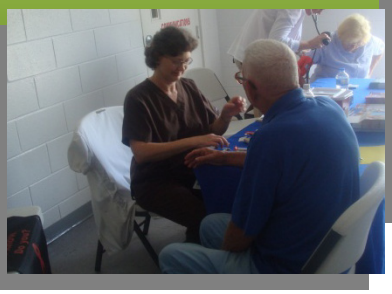
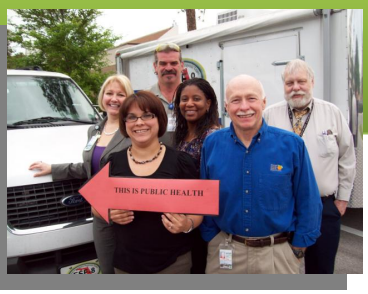



# 2012 – 2017

# Florida Department of Health

## Workforce Development Plan

*With shrinking budgets and a growing number of health challenges to address, there has never been a more important time for public health departments to focus on the best and most efficient ways to keep people healthy.*

--- James Marks, MD, MPH, Senior Vice President and Director of the Robert Wood Johnson Foundation's Health Group

**Florida Department of Health**

**Workforce Development**


**Quad R Consulting**


Funding provided by:

**Florida Department of Health**

**Centers for Disease Control and Prevention "Strengthening Public Health Infrastructure for Improved Outcomes" Grant Award #5U58CD001276-01**

# TABLE OF CONTENTS

# EXECUTIVE SUMMARY

Increasingly, the demands and composition of the Florida Department of Health (DOH; refer to Appendix A for a complete list of acronyms) workforce are changing in response to economic, social, political and demographic trends, but the one constant is the need for a qualified, competent and prepared workforce. Regardless of political, social or environmental factors, workforce development is critical for continuing the delivery of quality public health services and fulfilling the Department of Health's mission, "To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts."

This five-year Workforce Development Plan builds upon existing strengths of the DOH workforce and addresses identified gaps through a strategic and focused plan. An overview of the Department of Health's goals, objectives and services formed the backdrop to review the political, economic and social challenges facing the provision of public health care services within the state and the implications for the workforce.

As Florida's population increases, this report finds more than half (54%) of the DOH workforce are at or approaching the retirement phase. This comes at a time when Florida has the third highest rate of infectious disease, the second highest number of Alzheimer's cases, the sixth highest incidence of heart disease and the 11th highest incidence of diabetes. Public health funding and staffing shortages, health care service changes due to the Affordable Care Act and the shifting legislative focus severely strain already limited DOH budgets and resources. In order to build a workforce that can meet the challenges discussed in this report, the DOH must overcome critical obstacles in recruitment and retention, lack of workforce diversity, high levels of workforce (and public health experience) attrition and a national shortage of healthcare professionals.

In 2011, DOH's Workforce Development (WFD) collaborated with the Public Health Training Centers (PHTC) at the University of South Florida (USF), Florida International University (FIU), and University of Puerto Rico (UPR) to conduct a workforce needs assessment. The *2011 State of Florida Department of Health Workforce Development Needs Assessment Survey* provides a rich source of information regarding public health workforce experience, training needs, preferences and perceived areas of public health concern. As part of this report, interviews with DOH bureau/division leaders, county health department administrators and directors, as well as an online survey of training and health coordinators across the state were also

conducted to allow for more detailed information about the issues, challenges and potential solutions for professional training and development.

Despite the challenges and obstacles, there are several "bright lights" for any workforce development attempts by DOH. WFD has in place relationships, technology and expertise to assume the lead role, and there is an increased interest in public health on a national, state and county level. In addition, as the majority of the DOH workforce moves into retirement, opportunities for succession planning and career development will allow current DOH employees to take advantage of career ladders and assume positions of leadership.

The **2012-2017 Florida Department of Health Workforce Development Plan** intends to guide state agency, partner and stakeholder education, workforce development and workforce training efforts by providing common direction, priorities and strategies for making decisions on the use of limited federal, state and local resources and the flow from the direction provided in this plan. This plan includes six overarching goals and 19 strategies for accomplishing these goals. The goals, strategies, and activities recommended by this plan represent a "living" document reviewed by individual and institutional stakeholders to prompt collaborative action. The greatest assets within DOH are its people, and a continuous investment in the knowledge, skills and competencies of its workforce is vital to fulfilling the mission and vision of DOH.

The Office of Performance and Quality Improvement stands ready to assume responsibility for coordinating the workforce development activities contained within this plan and to engage in active and critical discussion with others within the DOH organization to implement and evaluate this plan. This plan recommends six goals that will improve the overall system, organization, and individual through the implementation of practical strategies and activities.

## The Workforce Development Plan Goals

Goal 1: Attract, recruit, and retain a prepared, diverse and sustainable DOH Public Health workforce in all geographic locations in Florida.

Goal 2: Continuously provide employees with flexible development opportunities to ensure the effective and innovative delivery of DOH programs and services.

Goal 3: Identify and promote opportunities for cross training DOH employees.

Goal 4: Continuously recognize performance, contributions and achievements of employees, and create an atmosphere that promotes a healthy work-life balance.

Goal 5: Increase understanding of and support for DOH's mission, programs and policies among critical stakeholders, partners and the population of Florida.

Goal 6: Conduct evaluation and research on workforce issues.

# INTRODUCTION

Maintaining a highly competent workforce is a necessity in today's dynamic environment. The competencies expected among public health professionals have changed dramatically over the past several years. The Florida Department of Health (DOH) must compete for top talent with other public entities as well as the private sector, and the Department must ensure that current employees can readily obtain training in new competencies.

In addition to employees in traditional public health professions, the Department must also employ individuals with expertise in environmental health, lab technicians capable of testing if specimens contain anthrax and nurses who can administer smallpox vaccines in the event of a bioterrorism event. To serve its diverse constituency, the Department is committed to hiring diverse and culturally competent staff and to implementing programs that respectfully address the unique needs of different client populations. The Department focuses on workforce development and staff training in order to increase competencies and build capacity. Succession planning is also vital to the Department's success, as its workforce continues to age.

Providing employees with opportunities for growth and training afford the DOH with the human resources necessary to continue to promote, protect and improve the health of Floridians. A comprehensive workforce development resource plan not only provides a defined understanding of the composition of the current public health workforce, it can also be utilized to communicate to employees, community partners, funders, and policymakers the importance of continuing education, training, and on-going skills development.

Quad R was contracted by the Florida Department of Health Office of Workforce Development (WFD) to assist with the development of the Five-Year WFD Plan. The goal of the project was to create a plan that builds upon existing strengths identified from a variety of resources and addresses identified gaps. The WFD project included research of existing materials and resources, phone interviews with state and local health department leaders and an online survey. The project timeline was from May 27, 2011, through September 29, 2011.

# AGENCY OVERVIEW

It is the intent of the Legislature that the Department of Health be responsible for the state's public health system which shall be designed to protect, promote and improve the health of all people in the state (381.001 F.S.). The DOH consists of 67 county health departments (CHDs) throughout Florida, as well as divisions and bureaus located in Tallahassee and other regions of the state that support the provision of programs and services in the CHDs. Provided below are the DOH's vision, mission, and value statements.

### *Vision*

A Healthier Future for the People of Florida.

### *Mission*

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

### *Values*

- ***I****nnovation:* We search for creative solutions and manage resources wisely.
- ***C****ollaboration:* We use teamwork to achieve common goals and solve problems.
- ***A****ccountability:* We perform with integrity and respect.
- ***R****esponsiveness:* We achieve our mission by serving our customers and engaging our partners.
- ***E****xcellence:* We promote quality outcomes through learning a continuous performance improvement.

The Division of Medical Quality Assurance (MQA) works in conjunction with 22 boards and six councils. MQA regulates seven types of facilities and more than 200 license types in more than 40 healthcare professions.

The Division of Disability Determinations (DDD) is responsible for making decisions regarding the medical eligibility of Florida citizens applying for disability benefits under the state Medically Needy Program and the federal Social Security and Supplemental Security Income programs. It is also responsible for conducting reviews of existing beneficiaries under the federal programs and for determining continuing education.

The Division of Children's Medical Services (CMS) provides care for children with special health care needs and their families through regional offices and facilities.

The Department accomplishes its mission by:

- Preventing Epidemics
- Protecting the environment, workplaces, housing, food and water
- Promoting healthy behavior
- Monitoring the health condition of the population
- Mobilizing communities for action
- Responding to disasters
- Assuring that medical services are high quality and necessary
- Training specialists in investigating and preventing diseases
- Developing policies to promote health

# DOH Roles and Guiding Principles for Public Health

The Florida Department of Health and other agencies and institutions that make up the health care *system* in Florida take on three main roles:

1. **Assessment** - Assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities.

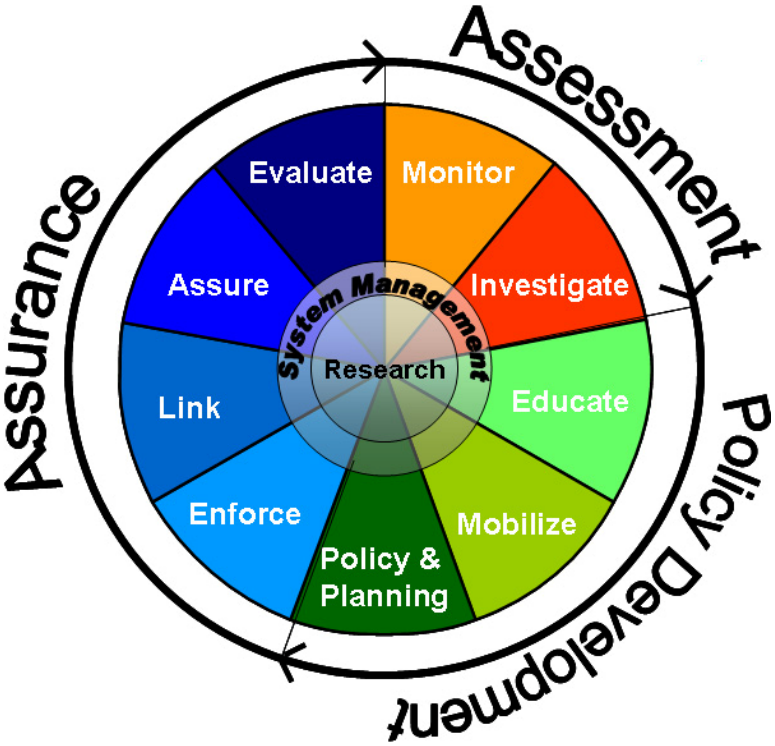
2. **Policy Development** - Formulating public policies, in collaboration with community and government leaders, to solve identified local and national health problems and priorities.

3. **Assurance** - Assuring that all populations have access to appropriate and cost effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

The guiding principles for public health in the U.S. are the **Core Competencies for Public Health Professionals**. These guiding principles define the roles of the agencies within the public health system. Based on these core competencies, the Ten Essential Public Health Services were developed.

The **Ten Essential Public Health Services** provide a working definition of public health and a framework for the responsibilities of local public health systems. Development and provision of Florida Department of Health services and programs are rooted in the Ten Essential Public Health Services, as illustrated in the figure below. Some CHD clinical health services in Florida are provided to clients on a sliding fee scale according to their income. Clients are not refused some health services if they are unable to pay or lack health insurance coverage. County health departments provide varying levels of services based on resources and the local needs of the community.

For more information about the Department's profile, refer to Appendix B.



# Core Competencies for Public Health Professionals

The **Core Competencies for Public Health Professionals** (Core Competencies) are a set of skills for the practice of public health, and they reflect the characteristics that public health staff need to possess as they work to protect and promote health in the community and deliver essential public health services.

The core competencies serve as a starting point for academic and practice organizations to understand, assess and meet training and workforce needs. The competencies are divided into eight of the following domains:

- Analytic Assessment Skills
- Basic Public Health Sciences Skills
- Cultural Competency Skills
- Communication Skills
- Community Dimensions of Practice Skills
- Financial Planning and Management Skills
- Leadership and Systems Thinking Skills
- Policy Development/Program Planning Skills

These competencies are used at the national, state and local levels to build capacity and develop public health professionals. The *Council on Linkages between Academia and Public Health Practice* (Council on Linkages) **Core Competencies** were re-structured in 2010. The new sets of competencies were designed for public health professionals at three different levels:

- Tier 1: Entry level and less experienced public health employees
- Tier 2: Supervisors and managers
- Tier 3: Senior managers and CEOs

Each core competency domain contains a set of knowledge and skills for each of the three tiers. WFD is working with program staff that develop training courses to designate which of the core competencies each course addresses or supports. The 2011 WFD needs assessment was structured around these core competencies.

