mar 7, 2011.

All Staff Workplace Climate Survey Results In August 2015, 99 staff members were surveyed for their opinions of MCHD's focus on health equities. A 36% return rate was achieved for this first-ever assessment, with the following results:

How much does MCHD focus on addressing health equities?

None or not enough focus	The right amount of focus	Too much focus	Don't know
50%	33%	3%	14%

Most staff address environmental, social, and economic conditions that impact health.

Strongly disagree/disagree	Neutral	Agree/strongly agree
28%	17%	55%

Is MCHD's vision statement committed to addressing health inequities?

No	Unfamiliar	Yes
6%	22%	72%

Does MCHD's strategic plan addresses health inequities?

No	Not yet but improving	Yes	Don't know
6%	17%	56%	22%

Are you familiar with the Department's Health Equity Scholars Academy?

Unfamiliar	Somewhat familiar	Very familiar
8%	47%	45%

Do you plan on participating in the HESA trainings in the next year?

No	Maybe	Yes
35%	46%	19%

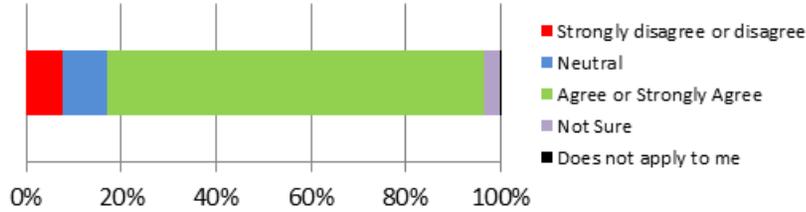
Acknowledging that staff are our most valuable asset, the MCHD conducted its first-ever All Staff Survey in February 2015 to obtain employee opinion of our workplace climate and customer services. The survey was conducted on Survey Monkey over a nine day period and was conducted in paper format at clinic locations where employees do not have internet access.

The response rate was nearly 70% for the department overall, and by individual bureau, responses ranged from 51% to 94% of current permanent, temporary, intern, and contracted staff. The anonymous responses have been tallied for each individual bureau and the department overall, and are available on our intranet and SharePoint. A study of these survey results has been assigned to the Performance Management and Innovation Group of the department's Quality Management Initiative for recommendations and a prioritized action plan.

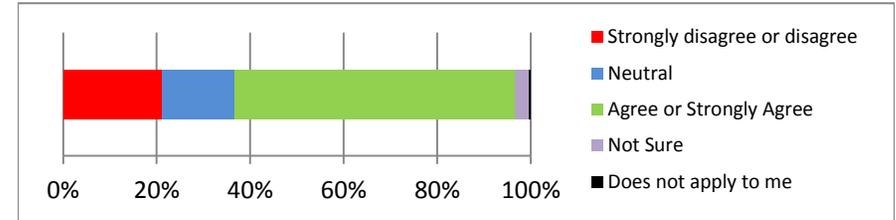
Department-wide responses to seven workplace climate survey questions appear on the following page.



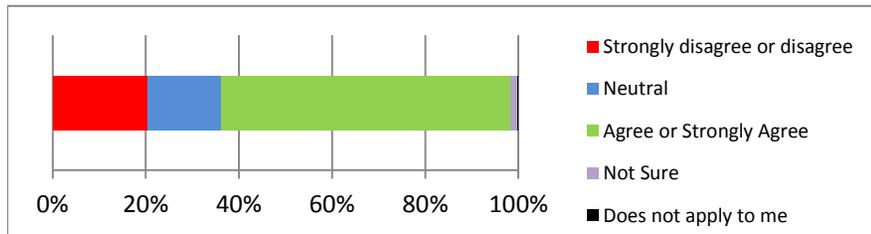
In general, I am treated with respect, regardless of my race, gender, sexual orientation, gender identity or expression, color, marital status, religion, ancestry, national origin, disability, or age.



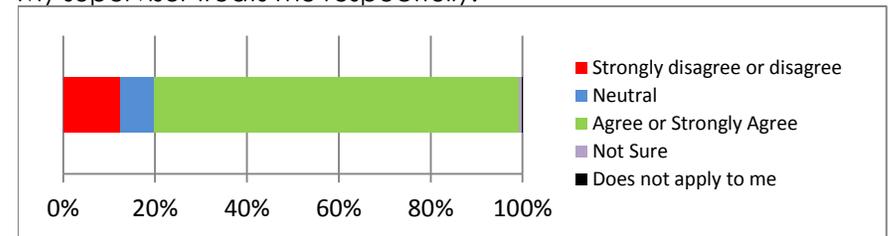
The team I work with values everyone's ideas to improve our services.