# DOH Long-Range Program Plan Goals and Objectives

*The Department develops long-range program goals and objectives to guide efforts that support the mission and vision.*

The goals and activities stated in the *Florida Department of Health Long-Range Program Plan, Fiscal Years 2011-12 through 2015-16*, significantly impact the health, safety and welfare of the public, and they are based on the DOH's statutory responsibilities.

**GOAL #1: Prevent and Treat Infectious Diseases of Public Health Significance**

- OBJECTIVE 1A: Reduce the AIDS case rate
- OBJECTIVE 1B: Increase the immunization rate among young children
- OBJECTIVE 1C: Identify and reduce the incidence of bacterial STDs among females aged 15 – 34
- OBJECTIVE 1D: Reduce the tuberculosis rate

**GOAL #2: Provide Access to Care for Children with Special Health Care Needs**

- OBJECTIVE 2A: Provide a family-centered, coordinated managed care system for children with special health care needs
- OBJECTIVE 2B: Ensure that CMS clients receive appropriate and high quality care
- OBJECTIVE 2C: Provide early intervention services for eligible children with special health care needs
- OBJECTIVE 2D: Provide specialized team assessments for children suspected of suffering abuse or neglect
- OBJECTIVE 2E: Compliance with appropriate use of asthma medications (national measure)

**Goal #3: Ensure Florida's Health and Medical System Achieves and Maintains National Preparedness Capabilities**

- OBJECTIVE 3A: Achieve and maintain Department of Homeland Security health and medical-related target capabilities

**GOAL #4: Improve Access to Basic Family Health Care Services**

- OBJECTIVE 4A: Improve maternal and infant health

- OBJECTIVE 4B: Improve health care disparities in maternal and infant health
- OBJECTIVE 4C: Reduce births to teenagers
- OBJECTIVE 4D: Improve access to basic primary care screening and treatment services
- OBJECTIVE 4E: Improve availability of dental health care services
- OBJECTIVE 4F: Reduce births to unwed mothers

## GOAL #5: Prevent Diseases of Environmental Origin

- OBJECTIVE 5A: Monitor individual sewage systems to ensure adequate design and proper function
- OBJECTIVE 5B: Ensure regulated facilities are operated in a safe and sanitary manner
- OBJECTIVE 5C: Protect the public from food and waterborne diseases

## GOAL #6: Prevent and Reduce Tobacco Use

- OBJECTIVE 6A: Reduce the proportion of Floridians, particularly young Floridians, who use tobacco

## GOAL #7: Ensure Health Care Practitioners meet Relevant Standards of Knowledge and Care

- OBJECTIVE 7A: Effectively address threats to public health from specific practitioners

## GOAL #8: Enhance and Improve Emergency Medical Systems

- OBJECTIVE 8A: Ensure Emergency Medical Service (EMS) providers and personnel meet standards of care
- OBJECTIVE 8B: Assist persons suffering brain and spinal cord injuries to rejoin their communities
- OBJECTIVE 8C: Prevent deaths from all causes of unintentional injury among Florida resident children ages 0-14
- OBJECTIVE 8D: Develop and maintain a continuous, statewide system of care for all injured patients, increase system preparedness, and decrease morbidity and mortality due to traumatic injury

## GOAL #9: Process Medical Disability Determinations

- OBJECTIVE 9A: Complete medical disability determinations in an accurate manner

# DOH Public Health Services

*County health departments provide most of the public health services in Florida. Services are provided through collaborations between the state and the counties.*

CHDs in Florida provide clinical care services to more than one million people annually. Of the persons who received services during 2009 – 2010, 80% were either uninsured (46%) or enrolled in Medicaid (34%).

Private physicians, hospitals and laboratories report diseases of public health significance to their local health department, and each of the nearly 17,000 cases reported per year are investigated accordingly.

CHDs also staff special needs shelters during evacuations, and they play a critical role in Florida's emergency and disaster preparedness and response system.

### Public Health Clinic Client Profile

- 46% Uninsured
- 34% Medicaid enrolled
- 67% Below FPL
- 62.8% Female/37.2% Male
- 62.5% White/26.4% Black
- 11.1% Other
- 39.3% Age 0-17
- 41.6% Age 18-44
- 13.1% Age 45-64
- 6.0% Age 65 or older

CHDs receive operating funds from a variety of sources, including federal, state, and county governments; user fees; and insurance payments. While funding from local contracts, grants and Medicaid has increased, state funding has decreased, and the number of clients accessing CHD clinical services has continued to grow.

## Services provided through the health departments fall under the following four categories:

### *1. DISEASE CONTROL*

*Public health provides for the protection of the general public through the detection, control and eradication of diseases.*

**AIDS and HIV TESTING**

Public health offers anonymous or confidential testing for HIV, the virus that causes AIDS. Clients are provided information on prevention, the benefits of early treatment, referrals to care and other needed services.

**IMMUNIZATIONS**

Services are provided to protect children from childhood diseases. Florida law now currently requires children entering a childcare facility, public school or private school to be immunized against such diseases as diphtheria, Haemophilus influenza type b meningitis, measles, mumps, rubella, tetanus, varicella (chicken pox) and whooping cough (pertussis).

**SEXUALLY TRANSMITTED DISEASES**

Testing and treatment are provided to protect sex partners and unborn children from the serious effects that may result from untreated syphilis, gonorrhea and other sexually transmitted diseases. Services and information are confidential.

**EPIDEMIOLOGY**

Epidemiology staff monitors the prevalence of diseases and conditions that affect public health, provides expertise and analysis of communicable and chronic diseases, investigates disease outbreaks, and makes recommendations pertaining to case management and control of future disease outbreaks.

**TUBERCULOSIS CONTROL**

Testing and treatment services are provided to help prevent the spread of this serious lung disease. This includes skin tests and chest X-rays.

**CHRONIC DISEASE**

Programs seek to reduce the morbidity and mortality rates resulting from cardiovascular disease, hypertension, diabetes, cancer and chronic obstructive pulmonary disease. The program intervenes to reduce risk factors

through education, early detection, treatment, referral and follow-up.

## *2. PRIMARY AND PERSONAL HEALTH CARE SERVICES*

*CHD's provide health related services to persons who are unable to obtain care due to lack of income or other barriers beyond their control. Care is provided to benefit individuals, improve the collective health of the public, and prevent and control the spread of disease.*

**ADULT HEALTH CARE**

Counties make available a range of basic medical care services and treatments. Clinic services ensure access to essential health care and decrease unnecessary emergency room visits.

**HEALTHY START**

The Healthy Start Program provides universal risk screening for all pregnant women and infants. Services include care coordination to assure access to needed services as well as the provision of services such as childbirth education and smoking cessation.

**CHILD HEALTH**

Public health units provide periodic physical examinations for infants and children who are about to enter school or pre-school. Hearing and vision tests are administered in kindergarten and first grade.

**FAMILY PLANNING**

Programs provide education, counseling, medical services, referral and follow-up services that will help individuals plan their family size.

**HEALTH PROMOTION**

Public Health staff provides education and the promotion of healthy lifestyles through information, education, and referrals. Collaborative work is done with local entities to establish ongoing practices to support a healthy community.

**NUTRITION**

Staff teaches dietary habits for good health to people who need special diets because of illness or medical conditions. Programs are provided for pregnant and breastfeeding women and those with chronic diseases. Nutritionists also provide education and consultation for consumer groups, schools, and group care facilities.

**WIC SERVICES**

Special Supplemental Nutrition Program for ***Women, Infants, and Children*** **(WIC)** is a federally funded nutrition program that provides the following at no cost: healthy foods, nutrition education and counseling, breastfeeding support, and referrals for health care.

**HOME HEALTH SERVICES**

Some county public health units provide care for people who need nursing care or treatment in their homes if they are eligible for Medicare or another assistance program.

**DENTAL HEALTH**

Dentists provide treatment to indigent populations and preventive care to schoolchildren. The program also monitors and provides technical assistance to all water systems that have added fluoride and manages an emergency treatment referral system.

## *3. COMMUNITY HEALTH SERVICES*

*Public health protects the health of the population by monitoring and regulating activities that may contribute to the occurrence or transmission of disease.*

**FOOD INSPECTION**

Programs ensure that certain food service establishments operate in a safe and sanitary manner to minimize the occurrence of food borne illnesses. This includes inspection of facilities where food is processed, prepared or served.

**WATER SUPPLIES**

Public health regulates private and certain public water supplies and provides advice on well location and maintenance.

**WASTE DISPOSAL**

Programs ensure that septic tanks and other on-site sewage disposal systems are properly planned, installed and operated to prevent the spread of disease.

**OTHER INSPECTIONS**

Counties inspect migrant labor camps and residential migrant housing, biomedical waste generators, transporters, storage and treatment facilities, tattoo establishments, body-piercing salons, tanning facilities, schools, mobile homes, recreational camps, and swimming pools to ensure that the facilities are safe and sanitary. Staff also investigate and resolve complaints about sanitary nuisances.

**ANIMAL BITES**

Public health staff investigates animal bite reports.

**RADIATION CONTROL**

The program monitors radiation sources, certifies x-ray machines and operators, and inspects shipments of radioactive materials. Counties also inspect homes for radon, test water for radioactive contamination and provide emergency response teams.

**TOXICOLOGY and ENVIRONMENTAL EPIDEMIOLOGY**

Staff assesses the effect of exposure to contaminants on humans. They monitor and investigate unusual occurrences of environmentally related disease to intervene against its spread.

## *4. OTHER PUBLIC HEALTH SERVICES*

*Public health works closely with private providers and other community organizations to provide records, licensing, monitoring and surveillance to track, investigate and respond to disease trends and disasters.*

**VITAL RECORDS**

The program maintains copies of all birth, death, marriage and divorce records, providing copies as needed.

**EMERGENCY MEDICAL SERVICES**

The program licenses emergency medical technicians and services, assists in upgrading of EMS systems and monitors hospital trauma centers.

**PHARMACY**

Staff safeguards the public by inspecting and licensing the manufacturing, repackaging and wholesaling of drugs and drug products, as well as banning merchandising of deceptive drugs and devises.

**LABORATORY**

Public health laboratories provide diagnostic, environmental, reference, emergency and research laboratory services to county health units, other state agencies and private health care providers.

**Office of Workforce Development (WFD)** provides services to DOH Central Office and local county health departments, including:

- Management and coordination of the video conference network
- Management of the DOH Trak-It Learning Management System
- Development and implementation of a DOH Leadership Institute
- Coordination of a centralized on-line journal library
- Management of a DOH learning resource library
- Support of a Workforce Development Advisory Council and workforce development training contacts

# AGENCY WORKFORCE CONTEXT

Statistical data describing the DOH workforce and the Florida population provide baseline information about the agency workforce context. Demographic, political, economic, social, and workforce factors have an impact on Florida public health. Implications of such factors include the current training environment and political, economic and social challenges.

# Florida Demographics

*Florida is the fourth most populous state in the United States. According to the 2010 U.S. Census results, the population of Florida was approximately 18,801,310 people. In addition, Florida hosts another 80 million visitors each year.*

From 2000 to 2010, the Florida population growth percentage was 17.6% (or from 15,982,378 people to 18,801,310 people). More than 21% of the Florida residents were under 18 years of age. U.S. Census race data for Florida include the racial breakdown percentages of White at 74.67%; Hispanic (may be of any race) at 22.5%; Black or African American at 16.0%; Asian at 2.4%; and Other or Not Reported at 6.6%.

Based on Census Bureau annual population projections, Florida, California and Texas will account for nearly one-half (46%) of total U.S. population growth between 2000 and 2030. Florida, now the fourth most populous state, will edge past New York into third place in total population by the end of 2011; California and Texas will continue to rank first and second, respectively, in 2030.

In 2030, Florida is one of 10 states projected to have more people 65 and older than under the age of 18. This will result in more than one in every four residents aged 65 and older in 2030. As the oldest baby boomers join the population group 65 years and older in 2011, the population of this group is projected to grow faster than the total population in every state.

Twenty-six states are projected to double their 65 years and over population between 2000 and 2030.

**►IMPACT ON FLORIDA PUBLIC HEALTH◄**

- Increase in overall population will strain public health services
- Many health professionals will be retiring at the same time as demand for public health services is increasing
- Increase in 65 and older population will affect health indicators, service provision and the need for a workforce trained in the dynamics of elder care

## Florida – U.S. Demographics 2010

| | Florida | United States |
|---|---|---|
| Total population | 18,801,310 | 308,745,538 |
| Male | 49.2% | 49.3% |
| Female | 50.8% | 50.7% |
| White | 75.0% | 72.4% |
| African American | 16.0% | 12.6% |
| Asian | 2.4% | 4.8% |
| Other or Not Reported | 6.6% | 10.2% |
| Hispanic (may be of any race) | 22.5% | 16.3% |
| Population Growth 2000 - 10 | 17.6% | 9.7% |
| Under 18 years of age | 21.3% | 24.0% |
| 18 years of age and older | 78.7% | 76.0% |
| Average household income | $65,961 | $67,530 |

Source: 2010 U.S. Census Data

# Agency Demographics

*The Florida Department of Health employs more than 18,000 professional and paraprofessional staff serving a population of nearly 19 million people.*

The Florida Department of Health workforce consists of a diverse array of medical professionals, educators and trainers, paraprofessionals and support staff, administrators and clerical staff, epidemiologists, environmental health specialists, social workers and case managers, disease intervention specialists, program managers, laboratory technicians, researchers, nutritionists, scientists, planners and information technologists.

Of these employees, almost 80% are female, and 21% are male. More than 27% of the workforce is between the ages of 45-54; 26.9% between 55-64; 21.3% between 35-44; 15.7% between 25-34; 6.6% is 65 years and older; and 2.1% is under 25 years of age. For long-term succession planning and workforce development, it is important to note that 33.5% of the DOH workforce is 55 years of age or older.

More than half (57.04%) of the DOH workforce is White; 25.21% is Black or African-American; and 13.69% are Hispanic. The remaining DOH workforce racial/ethnic distribution is American Indian or Native Alaskan (0.29%), Asian (2.84%), Native Hawaiian or Other Pacific Islander (0.24%) and Other or Not Reported (0.69%).

More than half (54.9%) of the DOH workforce earns an annual salary of $25,000-$44,999, and 17.9% earn under $25,000. Of the remaining one-quarter of the DOH workforce, 14.2% earn $45,000-$59,999; 4.8% earn $60,000-$74,000; and 8.1% earn more than $75,000. This data includes full-time salaried and OPS staff.

**►IMPACT ON FLORIDA PUBLIC HEALTH◄**

- With 60.5% of the DOH workforce over the age of 45, workforce attrition due to retirement will severely impact the delivery of services
- The trend in workforce shortages among all public health professionals impact the critical need for succession planning as retirement of experienced public health workers increases
- Retirement attrition requires a process to capture the institutional knowledge, expertise and best practices of retiring DOH workforce
- Rising leaders in public health profession need to be identified, and mentored

## 2011 Florida Department of Health Workforce Summary

| | |
|---|---|
| **Gender** | |
| 79% | Female |
| 21% | Male |
| **Race/Ethnicity** | |
| 57% | White |
| 25% | Black |
| 14% | Hispanic |
| 4% | Other or Not Reported |
| **Age** | |
| 48 years old | Average age |
| 2% | Under 25 years of age |
| 64% | 25 – 54 years of age |
| 34% | 55 years of age or older |
| **Education level** | |
| 28% | High school diploma + some post secondary |
| 41% | College degree/Advanced degree/Professional degree |
| 31% | Unknown or Not Reported |

| Annual Salary | |
|---|---|
| $43,163 | Average annual salary |
| 87% | Up to $59,999 annual salary |
| 13% | $60,000 or more |
| **Retirement (30 years of service or 62 years of age)** | |
| 6.7 years | Average length of employment |
| 6.6% | Currently eligible for retirement |
| 11.5% | Eligible for retirement next 5 years |
| 42% | Eligible for retirement next 10 years |

**Source: People First Database**

## 2011 Comparison of DOH Workforce to Clinic Clients Served

| | Workforce | | Clients |
|---|---|---|---|
| **White** | **57%** | **White** | **56%** |
| **Black** | **25%** | **Black** | **27%** |
| **Hispanic** | **14%** | **Hispanic** | **23%** |
| **Other or Not Reported** | **4%** | **Non-Hispanic** | **76%** |
| | | **Other** | **16%** |
| | | **Unknown** | **1%** |

*Source: Program Management Report, Demographics, Personal Health User Counts*
http://hpe00ws/GH/pmr.aspx
*Race and ethnicity are tracked separately.*

# Current Training Environment

*Workforce Development was established in 2010 within the Division of Administration to address statewide DOH needs related to assuring a competent workforce.*

Now located in the Office of Performance and Quality Improvement, the WFD serves as the central coordinating entity to maximize limited education and training resources, eliminate duplication of efforts, and reduce associated costs. WFD recognizes the importance and benefits of a highly skilled, highly educated workforce with the resources to develop smarter, more efficient ways of providing quality public health services.

DOH policy requires that all employees complete mandatory and required training within specified timeframes.

Mandatory training courses enable employees to meet DOH requirements, and they assist them in carrying out the mission of the DOH. Training and professional development opportunities are available in the DOH Trak-It Learning Management System (LMS). This system provides reports on course completion and skill group progress.

Currently, all DOH employees must complete nine (9) mandatory trainings. These include:

- Code of Ethics
- Violence in the Workplace

- Equal Opportunity
  - Cultural Diversity
- New Employee Orientation
- Sexual Harassment
- Information Security and Privacy
- Public Health Preparedness Orientation
- IS 100.b, Introduction to the Incident Command System (ICS)
- IS 700.a, National Incident Management System (NIMS)

A standardized New Employee Orientation is provided at the Tallahassee DOH central office at the bureau/division level as well as at the local CHDs office with human resources (HR) personnel and in Trak-It. Job specific and county specific orientation is provided at the CHD.

Employees needing licensure or certification are required to complete training courses as specified by the appropriate professional board or Florida Statutes under which they are licensed. However, it is the employees' responsibility to complete required courses as specified in their license agreements.

Once mandatory training has been completed, managers/supervisors are responsible for determining when follow-up training is needed to reinforce, clarify or update employees on mandatory or required course content.

The Trak-It LMS provides a centralized, online resource for providing access to DOH and county-level training programs. In addition, specific divisions and bureaus within DOH support the completion of educational and licensure courses that meet specific needs and required competencies. WFD also coordinates conference calls with regional and county-level training coordinators and liaisons and provides technical assistance for the LMS.

## WFD Strategic Priorities

1. Provide superior workforce development initiatives.
2. Achieve and sustain organizational excellence by developing and maintaining a highly competent and capable workforce.
3. Reduce duplication and maximize use of limited resources through partnerships and collaboration.

WFD also maintains a Training Resource Library and provides training resources, electronic media, online journal subscriptions, and books to DOH staff throughout Florida.

DOH staff also participate in educational opportunities from a variety of academic, not-for-profit and profit-based entities. Some of these courses have been approved through the Training and Exercise Support Team (TEST) Tier 1 and Tier 2 curriculum and exercise review process, and they are Homeland Security Exercise and Evaluation Program (HSEEP) and Project Public Health Ready compliant. While WFD recognizes the Public Health Core Competencies, current mandatory and other training programs have not yet been fully aligned with the 2010 competency set. WFD seeks to ensure that training and education efforts align to Public Health Core Competencies, the Ten Essential Public Health Services and the Departments Long-Range Program Plan.

WFD currently is in the process of establishing a DOH Leadership Institute project and an online Employee Resource and Information Center or "Training Portal." An Employee Mentoring program pilot is also underway in collaboration with the University of South Florida. WFD provides technical assistance on DOH satellite broadcasts, video conferencing, and web casts for DOH staff and community partners.

Workforce Development (WFD) maintains a website (both internet and DOH intra-net) that provides information and resources related to workforce training and professional development. WFD has 13 staff members within the Chief of Staff and collaborates with Performance Improvement and other bureaus and divisions on training and process-related projects.

## Public Health Competencies can be used to:

- Develop and evaluate competency based training content and curricula
- Develop job descriptions, implement employee performance reviews, and assess knowledge and skill gaps of individual employees or of entire organizations
- Assess and meet training needs

# Political, Economic, and Social Challenges


*The state of Florida ranks 32nd in the nation for public health funding, and spends an average of $21.83 a year on the public health needs of each resident.*

Although Florida has made many recent public health improvements, such as having the 10th lowest rates of deaths from cancer and cardiovascular disease in the U.S., the state continues to face many public health challenges, all of which affect the public health workforce.

**Public Health Funding**

The state of Florida:

- Spends an average of $21.83 a year on the public health needs of each resident (32nd in the nation for public health funding)
- Receives an additional $16.15 per person in funding from the Centers for Disease Control (CDC) (46th in the nation)
- Receives $22.28 per person from Health Resources and Services Administration (HRSA) (27th in the nation)
- Received $21.98 million in grants in FY 2010 from The Prevention and Public Health Fund, created by the Affordable Care Act (2011, APHA).

**Public Health Shortages**

Florida ranks third in the nation in the mental health, nursing and dental care health professions. Florida's primary care health profession shortages place the state

at fourth in the nation (Trust for American's Health, 2010).

**►IMPACT ON FLORIDA PUBLIC HEALTH◄**

- As Florida's population increases, an increase in public health funding will be required if services offered are held constant
- Florida must aggressively solve the shortage of health care professionals

**Affordable Care Act**

The Patient Protection and Affordable Care Act (Affordable Care Act or ACA) is projected to affect Florida's health care budget in ways yet to be determined.

The Urban Institute (Dorn & Buettgens, 2010) estimated that state Medicaid spending on low-income adults will increase because

(1) the Affordable Care Act is expected to:

- increase enrollment among individuals who currently qualify but have not yet signed up for Medicaid
- increase enrollment for Medicaid
- increase what Florida must pay for its standard share of Medicaid expenses

(2) the ACA requires Medicaid to cover all adults with incomes at or below 133 percent of the federal poverty level (FPL), with Florida to begin paying some of these costs in 2017 and with the state share gradually rising to 10% in 2020.

The Urban Institute report concluded that, in general, state costs for Medicaid adults with incomes at or below 133 percent of FPL would rise between $21.1 billion and $43.2 billion during 2014-2019. This will provide more access to people, and the Florida DOH will be called upon to increase the availability of physicians who will accept Medicaid.

In May 2011, Florida's Governor signed a $69 billion state budget that reduced hospitals' Medicaid reimbursement rates in the state by 12% and redistributed funding for hospitals that serve low-income patients to for-profit hospitals. The budget includes cuts totaling $4 billion compared with the current spending plan, including $510 million in cuts from Medicaid. The impact on the provision of services by the Florida Department of Health has not yet been identified.

**Florida Legislative Focus**

State legislators play a vital role in determining the structure and resources available to state and local agencies dedicated to protecting the public's health and in preserving the health of the population by promoting public health education, broadening the use of preventive services and facilitating healthy lifestyles.

In 2010, the Florida Legislature passed HB 5311 – now Ch. 2010-161, Laws of Florida. Section 34 of this law required DOH to conduct a comprehensive evaluation and justification review of its divisions and programs. The resulting report (March 2011) concluded with two fundamental recommendations:

1. DOH needs to establish a clear mission
2. DOH must establish and cultivate a culture of accountability and performance excellence.

In addition, the 2010 – 2011 Florida Legislature looked for ways to decrease spending and increase revenue. County governments and local taxing districts throughout Florida have not yet realized the impact of some of the proposed changes that are being discussed on their budgets, and ability to maintain current infrastructure and services.

**Economic Conditions**

Poverty levels are up in the U.S., as indicated in the 2010 Census Bureau reports, with the percentage of Americans living in poverty at its highest point since 1993. In Florida, more than 10% of the population is unemployed and 16% of the state's residents live below the poverty level.

Most health experts expect the rise in unemployment and poverty rates to lead to increasing health issues for people living at or below the poverty level. Research over the past ten years has linked being poor to poor health (see Reinier, 2011). A number of studies have linked poverty to higher levels of cancer, cardiovascular disease, diabetes and other diseases and conditions. The reasons for this link between poverty level and increased levels of poor health are complex and range from having little access to healthcare, to less education about disease treatment and prevention, to limited access to healthful foods, to fewer opportunities to exercise, and to embarrassment about one's condition.

Approximately 20% of all Florida residents do not have health insurance (second in the nation in 2009), with 17.9% of residents under the age of 18 uninsured (leading state for uninsured children and adolescents ages zero to 18). Eligibility for almost all state of Florida health care programs (e.g. Medicaid and Healthy Kids) is primarily based on income, figured as a percentage of the Federal Poverty Level

(FPL). The 2011 FPL for one person is $10,890 and for a family of four is $22,350. According to 2010 Census data, the percentage of people covered by private health insurance and employer-based health insurance declined between 2009 and 2010, while the percentage covered by government health insurance increased during that period.