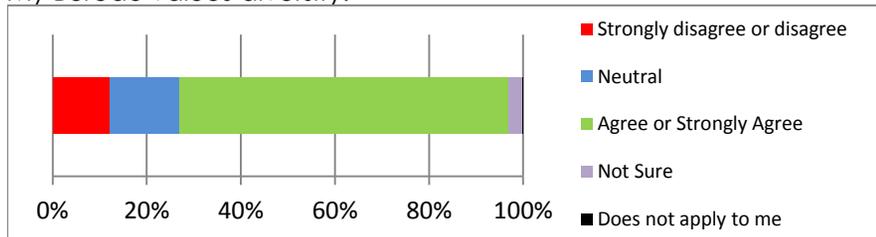
Employees in my Bureau treat each other with respect.



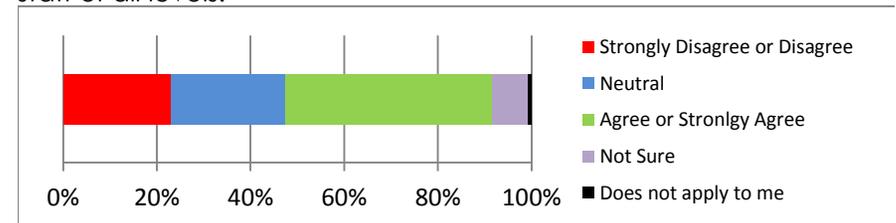
My supervisor treats me respectfully.



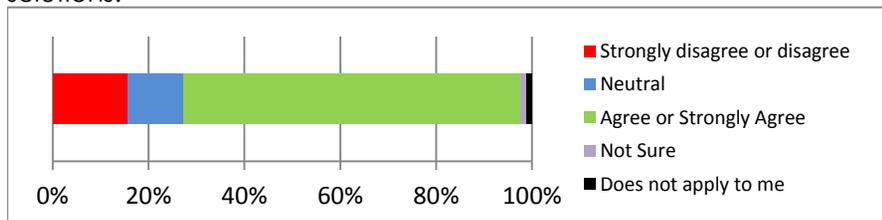
My Bureau values diversity.



My Bureau's Management welcomes ideas and comments from staff of all levels.



If the teams I work in have problems, we try to reach respectful solutions.



**Current Staff
Competency
Assessment**

Results of the All Staff Survey conducted in February 2015 indicate that 54% of staff (n=266) agreed or strongly agreed that MCHD gave them training to work effectively. Overall, 74% (n=375) agreed or strongly agreed that, when possible, they took advantage of training opportunities. Further, 81% (n=406) believed their skills were well-matched to their work responsibilities.

In September 2015, MCHD's Performance Management & Innovations Team (PMIG) conducted a baseline assessment of staff skills against the Public Health Core Competencies, a set of skills needed by public health professionals to protect and improve the nation's health.

The baseline assessment used a 3-point scale for each domain, with an "A" indicating the competency standard was met 75% or more of the time, a "B" indicating the standard was met 50% to 75% of the time, and a "C" indicating the standard was met less than 50% of the time. Tier 1 below is defined as front line/entry level staff, Tier 2 as program management/supervisory level staff, and Tier 3 as senior management/executive level staff. The assessment results are as follows:

Domain	Tier 1	Tier 2	Tier 3
Analytical/Assessment Skills	B	B+	B+
Policy Development/Program Planning Skills	B-	B	B
Communication Skills	C	C+	C
Cultural Competency Skills	C+	B-	C+
Community Dimensions of Practice Skills	B-	B	B-
Public Health Sciences Skills	C	B	B-
Financial Planning and Management Skills	C	B-	B-
Leadership and Systems Thinking Skills	B-	B	B

In 2015-16, the Performance Management and Innovations Team (PMIT) and other staff will set improvement strategies and goals to address the lowest of these scores, and will coordinate with trainings offered by the County's Learning Development Network.

Competency-based training

A large portion of staff competency trainings are provided through Monterey County's Learning and Development Network. Courses are free, designed to fit within a standard work schedule, and available to staff at all levels based on classification and supervisor approval.

Topics include these:

- Career Development
- Change Management
- Communication Skills
- Computer Skills
- Conflict Management
- Customer Service Skills
- Ergonomics
- ERP-Financial
- ERP-Payroll
- ERP-Performance Budgeting
- Health
- Leadership Development
- Management Development

Mandatory Trainings:

- EOO
- Orientation
- Safety
- Security

- Project Management
- Team Building
- Time Management
- Wellness
- Writing Skills

A variety of computer classes are available via an outside vendor.