## Economic Conditions

| | Florida | United States |
|---|---|---|
| **TOTAL POPULATION** | **18,801,310** | **308,745,538** |
| Unemployment rate | 10.7% | 9.6% |
| Persons below poverty level | 16.0% | 15.1% |
| Total uninsured | 19.8% | 16.3% |
| Total insured | 80.2% | 83.7% |
| Private or Employer-based | 46.1% | 59.3% |
| Government | (Kid Care) 1.3% | 31.0% |
| Medicaid | 15.3% | 15.9% |
| Medicare | 17.5% | 14.5% |

Source: 2010 U.S. Census Data; Florida Hospital Association

# Workforce Challenges

*Florida's seasonally adjusted unemployment rate for March 2010 was 12.3%, the highest in Florida's recorded history going back to 1970 and thought by many to be Florida's highest unemployment rate since the Great Depression.*

**Workforce Diversity**

In addition to an overall worker shortage, of special concern is the lack of diversity in health professions. Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services, reported that overall 10% of the health professions are comprised of underrepresented ethnic groups. In a report commissioned by *Trust for American's Health*, Dr. Lurie goes on to point out:

- Hispanics account for 12% of the U.S. population; only 2% of nurses and 3.5% of physicians are of Hispanic ethnicity
- Less than one in 20 African Americans is a doctor or dentist, even though one in eight persons in the United States is African American
- To increase the minority nurse population by 1%, it is estimated that an additional 20,000 minority nurses must be recruited

**►IMPACT ON FLORIDA PUBLIC HEALTH◄**

- The provision of services to Florida's uninsured residents will severely strain already limited DOH budgets and resources
- Rises in poverty and unemployment puts a greater demand on safety net programs provided by public health entities
- Health status indicators related to cancer, cardiovascular disease, diabetes, and other diseases and conditions may rise because of a poorer population and less access to health care

A diverse workforce is critical to building the infrastructure of the Florida Department of Health. As mentioned

previously, more than half (57.04%) of the DOH workforce is White, 25.21% is Black or African-American, and 13.69% are Hispanic. The remaining 4% includes American Indian or Native Alaskan (0.29%), Asian (2.84%), Native Hawaiian or Other Pacific Islander (0.24%) and Other or Not Reported (0.69%). A comparison of the demographics of the DOH workforce to DOH clients can be found on page 25.

**Overcoming Age of the Workforce**

Currently, two different trends are affecting the composition of the DOH workforce:

1) A large percentage of the workforce is approaching traditional retirement age

2) The number of new and younger workers is decreasing

It is projected that if all the baby boomers in DOH were to retire at traditional retirement age, there would not be enough public health workers to maintain the same level of service provision. In addition, finding qualified applicants to fill key positions will become more difficult as the experienced personnel leave the workforce.

As the DOH workforce data has shown, more than 27% of the workforce is between the ages of 45-54; 26.9% are ages 55-64; 21.3% are ages 35-44; 15.7% are ages 25-34; 6.6% are 65 years or older; and 2.1% are under 25 years of age.

**►IMPACT ON FLORIDA PUBLIC HEALTH◄**

- The lack of a diverse workforce can result in customer dissatisfaction and poor understanding of programs and services available to them

- With nearly 54% of the DOH workforce over the age of 45, workforce attrition due to retirement will severely influence the delivery of services

**Overcoming the Shortage of Public Health Professionals**

Nationally, the picture for public health personnel is not any better. The recent budget cuts have intensified the problem, with an estimated reduction of 15% of the local public health workforce in the past two years and, at the same time, an increase in the demand for services by the elderly, uninsured, and low-income children and individuals (Bureau of Labor Statistics, 2010).

In October 2010, the Center on Budget and Policy (CBPP) found that 33 states had cut funding for public health from fiscal year (FY) 2008-2009 to 2009-2010 and of these, 18 had cut funding for a second year in a row. In addition, CBPP found that as of December 2010, approximately 29,000 jobs (19% of the workforce) had been cut from local public health departments since January 2009.

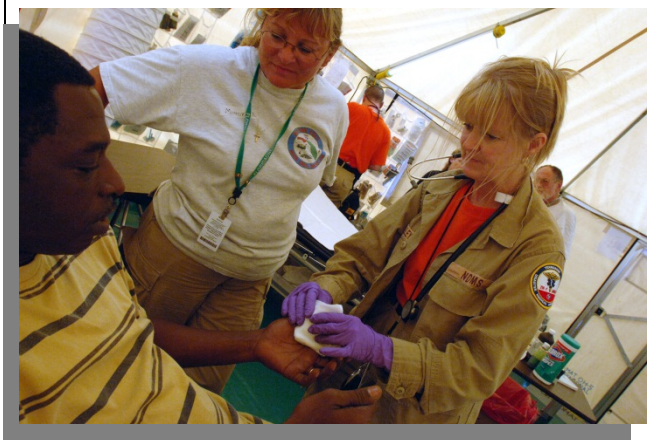
In studies conducted in 2007 and 2008 by

**Designated Health Professional Shortage Areas Statistics – Florida Chart**

| | Primary Care | Dental Care | Mental Health |
|---|---|---|---|
| **Total Designations** | 263 | 223 | 152 |
| **Whole County** | 15 | 1 | 15 |
| **Service Area** | --- | 0 | 8 |
| **Population Growth** | 107 | 106 | 12 |
| **Facility** | 137 | 116 | 117 |
| **Total Population** | 4,246,045 | 3,736,225 | 2,248,129 |
| **Estimated Un-Served Population (3000:1)** | 2,822,347 | 3,161,275 | 1,707,786 |
| **Practitioners Needed to Remove Designation** | 739 | 824 | 80 |
| **Achieve (3000:1)** | 1333 | 985 | 138 |

the Association of Schools of Public Health and the Association of State and Territorial Health Officers, it was estimated that the United States had 50,000 fewer public health workers than it did 20 years ago, and one-third of public health workers will be eligible to retire within five years. Unfortunately, data that is more recent was not available.

The Bureau of Health Professions in the Department of Health and Human Services found that Florida ranked 15th in primary care and mental health care shortages and first in dental care shortages as of August 2011. Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (low-income population) or institutional (comprehensive health center, federally qualified health center or other public facility).



*The Florida Center for Nursing projects a current shortage of 11,000 registered nurses, which could increase to 52,000 by 2020. The present rate of new graduates will not meet this need.*

Public Health Nursing (PHN) faces competing demands from other practice settings with more favorable salaries in the private sector, and many PHN and PHN leaders are retiring.

Currently 21% of Florida's PHN and 26% of senior nurse leaders are aged 60 or older. More than 25% of Florida's licensed and practicing physicians are aged 60 or older. Florida's population and workforce are aging, thereby increasing the need for healthcare providers.

Current data on dental care and mental health personnel was not available. However, the impact of shortages of health care professionals will strain all areas of public health.

**Overcoming the Changes in Florida's Population**

Florida's population is projected to grow by 252,000 for 2010 to 2020 and 255,000 from 2020 to 2030. The population increases together with demographic shifts related to the aging of the baby boom generation, increased diversity, and a growing population under the age of 18, which pose tremendous public health workforce planning challenges.

As the need for a sufficient, diverse and competent public health workforce grows, workforce projections show that these needs will not be met due to large-scale retirement of the existing public health system workforce.

Florida continues to have many rural and urban communities with shortages of primary care, dental care and mental health care providers causing people to be more likely to postpone seeking care, have to travel greater distances to get care or have long waiting times for medical appointments.

Developing a diverse, sufficient and competent health workforce is integral to accomplishing the DOH's mission and to providing continuous quality healthcare services to the people of Florida.

**Succession Planning**

The trend in workforce shortages among all public health professionals influences the critical need for succession planning as retirements of experienced public health workers increase. This challenge requires a process to capture the institutional knowledge, expertise and best practices of retiring DOH workforce. Concurrently, rising leaders in public health professions need to be identified and mentored.

WFD has begun implementing a succession planning process that begins with identifying key and critical positions.

# WORKFORCE NEEDS ASSESSMENT

A statewide workforce development needs assessment was conducted in partnership with the University of South Florida, Florida International University, and University of Puerto Rico Florida Public Health Training Centers in May 2011. This was the first time a Department-wide assessment had been conducted since the Department was established in 1997. The *2011 State of Florida Department of Health Workforce Development Needs Assessment Survey* is composed of seven sections and a total of 86 questions.

DOH staff members received an email asking for their participation in the workforce development needs assessment. Nearly one-third of the staff (32.3%) accessed the survey, and one-quarter (20.7%) completed the entire survey. The demographics of those who completed the assessment were reflective of the larger DOH staff population.

The *2011 State of Florida Department of Health Workforce Development Needs Assessment Survey* provides a rich source of information regarding public health workforce experience, training needs, preferences and perceived areas of public health concern. The results of this assessment can influence future public health workforce development activities, training curricula and key content areas, delivery modalities and the development of other workforce deliverables based on the Core Competencies for Public Health Professionals.

## 2011 State of Florida Department of Health Workforce Development Needs Assessment Survey

Part I: Experience in Public Health
Part II: Perception of Confidence for Public Health Professional
Part III: Perception of Competence Related to Public Health Preparedness and Response
Part IV: Capacity Technology and Business Development
Part V: Demographic Information
Part VI: Public Health Matters

### Key findings related to the needs assessment survey include:

**Experience in Public Health**

- Nearly half (43.8%) of the assessment respondents had worked for DOH for five years or less, while more than one-third (35.4%) had worked for DOH for 11 years or more

- Two-thirds (66.8%) of the assessment respondents characterized themselves as "entry-level" or individuals who carry out the bulk of day-to-day tasks (e.g. environmental specialists, counselors, nurses and other clinicians, investigators, lab technicians, health educators). Responsibilities may include data collection and analysis, fieldwork, program planning, outreach activities, programmatic support and other organizational tasks

- Nearly half (48.7%) of the assessment respondents rated their level of public health knowledge as "I have practical knowledge or skills [intermediate level] or mastery of the competency. Individuals are able to apply and describe the skill"

- When asked to identify the source of their public health training, nearly two-thirds (64.4%) indicated their training in public health came from on-the-job training, while almost half (44.2%) indicated they had participated in one or more seminars or workshops that addressed a public health issue

- Nearly three-quarters (71.8%) of the assessment respondents reported they had taken training or participated in professional development activities or continuing education related to their work area within the past year

- The most frequently selected reasons for participating in professional development or continuing education activities were "need to update my information and knowledge" (68.1%), "need to develop new skills and competencies regarding public health" (45.5%), and "it is required by the employer" (40.3%)

**Perception of Confidence for Public Health Professionals**

Part II of the survey includes items related to the eight Core Competencies for Public Health Professional domains. This section asked respondents to rate their level of capacity to perform specific tasks related to each of the eight domains of the core competencies effectively. For detailed descriptions of the core competencies and associated tasks, review the report in Appendix C.

### Workforce Development Keys

- ▶Within the next five years, DOH workforce will lose experience as staff move into the DROP program
- ▶The remaining workforce characterizes themselves as "entry –level" and do not possess the same level of DOH work experience
- ▶Most DOH staff receive their public health training from on-the-job versus academic instruction
- ▶Most DOH staff participate in training or other professional development activities yearly

**Capacity Technology and Business Development**

- Nearly all of the assessment respondents have internet access at work (97.6%) and at home (90.8%)

- More than three-quarters (84%) of the assessment respondents rated their computer skills as *Good* – Excellent, and more than two-thirds (66.9%) of the assessment respondents use their computers to access a variety of information over the internet and intranet

## Workforce Development Keys

▶Nearly one-third of staff members did NOT see Quality Improvement as part of their position

▶More than one-third of staff report having a practical knowledge or skills for all but quality improvement

- More than half (59.5%) of assessment respondents reported they had 1-2 hours within their average work week to participate in professional development training or knowledge updates, while slightly more than one-quarter (26.8%) of assessment respondents reported they did not have time

- Hands-on training (83.6%), face-to-face training (80.6%), and self-paced, computer-based online training (63.4%) is the training style reported by assessment respondents as best suited to their learning style

- More than three-quarters of assessment respondents indicated on the survey the following barriers that impact their ability to participate in public health trainings or professional development activities:

    - Lack of time to attend educational seminars or other training offered at your workplace (85.5%)
    - Lack of time to attend educational seminars or other training that is offered outside the workplace (87.9% )
    - Lack of financial support (86.8%)
    - Travel (84.7%)
    - Range of educational offerings (78%)

- When asked to identify the top five priority public health topics employees were interested in receiving training on in the next three years, they were given a list of 38 options. Assessment respondents selected public health

leadership (22.6%), prevention and health promotion (21%), public health emergency and disaster (18.5), teamwork (17.1%) and laws and public policy in health (16.1%)

- More than half (58.6%) of the assessment respondents reported they did not need continuing education credit (CEC) to maintain a professional license, while more than one-quarter (27.4%) reported they did need CECs for their professional license. Of those that did need CECs, more than one-third (37.5%) indicated they needed nursing licensure

### Workforce Development Keys

- ▶DOH staff members have access to computers and have computer knowledge and skills
- ▶One to two hours per week can be dedicated to training
- ▶Hands-on, face-to-face and self-paced, online training are preferred
- ▶Those staff members who needs CECs for licensure were nurses

**Demographics**

The assessment respondents were:

- Female (82.5%)
- White (76.8%) or Black (16%)
- Not of Hispanic, Latino, or Spanish origin (86.5%)
- Over 40 years of age (75%)
- Academically educated - technical school or Associate, Bachelor, Master, Ph.D., or M.D. (80%)

**Public Health Matters**

- When asked to identify the major public health problems in Florida from a list of 20 options, the top choices were diabetes (55.6%), teen pregnancy (50%),

### Workforce Development Keys

- ▶Future professional development or knowledge update topics include diabetes, teen pregnancy, STDs and high blood pressure
- ▶Staff perceives budget cuts and lack of funding/resources as a challenge to service provision and quality of care

sexually transmitted infections (49.8%) and high blood pressure (48.8%)

- The most frequently (45%) cited public health challenge facing their organization today were budget cuts, lack of funding/money/finances, economic effects, etc. (results in an inability to provide Public Health programs, services, and quality care to everyone in need; budget is decreasing as public needs are increasing)

# DOH LEADERSHIP ASSESSMENT

As part of the **DOH 2012-2017 Workforce Development Plan** project, Quad R conducted phone interviews with 18 DOH bureau/division leaders and county health department administrators.

The Director of Workforce Development contacted each potential interviewee by email and provided to them a copy of the nine interview questions. The email and interview questions can be viewed in Appendices D and E. Phone interviews were conducted during June and July 2011. Each interview lasted approximately one hour, and interview notes were summarized across all responses and thematized per question. The phone interviews yielded a 97% response rate, with 18 bureau/division leaders and county health department administrators participating.

To ensure the responses were representative of DOH workforce development issues, an online survey was also developed, of which included eight of the nine phone interview questions (see Appendix F). Twenty-seven mid-level managers and supervisors were contacted by Workforce Development, and asked to participate in the online survey.

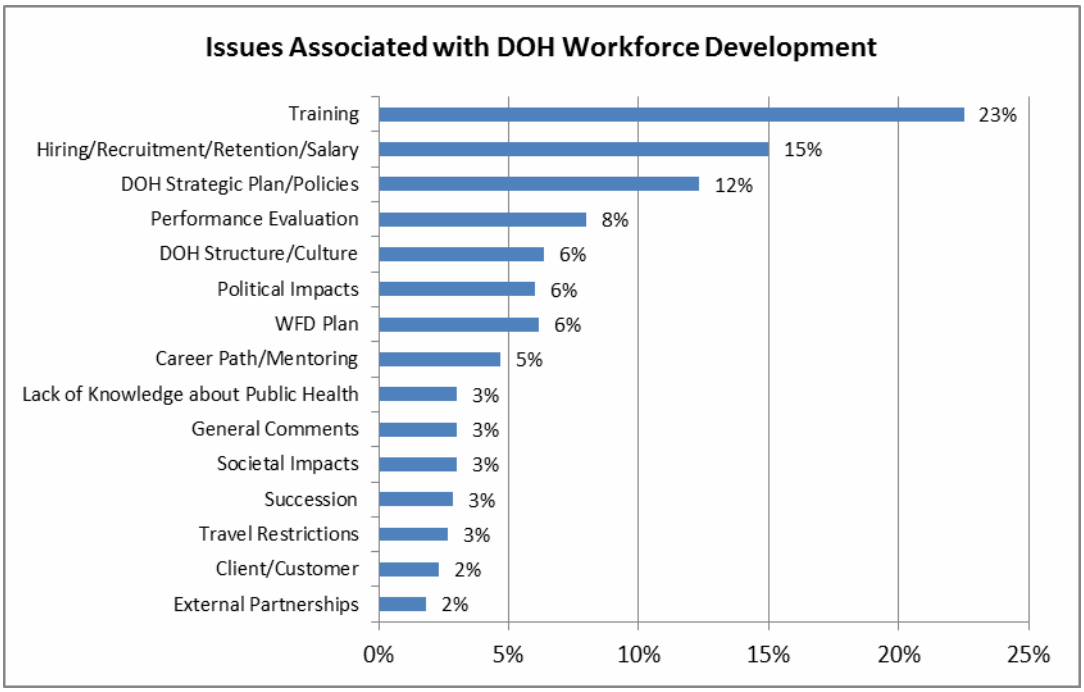
An email was used as the initial contact, and the link to the online survey was provided. Participants in the online survey were given ten business days to complete the survey. A second email was sent four days prior to the deadline. Fifteen mid-level managers and supervisors completed the online survey for a 55% response rate. The responses were summarized across all respondents and thematized per question.

The online survey and phone interview responses were consistent, and the responses were combined and thematized for each question. The verbatim responses and associated themes can be viewed in Appendix G. Inter-rater reliability for the themes was 98.9%.

The themes associated with all questions were collapsed into common categories as a way to understand the issues associated with DOH workforce development. Nearly one-quarter (23%) of all comments associated with both the phone interviews and online survey focused on training.

A variety of training topics were listed in response to the questions on the phone interview and online survey. Nearly all of the training topics fell within the public health core competency categories across the three-tiered approach to knowledge and skills.

The chart below summarizes these common themes.




**DOH's BIGGEST CHALLENGES IN ATTRACTING AND RETAINING EMPLOYEES**

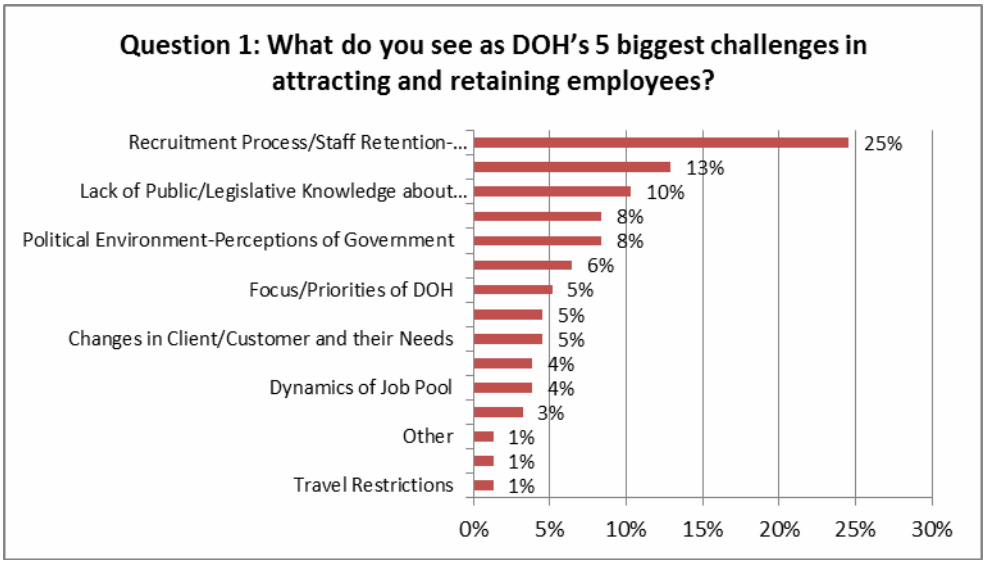
Respondents were asked to identify the five biggest challenges DOH has in attracting and retaining employees. During the phone interviews, respondents were probed as to how the environment (political, social, technology) affects the DOH workforce, how customer/client demands are expected to change and how technology will change the way DOH works, interact with customers/clients and/or deliver services.

One-quarter (25%) of the respondents identified salary and benefits as a challenge in attracting and retaining staff. As one respondent stated, "*Non-competitive salaries (both entry levels and higher level positions especially for credentialed employees) are an issue; until the salary issues are addressed it is going to become increasingly difficult to attract and retain qualified professionals especially among the younger generation of employees*."

The second largest theme (10%) that emerged in the responses to this question was retention of staff. Respondents indicated that the inability to promote staff from within, the lack of a career path, and the loss of staff due to retirement was making it increasingly difficult to retain staff. As one respondent stated, "*Limited or no career path – not able to use higher level positions due to limited funding or rate – this is especially a problem with retaining staff after they have achieved advanced degrees or additional credentials that would benefit the Department to use such skills but you can't offer a competitive raise or a higher level position; many new staff are*

*leaving for higher paid positions elsewhere with better future earning potential."*

The chart below summarizes the themes associated with this question regarding the challenges DOH faces in the recruitment and retention of workforce.

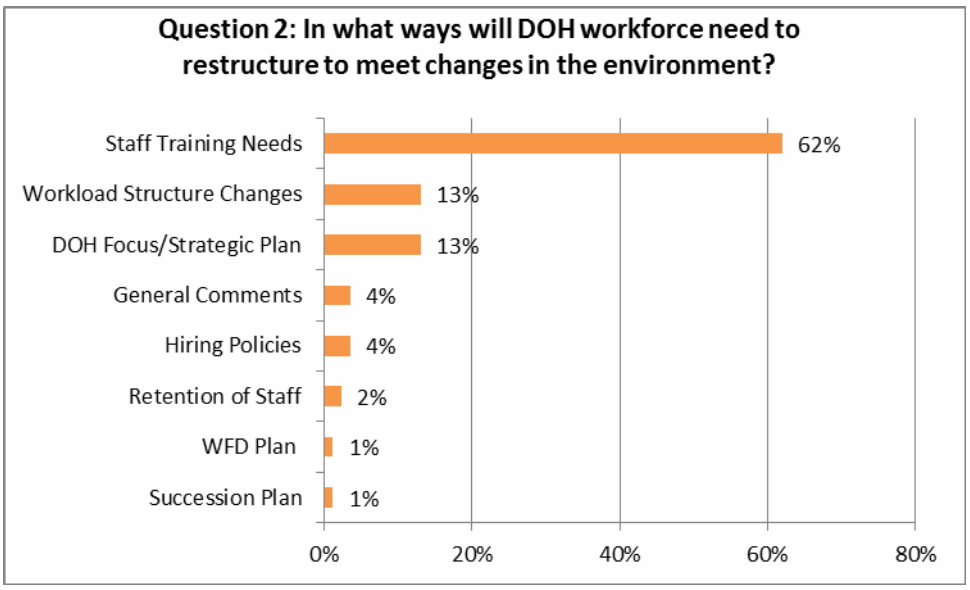



## WAYS IN WHICH DOH WORKFORCE NEED TO RESTRUCTURE TO MEET CHANGES IN THE ENVIRONMENT

Question two asked respondents to identify the ways in that DOH workforce will need to restructure in order to meet changes in its environment. Phone interviewees were probed to address how the distribution of workload will change and how work process improvements would change the division of labor. In addition, phone interviewees were asked to identify job functions and competencies that would no longer be required or needed in three to five years and to identify the new job functions and competencies that will be required in the next three to five years.

Nearly two-thirds (62%) of the responses focused on the training needs of the workforce as one way DOH would need to restructure in order to meet the changes of the environment. A variety of specific training needs was identified. The most common topics were communication, computer skills, business/process improvement and public health. In addition, respondents believed the workload structures would change as the workforce shifts from clerical support to data management and as the DOH focus shifts due to changes in Medicaid/Medicare, legislative mandates and the restructuring of DOH.

The chart below summarizes the themes for this question.