Minority & Ethnic Assessment

MCHD's Equal Opportunity Plan presents a utilization analysis that compares the representation of minorities and females on our workforce to the County's estimated labor market availability, sourced from the 2010 U.S. Census.

The plan for calendar year 2014 notes that MCHD has an excellent representation for minorities overall (66.7%) and females (80.6%) in 11 of the 15 job groups that are used by the department. The two job groups with the greatest minority under-utilization are Skilled Craft 1 and Service Maintenance II (51% and 50%, respectively), which have very small numbers of staff who have been employed for many years.

Reasonable placement targets based on the availability of a qualified, relevant labor force. By setting realistic goals, based on expected vacancies and anticipated availability of skills within the relevant labor area, and using a job-related selection system, MCHD should be able to meet the goals, assuming every good faith effort to advertise and recruit is conducted that ensures an adequate pool of qualified minority and/or female qualified applicants from which to make selections.

2014 Female and Minority Workforce Comparison of Incumbency to Availability and Placement Targets

The percentages below reflect reasonable placement targets based on the availability of a qualified, relevant labor force.

Group number and description	Female	Minorities overall	Hispanic	White, non-Hispanic	African American	Asian/Pacific Islander	Indigenous American
1. Management II				5%	7%	6%	1%
2. Management I				5%	7%		1%
3. Professionals-Administration		10%	5%		4%	3%	
4. Professionals – Human Services				13%	14%		1%
5. Professionals – Health, Admin				19%	5%	3%	1%
6. Professionals – Health, Ancillary				1%	5%		1%
7. Professionals – Health, Doctors				27%			
8. Professionals – Health, Nurses				25%			
9. Paraprofessional Technicians II	2%			15%		5%	
10. Paraprofessional – Technicians I				30%	7%		1%
11. Skilled Craft I	10%	61%	51%		1%	8%	
12. Office Clerical II				20%	3%	6%	
13. Office Clerical I				35%		4%	
14. Service Maintenance II		26%	50%		11%	12%	
15. Service Maintenance I		13%			2%	11%	

Note: blank cells indicate utilization that meets or exceeds the female and minority workforce goals. Availability analysis formula and the group number/ descriptions can be found in the Equal Opportunity Plan for Monterey County, Exhibit 4. Job titles associated with each Group can be found in the MCHD EOP.

Source: Monterey County Health Department 2015 Equal Opportunity Plan for calendar year 2014.

**Cultural
Assessment**

MCHD workplace culture and climate were assessed in 2015 with an All Staff Survey of full full-time, part-time, temporary, intern, and contract employees. More than 70% (550) of employees responded to this first-ever assessment of workload, communication, supervision, training, teamwork, and customer service.

**High scores for
overall
satisfaction**

Employee satisfaction scored high for the department overall. More than 88% of respondents across the entire department indicated they had a strong or very strong interest in their work, and 82% said they were proud or very proud to work at MCHD. When asked about their daily decision making, more than 80% of respondents reported feeling comfortable making the routine judgments involved in their day to day work. Similarly, 81% said their skills were well matched to their work responsibilities. More than 75% are proud to work for MCHD and think it is a good place to work, and nearly 80% said they are treated with respect in the workplace.

**Pleased with
job duties and
teamwork**

More than 80% of respondents agreed or strongly agreed that their skills were well matched to their work responsibilities and they clearly understand their job duties. More than 70% of respondents indicated their teams worked hard together to achieve goals and solve problems in a respectful way. About 73% said they had received a performance appraisal in the prior 12 months and 60% agreed or strongly agreed that the feedback they received helped to improve their job performance.

**Dedication to
customer
service**

Opinions about customer service were also judged highly, as over 80% agreed or strongly agreed that their team strives to provide high quality customer service. Over 70% reported that the team listens to customers' needs.

**Areas for
improvement**

Areas for improvement were in the areas of workload, recognition, reception to ideas, and communication (amount, quality, and style). Just over 30% of responding staff felt their workload kept them from doing high quality work (bureau-specific results may differ). Similarly, just over 30% of responding staff indicated they were unsatisfied with the recognition they deserved for doing good work. However, 60% of respondents agree their supervisor recognizes people who do good work (bureau-specific results may differ).

While 65% of staff agreed or strongly agreed that “my supervisor asks me for my problem-solving opinions,” 20% of staff (1 in 5) disagreed or strongly disagreed with that view. At the Bureau level, 23% of respondents disagreed or strongly disagreed with the statement, “My bureau’s management welcomes ideas and comments from staff at all levels.”

Staff feel that communications at the department level also need improvement. Over 30% of respondents indicated there were too few ways to readily communicate ideas with bureau and department decision-makers (bureau-specific results may differ). One-quarter (25%) of responding staff did not feel that their bureau’s management communicates in an open and honest manner. Similarly, one-quarter (25%) of all respondents did not feel well informed about work-related MCHD events and employee news. For favorite ways to get MCHD information, a the majority of respondents preferred regular email notifications.

Just over 20% of responding staff felt they did not get the training from MCHD they needed to work effectively, which deserves additional inquiry and problem-solving. Personal development and achievement opportunities appear to be lacking for 26% of responding staff who felt they could not work toward a position with more responsibilities. More than 1 in 5 (22%) responding staff felt they did not have the resources they needed to do their job, which again signals a strong need for improvement.

Next steps Survey results for MCHD overall, and results for specific bureaus, will be reviewed by the newly established Performance Management and Innovation Group, which reports directly to MCHD’s Executive Team, consisting of bureau directors and deputy directors.

Survey results were posted for the department overall and for each specific bureau on SharePoint. The survey workplace climate and culture survey will be conducted again in 2017.

V. Equity and Competency Training Opportunities



Training for health equity competencies

In 2013, MCHD created the interactive Health Equity Scholars Academy (HESA) , a thorough and intensive program exploring institutional and environmental health inequities and strategies to overcome barriers for equity and equality. The program is open to department staff at all levels via application and supervisor's approval.

HESA's mission is to:

- Empower all MCHD employees to affect change in the County.
- Modules foster and reflect our institutional values.
- Embodies the goals of the Strategic Plan utilizing a HiAP approach.

HESA instruction is provided by MCHD's Health Equity Coordinator. The five-module training series accommodates 27 staff per cohort in a 4-hour monthly format:

Module I: History, Core Functions and Ten Essential Services

Module II: Cultural Competency & Inclusion

Module III: Racing to Health

Module IV: Social and Health Equity

Module V: Community Capacity Building

HESA participation outcomes include:

- Professional development.
- Understanding the connection between social justice and public health.
- The ability to collaborate on complex issues.
- The opportunity to be involved in changes happening in our County health department as well as departments across the country to address the root cause issues of health inequities.

An introductory HESA video is available at

<https://www.youtube.com/watch?v=2qGYbf9qF9o> Health equity is also supported through Monterey County's Learning and Development Network, providing a means of tracking training participation.

VI. Education and Partnership Connections

Education Partners

Graduate-level

MCHD Behavioral Health Bureau was a formative and financial partner with CSUMB to create the Masters of Social Work program as part of its "grow your own" initiative. Ties to CSUMB continue at a strong pace through the Bureau's funding of the MSW Scholarship Program that is open to tri-County residents, plus the enrollment of Bureau employees who are seeing a graduate degree.

Likewise, the County and Public Health Bureau staff support and are considerably involved in CSUMB's Bachelor of Science in Nursing program that accommodates working professionals and transfer students with Associates degrees.

Under-Graduate level

MCHD also has memoranda of understanding in place for internship opportunities with Touro University for M.D./MPH candidates, and San Jose State University for MPH internships.

MCHD bureaus provide 3-semester internship opportunities to CSUMB Community Health and Human Services. Candidates may choose an emphasis in social work or population health. MCHD also provides candidates of CSUMB's Bachelor of Science in Nursing with opportunities to engage in interdisciplinary simulation exercises and the development quality and safety protocols.

Health Career Connection

MCHD PEP has used Health Career Connection interns with grant funds from The California Endowment. These interns advance MCHD strategic initiatives for improved access to health education and health care.

Community College

MCHD has memoranda of understanding with Hartnell Community College to provide internship opportunities through Health Career Connections.

Other

MCHD leadership have conducted joint research studies with the Naval Post Graduate School in Monterey.

Contracts

MCHD has contracted with the CSUMB Institute for Community Collaborative Studies for research projects that support departmental planning. Past contracts have included a community-wide assessment of Safety Net Health care providers to help determine the impacts of the Affordable Care Act and a convening of local public health system network partners to assess strengths and weaknesses.