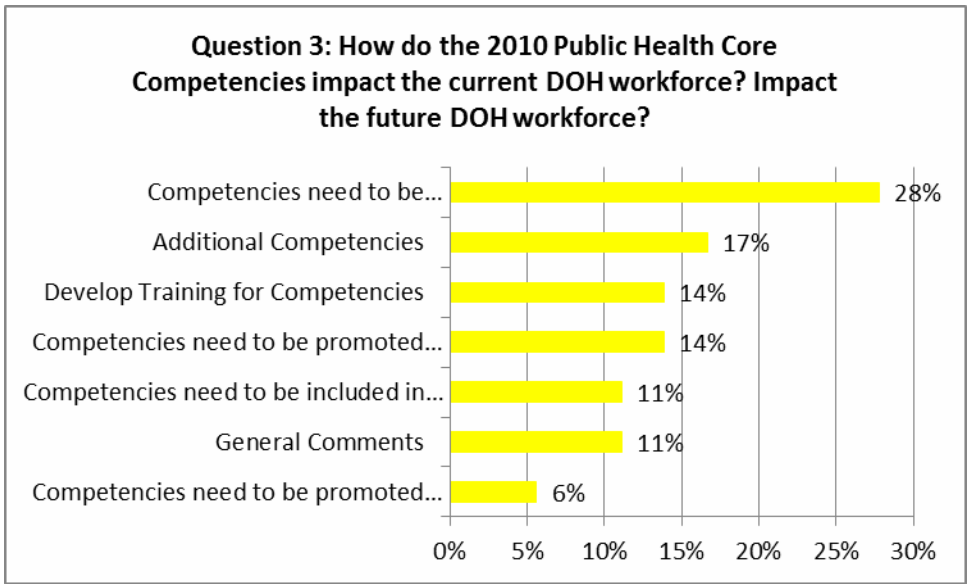

**IMPACT OF THE 2010 PUBLIC HEALTH CORE COMPETENCIES**

Question three asked respondents to identify the ways that the 2010 Public Health Core Competencies affect the current and future workforce. A list of the eight core competencies was provided, and a distinction of the three-tiered approach highlighted. Phone interviewees were asked to identify ways that the recruitment of new employees should match the core competencies and how training and workforce development initiatives need to create a "fit" between skill sets and core competencies. It is interesting to note that while all phone interviewees indicated they were aware of the 2010 Public Health Core Competencies, they all stated that they were not as familiar as they should be with these competencies.

More than one-quarter (28%) of the responses indicated the core competencies need to be operationalized in to specific knowledge and skill categories. One respondent asked, "*The competencies are interesting but there is no way to assess them. How can we use them if we can't translate them to job performance or standards?*" The general attitude regarding the core competencies was that they needed to be translated into day-to-day job functions in order to be useful for individual development plans, knowledge, and skill gain linked to service provision.

Many of the responses (17%) identified other competencies that they believed needed to be added to the list. It is interesting to note, however, that the majority of the additional competencies listed *are* part of the 2010 Public Health Core Competencies. Cultural competency, risk communication, management and supervision, and preparedness were some of the additional knowledge and skill areas listed.

The chart below summarizes the themes for this question.



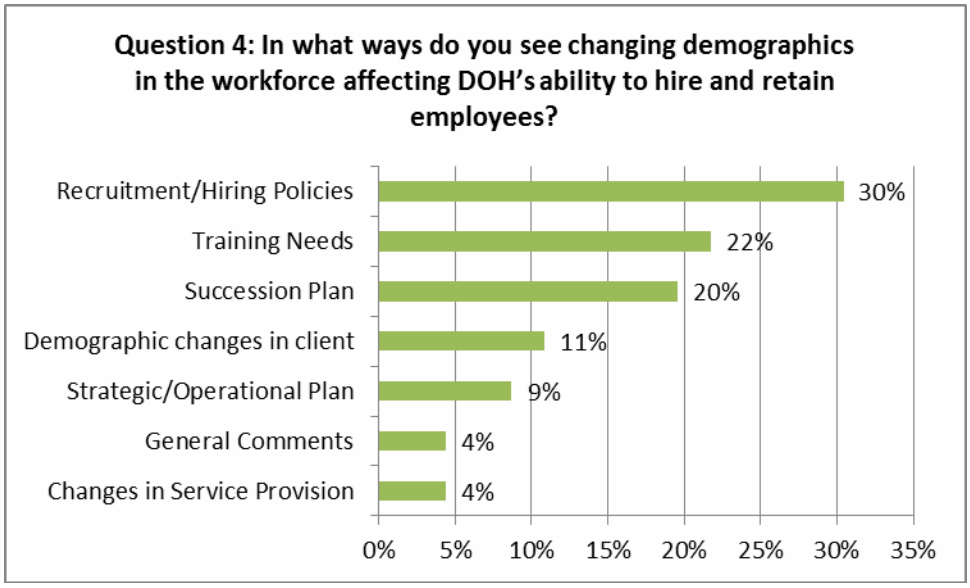

**WAYS THE CHANGING DEMOGRAPHICS IN THE WORKFORCE ARE AFFECTING DOH'S ABILITY TO HIRE AND RETAIN EMPLOYEES.**

The next question asked online survey and phone interview respondents to identify the ways that workforce demographics affect DOH's recruitment and retention efforts. Phone interviewees were further probed to address how DOH can prepare for the increasing diversity of the future workforce and address the changing organizational culture and workplace expectations of future employees.

One-third (30%) of the responses focus on the recruitment and hiring policies of DOH. Nearly one-quarter (22%) of the responses focused on the need to train the workforce in cultural competency and have a workforce that is bi or multi-lingual in order to provide quality and consistent health care. In addition, one respondent acknowledged that the "*Majority of staff are line workers – not management. They need to cultivate higher-level skills, although most are not interested in*

*advancement. They just want a job. Most want to do things that make their job and them happy. Most people are just surviving*."

The chart below summarizes the themes associated with this question.



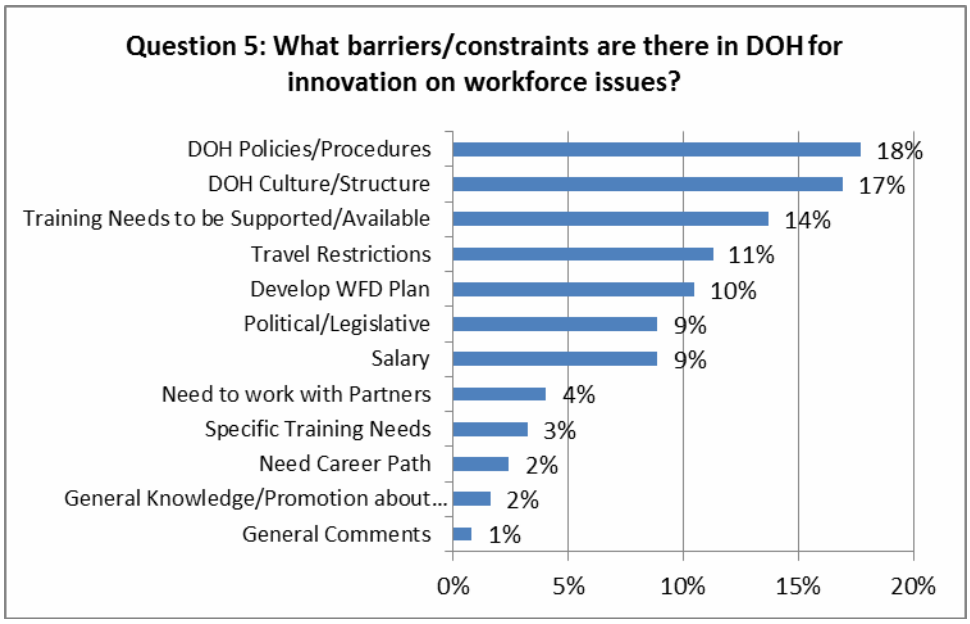

**DOH BARRIERS/CONSTRAINTS ON INNOVATION FOR WORKFORCE ISSUES.**

Question five asked respondents to identify barriers and constraints that exist in DOH that affect its ability to be innovative concerning workforce issues. Phone interviewees were probed to discuss political, institutional, and work rules as well as practices and policies that act as constraints. In addition, all respondents were asked to identify how these barriers can be overcome.

A variety of barriers and constraints were listed. The most frequently cited include the DOH policies and procedures (18%), DOH culture and structure (17%) and the lack of support for training (14%). Several respondents echoed the sentiment contained in this statement, "*The employees in the field who have the highest level of expertise in dealing with our customers and implementation of current policies and procedures do not have a voice in our future or in helping to determine the future outcomes of who we are and how we can best serve our customers*." When asked how barriers can be removed, one respondent summed up the general attitude by stating, "*Practices/Policies – keeping people from being creative and innovative. Some are dictated by government/Legislature, but many are because of department/bureau. How to*

*make it less burdensome for the local staff? How can (the bureau) help local staff get the job done and still get the information they need? Public health gets done at the local level."*

The chart below summarizes the responses for this question.



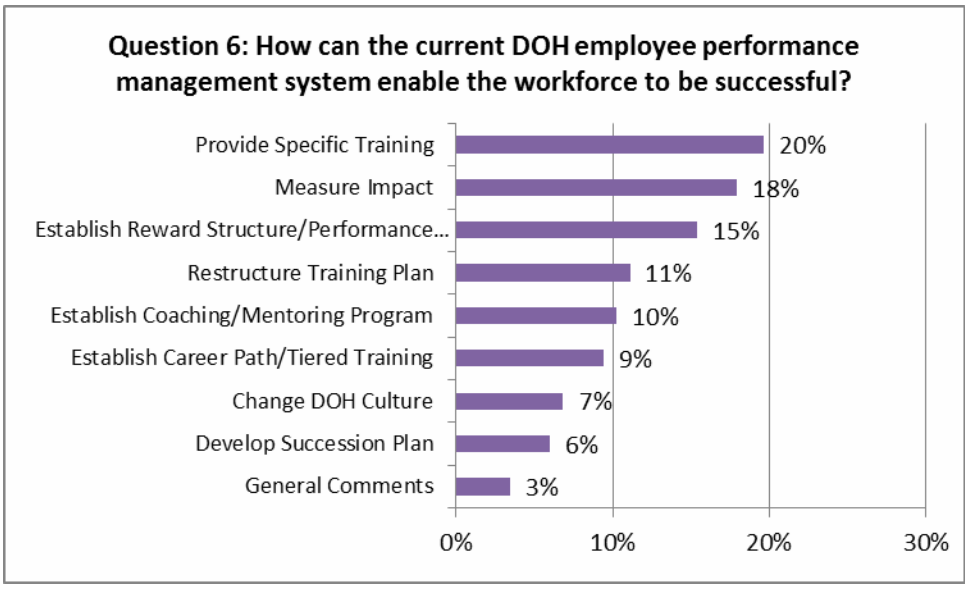

**WAYS THE CURRENT DOH EMPLOYEE PERFORMANCE MANAGEMENT SYSTEM ENABLES THE WORKFORCE TO BE SUCCESSFUL.**

The phone interviewees and online survey respondents were asked to consider how the current DOH policies support the workforce. Both groups were asked to identify the forms of training and development that are needed to retain, retrain and coach employees in the next three to five years and how managers are prepared to coach employees for career growth and leadership positions. The chart below summarizes the responses to this area of questioning.

More than one-third (35%) of the responses identified the need to establish a structured training plan that establishes a clear reward and recognition process and identifies a career path for professional and leadership development. The message was very clear in response to this question that a strategic plan for workforce development was required in order to provide DOH staff with the knowledge, skills and plans to be successful. One respondent clarified that DOH needed to *"Implement a system wide standard of Individual Development*

*Planning that aligns to organizational and position-specific competencies."*

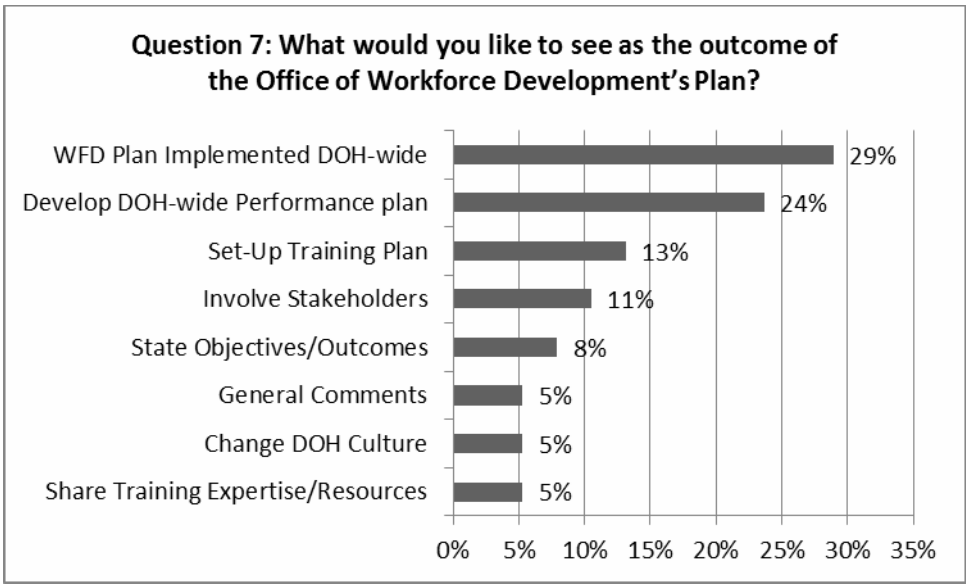
In addition, nearly a third (30%) of the responses focused on the need to provide training and coaching/mentoring as a means to a successful workforce. As one respondent stated, "*Many managers are very good at imparting their knowledge and skills to staff for second in line. Although there is no formal method for making that happen. We need a formal process by which managers transfer experience, and institutional knowledge. Needs to be some way of assessing (worksheet, checklist) knowledge over time*."