**Collaborative
Impact
Partnerships**

MCHD leadership staff maintain close working relationships with educational institutions and human services agencies in which best practices can be learned and shared. Some of these collaborative impact efforts relate to specific MCHD or County of Monterey initiatives:

Initiative	Coalition	Backbone	Connections
Public Safety	Community Alliance for Safety and Peace (CASP)	City of Salinas	MCHD Strategic Plan and Board of Supervisors Initiative
Early Childhood	Early Childhood Development Initiative	First 5 Monterey County	Board of Supervisors Initiative
Access to Health	Impact Monterey County	United Way of Monterey County	MCHD Strategic Plan and Board of Supervisors Initiative

VII. Strategies for Addressing the Gaps



Strategies

Workforce development improvement strategies will be fully detailed by the in early 2016. Using results of an annual competency assessment, a work plan (consisting of specific tasks, goals, responsibilities, and timelines) will be adopted to address any gaps that are identified.

The following strategies may also be conducted by the PMIT:

- Conduct and review the annual Public Health Professional Competencies assessment and if needed, recommend strategies for improving competency levels.
- Develop means of incorporating the Core Competencies into the employee performance review process
 - develop forms and formats as needed
 - identify training to support the use of Core Competencies if needed
- Identify measures to encourage supervisor and manager participation in ongoing training to improve communication, conflict resolution, cultural competency, and other management skills.
- Identify a system to help supervisors and managers track the professional development trainings taken by staff for use in the performance evaluation process.
- Determine how future workforce needs are being addressed with professional development opportunities.
- Review annual summary of exit interview comments to identify strategies that address patterns or trends.

VIII. Implementation and Monitoring



Introduction This section provides information regarding the communication, implementation, monitoring, and biannual review of the Workforce Development Plan.

Communication In the 2015 All Staff Survey, the preponderance of staff stated that email was their favored form of communication. Updates to the plan implementation and biannual plan reviews will be announced to all staff via email with a link to its SharePoint. PEP staff will be responsible for announcing upcoming reviews and soliciting comments. PEP staff will also be responsible for assuring that the Workforce Development Plan is linked to the department's Strategic Plan/Implementation Plan the Performance Measurement and Quality Improvement Plan, and other related initiatives.

Tracking PEP staff will use a matrix of improvement strategies to track improvement strategy progress. The matrix will be updated at least twice annually and updates will be communicated to all staff. The Plan will be accessible to all staff on SharePoint.

Quality Improvement Some improvement strategies outlined in the Workforce Development Plan may be assigned to a Quality Improvement Team for Plan-Do-Check-Act techniques. MCHD's Performance Management and Quality Improvement Plan plus the Quality Management Initiative describe how the QI assignment would be made, how the team's QI work would be conducted, and how the results would be vetted, refined, and adopted.

**Workforce
Development
Plan Review
and Update**

The Workforce Development Plan will be reviewed every two years by the anniversary date of its initial approval. This work will be organized by MCHD Administration staff and any suggested updates will be presented to the Quality Oversight Council for further recommendation to the Executive Team, prior to the presentation of the updated plan to the Health and Human Services Committee of the Board of Supervisors. At a minimum, revisions shall include updates to the Workforce Demographics, Strategies for Addressing the Gaps, and Implementing and Monitoring sections.

The Plan will be accessible to all staff on SharePoint.



IX. Appendices: Training Catalog

A. Mandatory Trainings for all MCHD staff

Mandatory Trainings	Format	Target Audience	Public Health Core Competencies	Availability
Sexual Harassment Awareness	1 hour, Online	All staff	8A-C1 ethical standards 8A-C9 individual improvement	Continuously through LDN
IT Security	1 hour, Online	All staff	7A-C3 Adhere to policies	Continuously through LDN
HIPAA Compliance	2 hours, in person	All staff	6A-C7 Protect human subjects 7A-C3 Adhere to policies	Continuously through LDN
Defensive Driving	2 hours, Online	All staff	7A-C3 Adhere to policies	Continuously through LDN
Excelling at Customer Service	3 hours, in person	All staff	4A-C6 Customer satisfaction	Continuously through LDN
CPR certification & recertification	3 hours, in person	Health care staff providing direct services and lab staff with phlebotomy license	8A-C9 individual improvement	Regularly through Public Health and Clinic Services

B. Elective Supervisors' and Managers' Trainings

In February 2014, MCHD Human Resources introduced the "Supervisors' and Managers'" monthly training series for managers and supervisors with topics that were generated from leadership survey results (n=49). The highest ranking topics were these:

1. Leadership
2. Job performance
3. Employee training
4. Discipline
5. Performance evaluations
6. Change management
7. Accountability
8. Complaints
9. Interviewing
10. Ethics

Presentations, discussions, and exercises are led by a senior personnel analyst with extensive leadership and performance measurement experience. Each topic is evaluated by participants for usefulness and value across Department bureaus.

For the period from January to July 2015, actual topics were these:

- January 22, Workplace Bullying
- February 26, Skelly Process
- March 26, Workers Compensation
- April 15, department-wide All Staff meeting
- May 28, employee evaluation
- June 25, communications
- July 23, communications follow-up and Employee Assistance Program

Strengths of the Supervisors' and Managers' Trainings are clearly identified through the feedback data.

- The topics and content are important and useful for supervisors and managers.
- Presentations are engaging and generate energy across Bureaus.
- There is a core group of supervisors and managers who find this form of training to be rewarding.
- Regularity is an important factor that has the ability to build capacity.

A by-product is the discovery of a cross-Bureau group of supervisors and managers very willing to research and develop policy and best professional practice for MCHD. It is a new resource that could be utilized not only in the area of supervision, but also supporting quality improvement, accreditation and strategic planning initiatives.

Areas for Supervisors' and Managers' training series improvement appear to be:

- Better follow-up strategies that help participants fully integrate new approaches into their current practice.
- Overcoming the combined barriers of training location, travel time, time of day and day of the week, to allow for increased participation.

As of December 2014, recommendations for the Supervisors' and Managers' training series are:

- Conduct a review of first-year program outcomes, including a benefit/cost analysis, for MCHD senior leadership
- Involve stakeholders in discussions of training, topics, meeting logistics, materials dissemination, and in-depth follow up training opportunities.

C. Quality Improvement Training

Formal quality improvement “Train the Trainers” workshops were first offered in 2014-2015, resulting in 103 staff members undertaking 24 QI projects. Trainings were provided through a contract with Public Health Foundation using the “Plan, Do, Study, Act” methods in a 1.5 day session. A wide variety of tools in use include:

- AIM statements
- Team charter
- Flow charting
- Stakeholder identification
- Fishbone diagram
- Force field analysis
- Root cause diagram
- Cause and effect diagram
- Solution and effect diagram
- Gantt charts
- QI storyboards

A second round of QI trainings are scheduled for 2015-2016 will train an additional 50-60 MCHD staff.



**D. Behavioral Health
Workforce
Education and
Training Courses as
of March 2015**

The Behavioral Health Bureau developed its Workforce Education and Training (WET) program for staff, clients, and community partners. Ongoing, free trainings are offered on a wide variety of topics as represented below:

THE EFFECTS OF TRAUMA ON CHILDHOOD BRAIN DEVELOPMENT

February 11 – 18, 2015 @ 8:30 am – 3:30 pm
Marina Training Center

NON-VIOLENT CRISIS INTERVENTION TRAINING

February 26, 2015 @ 8:30 am – 4:30 pm
Marina Training Center

INDIVIDUAL & GROUP CRISIS INTERVENTION & PEER SUPPORT TRAINING

March 11, 12, 13 2015 @ 8:00 am – 5:00 pm
Marina Training Center
\$75 for First Responders; \$125 for Community Members

NON-VIOLENT CRISIS INTERVENTION FORMAL REFRESHER TRAINING

April 23, 2015 @ 8:30 am – 12:30 pm
Marina Training Center

NON-VIOLENT CRISIS INTERVENTION TRAINING

June 4, 2015 @ 8:30 am – 4:30 pm
Marina Training Center

AGGRESSION REPLACEMENT TRAINING (ART)

September 15, 2015 @ 8:30 am – 4:30 pm
Marina Training Center

NON-VIOLENT CRISIS INTERVENTION

formal refresher training

November 19, 2015 @ 8:30 am – 12:30 pm
Marina Training Center

Law & Ethics (Non-Licensed and Administrative Staff)

May 5, 2015 @ 1:00 pm – 5:00 pm
Marina Training Center
Free

Law & Ethics for Clinical Staff

May 15, 2015 @ 8:00 am – 4:00 pm

March 23, 2015 @ 8:00 am – 12:00 pm
Marina Training Center

Law & Ethics for Clinical Staff
April 14, 2015 @ 8:00 am – 4:00 pm
Marina Training Center

WHY TRY Level 1
TBD
Marina Training Center

5150 TRAINING
February 15, 2015 @ 1 pm - 3pm
Marina Training Center

E. Environmental Health Leadership Academy

In 2014, the Environmental Health Bureau launched a 14-month Leadership Institute, modeled after a federal program, that engages mid-level staff in broader planning, analysis, decision-making challenges. An example of topics include: creating an Individual Development Plan; evaluation assessments from Skillscope; DISC and Change Style Indicator; a review of Systems Thinking, Logic Models, the HD's 10 Essential Services; the creation of a project (report, presentation and poster) identifying a public health concern, stakeholders and possible resolution; and overviews of Project Management, Strengths, Weaknesses, Opportunities and Threats (SWOT) and Seven Habits of Highly Effective People. The Academy is being examined for ways it may be applied to other bureaus.