**DESIRED OUTCOME OF WORKFORCE DEVELOPMENT'S PLAN.**

Phone interviewees were asked to identify the desired outcome for the workforce development plan. More than one-quarter (29%) of the responses indicated the workforce development plan needed to be implemented DOH-wide and should not be focused on one specific division or bureau. Nearly one-quarter (24%) of the responses indicated the workforce development plan needed to be aligned with individual performance standards and DOH goals and objectives.

The responses are summarized in the chart below.


Question 7: What would you like to see as the outcome of the Office of Workforce Development's Plan?
WFD Plan Implemented DOH-wide
29%
Develop DOH-wide Performance plan
24%
Set-Up Training Plan
13%
Involve Stakeholders
11%
State Objectives/Outcomes
8%
General Comments
5%
Change DOH Culture
5%
Share Training Expertise/Resources
5%
0%
5%
10%
15%
20%
25%
30%
35%

## A Workforce Gap

***--- Trust for American's Health (2011)***

Nationally, there is a shortage of trained public health workers and funded positions. The United States has 50,000 fewer public health workers than it did 20 years ago, and one-third of public health workers will be eligible to retire within five years.

There is not a new generation of workers being trained to fill the void. Recent budget cuts have amplified the problem, with a national reduction of 15 percent of the local public health workforce in the past two years.

Federal and state budget cuts to public health coupled with a national and statewide public health workforce shortage is straining current DOH resources at a time when public health must take on more responsibility. The public health workforce is expected to be fully prepared for new and emerging health problems and large-scale public health emergencies, ranging from disaster response to pandemic influenza to bioterrorism, in addition to the ongoing role of preventing disease and promoting health.

There are inadequate numbers of public health personnel and students-in-training to respond to the current demand (ASPH, 2009; Workforce, Inc. 2010). In addition, individuals trained in public health tend to be employed in settings other than traditional public health agencies. Health professions that are repeatedly mentioned as experiencing shortages include epidemiologists, biostatisticians, health educators, environmental health workers, public health laboratory workers, physicians and public health nurses (see McNichol, 2010; NACCHO, 2011).

Based on the research conducted for this report, three major barriers hinder efforts toward improving the state of the DOH

public health workforce. The **DOH 2012-2017 Workforce Development Plan** must include targeted activities to overcome these barriers. These barriers include:

1. **Public Health Workforce Concerns**
   - Aging of the workforce
   - High retirement eligibility
   - Lack of competitive wages for public health careers
   - Recruitment and retention of qualified staff

Florida's public health workforce is composed of a significant percentage of individuals eligible to retire in the near future. State and local health departments currently face an impending and critical gap in institutional knowledge and experience.

DOH is facing a major leadership crisis, with many experienced leaders near or at retirement age, at both the state and local levels. Recruitment efforts must capitalize on increasing the diversity of the workforce by targeting underrepresented groups for entry-level positions and then developing those individuals so they might take advantage of public health career ladders.

Unfilled positions place burdens on management and staff as they work to meet obligations in providing services. The current budget cuts make it even more difficult for agencies to do more than what is mandated, such as providing release time for staff training and development or to participate in statewide planning initiatives.

An additional concern that was continually cited in the Leadership Assessment conducted for this report was the perception that low salaries were a leading reason for recruitment difficulties faced by state and local health departments.

2. **Work Force Shortages in Specific Public Health Professions**
   - Nursing
   - Epidemiology
   - Technology-related fields
   - Environmental health

Florida continues to face a growing shortage of licensed nurses. The Florida Center for Nursing (2011) projects a current shortage of 11,000 registered nurses could increase to 52,000 by 2020. Currently 21% of Florida's public health nurses and 26% of senior nurse leaders are aged 60 or older. It is projected that the present rate of new nursing graduates will not fill the workforce gap. Public health nursing faces additional barriers, such as competing demands from other practice settings that have salaries that are more favorable in the private sector.

In addition, the fields of epidemiology and environmental health are cited as two critical gap areas both nationally and within Florida's DOH. The Leadership Assessment conducted for this report also identified an increased need for data entry, data storage and field data skills (e.g. the use of tablet computers to gather data in the field), as the state moves towards a "paperless" health care system. Recruitment and

training of technology-related skills is critical to meet the growing digital needs of a computer-based population.

**3. Visibility of Public Health in Florida**

- Lack of understanding among recent graduates as to the benefits of public health careers
- Lack of understanding about impact of Public Health among general public
- Lack of understanding about benefits of Public Health among state Legislature

There is a recognized need for the current public health workforce to receive formal training in public health. Based on the data collected in the *2011 State of Florida Department of Health Workforce Development Needs Assessment Survey* conducted by USF, 8% of the respondents had a bachelor's degree in public health, health sciences, or nursing, while only 3% had an advanced degree in public health. When reviewed in conjunction with the public health core competencies data, this lack of public health training is particularly troubling (e.g., nearly one-third of staff did not see the core competencies as applicable to their position; one-quarter of staff report an awareness level knowledge or skills related to the core competencies; less than one-quarter of staff report having advanced knowledge or skills).

Improvement in workforce training and recruitment of public health educated individuals is essential to ensure there is a pool of trained public health professionals entering the workforce and that continuing education is accessible, relevant and linked to core competencies.

Despite the number of challenges described above, there are also opportunities to capitalize:

► **Increased interest in the public health workforce on a national level.**

ASTHO (2008) reports, "Thanks to several national, state, and local efforts, these startling trends in public health workforce have been elevated to the attention of leaders and policymakers." National organizations studying the public health workforce include ASTHO; the National Association of State Personnel Executives; the Council of State Governments; the Council of State and Territorial Epidemiologists; the Health Resources and Services Administration; the Association of Schools of Public Health; and, most recently, the Center for Excellence in State and Local Government (Greenfield, 2007).

However, Florida has yet to capitalize on this national interest in public health. There needs to be a focused, strategic and targeted effort to inform the Florida community about the benefits or impact of public health within the state. State and local government must be educated about the health return on investments made in their areas or on the impacts to community and individual health within the state of Florida.

Increasing the visibility of public health in Florida will not only affect recruitment and retention of qualified personnel, it will also have a direct effect on funding, resources, and training. In addition, an awareness of public health and its impact on daily life has a direct correlation with a reduction of risk factors and healthy life-style choices.

► **Departure of retirees will open opportunities for current workers to take advantage of career ladders**.

National trends indicate that older workers are postponing retirement, allowing health departments to preserve institutional knowledge through mentoring, job shadowing and succession planning (ASTHO, 2008). DOH must develop a training infrastructure that provides access to available training opportunities in public health as well as develop clear career paths for future development. It is imperative to take advantage of knowledge transfer now through succession plans that support mentoring and job shadowing.

► **DOH Office of Workforce Development.** WFD has a strong foundation and clear vision to address the needs of the current workforce. Although a "young" office within DOH, its goal is to "*Build and maintain a competent, qualified DOH workforce*." WFD is positioned to implement and support the **DOH 2012-2017 Workforce Development Plan** through quarterly conference calls with an Advisory Council, routine conference calls with DOH training coordinators and liaisons throughout the state, partnerships with academic institutions as well as other DOH central offices and bureaus and the statewide learning management system. In addition, WFD has begun pilot projects for a DOH Leadership Institute and a DOH Mentoring Program.

# WFD Plan Goals and Strategies

*DOH will attract, retain, develop and utilize its professional workforce to effectively promote health and prevention activities related to the 10 Essential Public Health Services.*

Traditionally, workforce development was equated with professional development and focused on the needs and development of the individual worker. The last ten years has seen many traditional theories of workforce development change in response to the changes in political, economic and social trends.

Today, workforce development research and policies focus on the organizational and strategic systems levels, in addition to individual professional development. **Workforce Development is now seen as a combination of managing the size and composition of the workforce, retaining and managing that workforce; enhancing skills and developing that workforce; and crafting an organizational culture in which knowledge and skills are supported, reinforced, and put into practice.**

The National Research Centre on Alcohol and Other Drugs Workforce Development developed a three-tiered systems model for workforce development that is particularly relevant for the **DOH 2012-2017 Workforce Development Plan** because it frames the recommendations contained in this report. It adopts a system-level perspective of workforce development and focuses on activities that will improve the overall system, organization and individual. Appendix H contains the three-tiered systems model for WFD.

**The DOH 2012-2017 Workforce Development Plan** is intended to be a catalyst for state agency planning, partner and stakeholder education, workforce development and workforce training efforts by providing common direction, areas of emphasis and priorities for making decisions on the use of limited federal, state and local resources and flow from the direction provided in this plan. The plan includes six overarching goals and 19 strategies for accomplishing these goals. The plan is structured so that each overarching goal is implemented and evaluated across the five years. It has been designed to address public health workforce concerns, workforce shortages in health professions, and a lack of awareness about the impact of public health in

Florida. Furthermore, it identifies goals that will improve the overall system, organization, and individual through the implementation of practical strategies and activities.

The subsequent sections detail the strategies and activities for each goal for the 2012-13 and 2013-14 years. Please refer to Appendix I for the full description of the five-year activities and strategies. For examples of County Health Department Workforce Development Plans, refer to Appendix J.

## The WFD Plan Goals

**Goal 1:** Attract, recruit, and retain a prepared, diverse, and sustainable DOH Public Health workforce in all geographic locations in Florida.

**Goal 2:** Continuously provide staff with flexible development opportunities to ensure the effective and innovative delivery of DOH programs and services.

**Goal 3:** Identify and promote opportunities for cross training DOH employees.

**Goal 4:** Continuously recognize performance, contributions, and achievements of employees and create an atmosphere that promotes a healthy work-life balance.

**Goal 5:** Increase understanding of and support for DOH's mission, programs, and policies among critical stakeholders, partners, and the population of Florida.

**Goal 6:** Conduct evaluation and research on workforce issues.

# Goal 1

## Attract, recruit and retain a prepared, diverse and sustainable DOH Public Health workforce in all geographic locations in Florida.

Measures to attract, retain and rebuild the DOH workforce at state and local levels must be prioritized. There are a variety of evidence-based practices and models to address public health workforce shortages in recruitment, retention and diversity.

Multiple approaches and solutions must be adopted to avert a major public health workforce crisis over the next five years. Targeted activities must be implemented and evaluated for impact on success for Goal one.

**Strategy 1:** Collaborate with DOH Human Resources and other DOH entities to streamline the recruitment and hiring process.

**Strategy 2:** Utilize fellowship programs to recruit program and management staff.

**Strategy 3:** Ensure that students graduating from colleges of public health have mastered the core competencies for public health professionals and have begun the practical application of public health.

**Strategy 4:** Develop and implement a structured training and mentoring program for all levels of college public health graduates.

**Strategy 5:** Collaborate with DOH Human Resources to streamline the exit interview and associated database.

**Strategy 6:** Partner with organizations to promote rural health training programs.

## Goal 1: Attract, recruit and retain a prepared, diverse, and sustainable DOH Public Health workforce in all geographic locations in Florida.