F. Public Health Fiscal Unit

Public Health Fiscal unit provides manager trainings to improve fundamental management skills and meet staff training requirements. Instructional PowerPoint materials are shared with all interested staff. The topics presented are determined by periodic recent survey results and other input from staff and therefore, some topics will change from year to year. Some of the trainings to be provided in FY 2015-16 include:

1. Efficiencies in Revenue Collection
2. Crafting Program and Entity Grant Budgets with Limited Local Funding
3. Leveraging a Surplus to Expand Services
4. County Budget Cycle
5. How to Make a Budget
6. Weaving a Grant Budget with the County Budget
7. Medi-Cal Billing Fundamentals

Law & Ethics (Non-Licensed and Administrative Staff)

G. Public Health Laboratory

- Biosafety Levels 2 & 3
- Security
- Incident Response
- Packing and shipping dangerous goods

A sample of non-recurrent trainings from CDPH are these:

- Measles Laboratory Call
- Measles Outbreak – Statewide LHD Call
- Meningococcal Disease Outbreak

A sample of non-recurrent trainings from APHL include these:

- Enterovirus D68 Outbreak and Associated Laboratory Testing
- CLSI 2015 Antimicrobial Susceptibility Testing
- Quality Management for the Medical Microbiology Laboratory
- The Updated Scoop on Poop Culture Independent Detection Tests
- Law, Labs and Liability (Webcast)
- Routine Microscopy Procedures: Basic Microbiology Curriculum (Webcast)
- Brain-Eating Amoebas – Challenges in Diagnosis and Treatment (Webcast)

**H. Monterey County
Learning
Development
Network courses**

KEY PRINCIPLES OF SUCCESSFUL SUPERVISION

This training has been customized, per the Board of Supervisors' initiative, to help managers and supervisors accomplish three main objectives:

- To learn how to set goals in the organization that are in alignment with the Board of Supervisor's (BOS) performance measure initiatives.
- To develop the skills and tools needed to comply with the BOS goal of having a 100% completion rate for all employee performance evaluations.
- To understand the County's guidelines around progressive discipline.

In this one day course, participants will:

- Receive tools to help them effectively deal with supervisory challenges.
- Have the opportunity to network with their colleagues to discuss and problem solve issues
- Performance management and progressive discipline.
- Learn training and delegation skills that will help reduce their workload and simultaneously boost employee morale and motivation, and enhance succession planning.

Recurrent trainings include these:

Who Should Attend: All supervisors and managers who have not had the opportunity to attend Performance Managers and Progressive Discipline course are invited to participate.

WRITING ADVANTAGE - HOW TO BE A POWER WRITER!

- Participants will learn to:
- Organize initial ideas around a clear purpose
- Structure a prototype based on solid writing standards
- Evolve their prototype into a draft document
- Review and refine the draft against formal standards
- Produce a final edit of their draft

The Franklin Covey Writing Advantage workshop teaches the skill of setting quality writing standards that help employees increase productivity, resolve issues, avoid errors, and heighten credibility. Participants learn a four-step process that cuts through the clutter. They will learn how to write faster with more clarity, and gain skills for revising and fine-tuning every document.

Who Should Attend: All employees who would like to improve their writing skills and demonstrate clarity are encouraged to attend this class.

CRUCIAL CONVERSATIONS

Crucial Conversations teaches you how to achieve spirited dialogue at all levels in your department in order to enhance your departments' teamwork and leadership abilities. This training focuses on the interpersonal communication necessary to create an effective united workplace.

Participants will leave with a better understanding of how to communicate their concerns, ideas, and decisions to team members, enhancing the teamwork in their departments.

Participants will learn how to:

- Resolve disagreements through respective communication skills.
- Build acceptance rather than resistance with team members through appropriate feedback.
- Speak persuasively, not abrasively during emotional or controversial conversations.
- Foster teamwork through more effective decision making and a universal trust among team members.

Who Should Attend: Managers and/or employees who would like tools to assist them with having discussions between two or more people where stakes are high, opinions vary, and emotions run strong. Crucial Conversations' training is ideal for individuals who manage

people or processes as well as those who have supervisory or cross-functional management responsibilities.

LEADING AT THE SPEED OF TRUST

Franklin Covey's Leading at the Speed of Trust leadership-development training program helps leaders:

- Choose to make trust building an explicit goal of their work.
- Learn how others perceive their trustworthiness from their personalized report.
- Understand the real, measurable "Trust Taxes" they might be paying without realizing it.
- Change "Trust Taxes" to "Trust Dividends," which are the benefits that come from growing relationships of trust.
- Make action plans to build Trust Accounts with all key stakeholders.
- Begin using the Language of Trust as an important cultural lever.

Who Should Attend: New and experienced Managers and Supervisors are encouraged to take this course.

PROJECT MANAGEMENT

Participants will learn to:

- Develop strategies and skills to manage a project's progress.
- Identify and avoid potential problems and issues.
- Reduce time spent backtracking and redeveloping a plan.

If you're looking for processes, skills, and tools to successfully manage simple projects and everyday workload, then this is the right workshop for you! From identifying expectations to clarifying a project's vision, you will be able to learn it all in this workshop.

Who Should Attend: County employees who desire tools for processing and managing simple projects and their everyday workload.

BASIC GOVERNMENTAL ACCOUNTING

In this 1-day course, governmental accounting will be explored. Topics that will be covered include: objectives and principles of accounting; financial reporting for governmental entities; differences between business and governmental accounting; and accounting for the general fund, special revenue funds, capital project funds, and debt

service funds. The differences between balance sheet and income statement accounts will also be reviewed.

INTRODUCTION TO INTERMEDIATE GOVERNMENT ACCOUNTING

Using the fundamentals and concepts learned in the Basic Governmental Accounting, Introduction to Intermediate Government Accounting will review principles of accounting, and financial reporting for governmental entities.

You will gain an understanding of various fund types used in governmental accounting, as well as understanding the dual (Modified Accrual and Full Accrual) accounting treatment that is required to conform to the Governmental GAAP (Generally Accepted Accounting Principles).

Who Should Attend: This course is designed for County employees interested in advancing their understanding of governmental accounting. Completion of Basic Government Accounting is required prior to participating in this course.

OVERVIEW OF GOVERNMENTAL ACCOUNTING, BUDGETING, CONTRACTS, PURCHASING, ACCOUNTS PAYABLE, AND TREASURY

- Overview of Governmental Accounting – Why we do what we do.
- The Annual Budget – Legal Basis, Appropriations, Encumbrances and Departmental Responsibilities.
- Relationship of the budget to actual expenditures and revenues.
- Discussion of Purchasing Procedures, Professional Services Agreements, Vendor Registration and Procurement Cards.
- Accounts Payable process and procedures.
- Overview of Treasury functions and processes.

Who Should Attend: All County employees who would like an overview of governmental accounting, budget, contracts/purchasing, accounts payable, treasury, and the tools for processing and managing everyday workload.

**I. Monterey County
Health Promotion
Wellness Workshops**

All regular full time employees receive 12 hours of work release time annually to participate in wellness workshops with their supervisor's approval.

5 Ways to Stay Calm and Focused Under Stress
Balancing Work & Family Life
Breastfeeding Your Baby
Cholesterol & Lipids
Connection Between Stress & Eating
Creative Problem Solving
Effective Communication and Conflict Resolution for Health and Emotional Wellbeing
Financial Wellness: Basic Investing
Financial Wellness: College Funding
Financial Wellness: Estate Planning
Financial Wellness: Getting Out of Debt & Developing Smart Credit Habits
Financial Wellness: Holiday Spending
Financial Wellness: How to Invest \$25 a Paycheck
Financial Wellness: How to Research and Select Stocks
Financial Wellness: Retirement Planning for All Ages
Financial Wellness: Tax Planning Strategies
Food and Mood: What You Eat Impacts How You Feel
Happiness Project
Helping Children with Strong Feelings (Anger Management)
Improving Job Satisfaction for Emotional Well Being and Stress Reduction
Managing Your Time
Metabolic Syndrome--The Biggest Risk of All?
Parenting: Discipline that Works
Personality Styles at Work
Power of Habits: Setting Goals and Finding Willpower
Preventing and Living Well with High Blood Pressure
Preventing Gang Violence: Keeping Kids Safe
Raising Optimistic Children
Role of Nutrition in Diabetes Management
Strategies for Your Child's Success in Schools
Stress and Struggle: Burnout Prevention
Stress Awareness at Work
Why Diets Don't Work