**Strategy 1.1:**

**Collaborate with DOH Human Resources and other DOH entities to streamline the recruitment and hiring process.**

| | Activities | |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 1.1. Track how applicants hear about DOH positions and what job specifics encouraged them to apply in an effort to identify opportunities for improvement. |
| | | 1.2. Operationalize Public Health Core Competencies for pre-employment screening questions assessment, and DOH job application. |
| | | 1.3. Research available evidence-based recruitment and retention strategies and identify opportunities for improvement for DOH recruitment processes. |
| | | 1.4. Create a periodic process to review state and local health department job descriptions to assure the descriptions accurately reflect the knowledge, skill, and Public Health Core Competency requirements of the current employee. |
| | Year 2:<br><br>2013-2014 | 1.1. Continue to track how applicants hear about DOH positions and what job specifics encouraged them to apply in an effort to target future recruitment. |
| | | 1.2. Internally pilot test DOH employment application or pre-employment assessment, which includes operationalized Public Health Core Competencies. |
| | | 1.3. Internally pilot test /evaluate recruitment strategies. |
| | | 1.4. Promote evidence-supported recruitment and retention strategies for the public health workforce. |
| | | 1.5. Survey new hires as to what influenced them to take a job with DOH in an effort to identify and enhance recruitment strategies to increase the number of qualified individuals seeking and accepting employment at the agency. |

| | | |
|---|---|---|
| | | 1.6. Develop and disseminate promotional display and materials for local county health departments to use at career and job fairs sponsored by academic and technical institutions (both secondary and tertiary) to promote and discuss employment opportunities and distribute recruitment materials. |
| | | 1.7. Implement and evaluate a periodic process to review state and local health department job descriptions to assure the descriptions accurately reflect the knowledge, skill, and Public Health Core Competency requirements of the current and future workforce. |

**Strategy 1.2:**

**Utilize fellowship programs to recruit program and management staff.**

| | | **Activities** |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 2.1. Identify existing fellowship programs. |
| | | 2.2. Post list of fellowship programs (and key information) to DOH Training Portal. |
| | | 2.3. Promote and advocate the expansion of internship and fellowship programs, in such agencies as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH). |
| | | 2.4. Create a Pipeline to Public Health or "transition-to-practice program" for new college graduates. |
| | | 2.5. Work with academic partners to create a Certified Public Manager Program for new college graduates. |
| | Year 2:<br><br>2013-2014 | 2.1. Convene an academic/practice conference to increase the number and quality of internships in public health agencies. |
| | | 2.2. Develop a "match" program for MPH field experience requirements. |
| | | 2.3. Create "Management Intern" title to recruit entry-level, recent MPH or Ph.D. graduates. |

| | | |
|---|---|---|
| | | 2.4. Update DOH Training Portal fellowship program list with current information. |
| | | 2.5. Monitor and evaluate impact of DOH Training Portal fellowship program list. |
| | | 2.6. Implement and evaluate the Pipeline to Public Health program. |
| | | 2.7. Implement and evaluate the Certified Public Manager Program for new college graduates. |

**Strategy 1.3:**

**Assist in ensuring that students graduating from colleges of public health have mastered the core competencies for public health professionals and have begun the practical application of public health.**

| | | Activities |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 3.1. Establish baseline data on the percent of public health masters and doctoral students certified in public health (CPH) and create a new objective for improvement if appropriate. |
| | | 3.2. Develop a plan to increase opportunities for graduate students to develop practical application skills through structured internships and other strategies that increase mastery of core competencies. |
| | | 3.3. Make online applications available for all providers to quickly license all healthcare professionals who meet statutorily mandated minimum standards of competency. |
| | | 3.4. Collaborate with institutions on Titles VII and VIII* of the Public Health Services Act (both titles address public health care provider's workforce shortages). |
| | | 3.5. Collaborate with HRSA's Bureau of Health Professions grant programs that support the development of the public health workforce in critical shortage areas. |

| | | |
|---|---|---|
| | | 3.6. Promote financial benefits and professional development opportunities to underrepresented minorities within academic and technical institutions. |
| | | 3.7. Support the organization of Public Health Nursing summits that can bring together academic and practice public health nurses to strengthen the public health nursing practice in Florida. |
| | Year 2:<br><br>2013-2014 | 3.1. Convene an academic/practice conference to increase the recruitment and support for undergraduate, graduate, and professionals in Public Health and related Health areas. |
| | | 3.2. Strengthen practice experiences for public health students in Florida institutions by increasing both the number and type of organizations that serve as sites for practice rotations. |
| | | 3.3. Promote the inclusion and evaluation of the Public Health Core Competencies in academic and technical school curriculum. |
| | | 3.4. Encourage undergraduate public health education in order to introduce more students to the field. |
| | | 3.5. Create a structured program for Public Health Workforce Loan Repayment program (see Florida's Nursing Loan Forgiveness Program for a model). |
| | | 3.6. Advocate for increased funding for the Titles VII and VIII of the Public Health Services Act. |
| | | 3.7. Advocate for HRSA's Bureau of Health Professions grant programs that support the development of the public health workforce in critical shortage areas. |
| | | 3.8. Develop a comprehensive and coordinated set of printed brochures and DOH website to market health positions and disseminate materials to local health departments and college career offices statewide to assist in recruitment activities and that highlights "known" incentives for Public Health employment (see Objective 1, Strategy 1.1.). |

| | | |
|---|---|---|
| | | 3.9. Convene and evaluate a Public Health Nursing summit that can bring together academic and practice public health nurses to strengthen the public health nursing practice in the Florida. |

| **Strategy 1.4:**<br>**Develop and implement a structured training and mentoring program.** | | |
|---|---|---|
| | | **Activities** |
| | Year 1:<br>2012-2013 | 4.1. Create Training and Mentoring Program Work Group. |
| | | 4.2. Research similar state and federal training and mentoring programs. |
| | Year 2:<br>2013-2014 | 4.1. Convene an academic/practice conference to increase the number and quality of internships/mentorship in public health agencies. |
| | | 4.2. Develop structure training and mentoring program. |
| | | 4.3. Secure external funding for training and mentor program. |

| **Strategy 1.5:**<br>**Collaborate with DOH Human Resources to streamline the exit interview and associated database.** | | |
|---|---|---|
| | | **Activities** |
| | Year 1:<br>2012-2013 | 5.1. Create Exit Interview Workgroup. |
| | | 5.2. Develop an exit interview specific to DOH personnel who retire. |
| | | 5.3. Develop an exit interview database within the DOH Training Portal, capturing data on employees who retire and employees who left for a different reason. |

| | | |
|---|---|---|
| | Year 2:<br><br>2013-2014 | 5.1. Internally pilot test and evaluate exit interview for DOH retirees. |
| | | 5.2. Revise exit interview for DOH retirees as needed. |
| | | 5.3. Revise exit interview for all other DOH personnel. |
| | | 5.4. Revise database within DOH Training Portal as needed. |
| | | 5.5. Implement and evaluate exit interview for DOH retirees. |
| | | 5.6. Implement and evaluate exit interview for all other DOH personnel. |

**Strategy 1.6:**

**Partner with organizations to promote rural health training programs.**

| | | **Activities** |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 6.1. Partner with the University of Florida (UF) and Florida A&M University (FAMU) Public Health Training Centers on their rural health training program. |
| | | 6.2. Expand collaboration with other DOH entities that focus on rural health care worker recruitment. |
| | | 6.3. Coordinate with efforts outlined in the State Health Improvement Plan (SHIP) regarding expanding access to care in rural areas of Florida. |
| | | 6.4. Create trainings and other resources geared specifically to rural health care workers. |
| | Year 2:<br><br>2013-2014 | 6.1. Develop a plan with the UF/FAMU Public Health Training Center to establish and/or promote rural health training programs to increase availability of rural healthcare workers. |
| | | 6.2. Develop a plan with DOH entities to establish and/or promote rural health training programs to increase availability of rural healthcare workers. |
| | | 6.3. Review progress towards objectives in the State Health Improvement Plan (SHIP) regarding expanding access to care in rural areas of Florida |

| | | |
|---|---|---|
| | | 6.4. Implement rural health care training and other resources developed to increase rural healthcare worker competence and availability. |

A complete list of objectives for years 1-5 can be found in Appendix I.

# Goal 2

**Continuously provide staff with flexible development opportunities to ensure the effective and innovative delivery of DOH programs and services.**

Florida is facing a public health workforce crisis. The Association of Schools of Public Health (2008) estimates that by 2020, the United States will be facing a shortage of 250,000 public health workers, including public health physicians, public health nurses, laboratory professionals, epidemiologists, biostatisticians, environmental health experts, health educators and health administrators.

In Florida specifically, an estimated 11.5% of the DOH public health workforce will be eligible to retire in the next five years. This workforce crisis places public health programs, and therefore the public, at grave risk. It is imperative that DOH provide its current and future workforce with professional development opportunities.

A focus on workforce development and capacity building is especially important given Public Health's commitment to the 10 Essential Services. Training and professional development opportunities are a commitment to the future. From *New Employee Orientation,* to on-going continuing education as new systems come online, to enhancing basic supervision requirements, a great organization is constantly teaching and updating its team members.

It is important to note that the majority of DOH workforce have no formal training in public health and have little background or understanding of essential services or the competencies required for public health practice and how various system components are interrelated (see *2011 State of Florida Department of Health Workforce Development Needs Assessment Survey*).

At a minimum, the DOH workforce needs a fundamental understanding of what public health is, what it does and how it accomplishes its mission, "To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts", while upholding the values of the DOH:

- **I**nnovation: We search for creative solutions and manage resources wisely.

- **C**ollaboration: We use teamwork to achieve common goals and solve problems.
- **A**ccountability: We perform with integrity and respect.
- **R**esponsiveness: We achieve our mission by serving our customers and engaging our partners.
- **E**xcellence: We promote quality outcomes through learning and continuous performance improvement.

Workforce Development will take the lead in advancing development opportunities for the workforce and develop a template that the Department can use to deliver competency-based training.

The creation of a DOH Training Portal will serve as the hub for staff to access DOH training and professional development opportunities as well as a source for DOH such information and resources as updates, announcements and critical resources for day-to-day job performance.

Competency needs should be divided into three broad categories:

1. **Basic Competency:** Provides a fundamental understanding of what public health is, what it does and how it achieves its mission (e.g., courses or programs such as "Orientation to Public Health Practice" or "Public Health 101").

2. **Cross cutting (Core) Competencies:** A general public health practice level that emphasizes crosscutting skills and competencies for key professional groupings within the public health workforce (such as managers, community health improvement specialists, environmental health practitioners, and nurses working in public health settings). In addition, these competencies should use the Core Competencies "tiered" approach for a career path model for professional advancement within DOH.

The Three tiers used in Core Competencies are the following:

- Tier 1 – entry level (individuals that have limited experience working in public health and are not in management positions)
- Tier 2 – supervisors/managers (individuals with management and/or supervisory responsibilities)
- Tier 3 – senior managers and chief executive officer's (CEOs)

(Core Competencies for Public Health Professionals, 2010).

3. **Technical Competencies:** Provides technical knowledge, skills and abilities needed for a defined program area (e.g., control of infectious disease, chronic disease prevention, environmental health, and laboratory testing). These technical competencies often build upon basic, core

competencies, and represent unique application of skills to a particular health problem or issue (e.g., emergency response for bioterrorism).

**Goal 2 Strategies**

**Strategy 1:** Provide coordination across DOH to ensure a consistent approach to workforce development.

**Strategy 2:** Establish succession planning and employee mentoring programs to encourage professional advancement.

**Strategy 3:** Develop opportunities for the DOH workforce to engage in continuing education through short courses, certificate programs, distance learning and other opportunities.

**Strategy 4:** Increase the leadership capacity and skills of DOH workforce.

## Goal 2: Continuously provide staff with flexible development opportunities to ensure the effective and innovative delivery of DOH programs and services.

**Strategy 2.1:**

**Provide coordination across DOH to ensure a consistent approach to workforce development.**

| | | Activities |
|---|---|---|
| | Year 1: 2012-2013 | 1.1. Promote the use of workforce development plans that address current and future training and resource needs. |
| | | 1.2. Develop a Training Course Template for use in DOH learning management system (LMS) to include identification of competency-based training requirements and crosswalk with the 10 Essential Services. |
| | | 1.3. Operationalize the 10 Essential Services for performance-based knowledge and skills. |
| | | 1.4. Identify methods for measuring the impact of training. |
| | | 1.5. Explore increased training requirements for ongoing development of all DOH personnel. |
| | | 1.6. Coordinate, provide training, evaluate, and provide reports for DOH LMS. |
| | Year 2: 2013-2014 | 1.1. Use Competency-based training requirements to develop a Certificate program of related curriculum. |
| | | 1.2. Use 10 Essential Services to develop a Certificate program of related Curriculum. |
| | | 1.3. Reinforce the use of the Training Course Template for all DOH LMS courses. |
| | | 1.4. Pilot test and evaluate methods for measuring the impact of training. |

| | | |
|---|---|---|
| | | 1.5. Institute a minimum of 1 hour of training per week for workforce development and include in Individual Development Plans. |
| | | 1.6. Coordinate, provide training, evaluate, and provide reports for DOH LMS. |

**Strategy 2.2:**

**Establish succession planning and employee mentoring programs to encourage professional advancement.**

| | | Activities |
|---|---|---|
| | Year 1: 2012-2013 | 2.1. Develop a succession planning program for all DOH entities. |
| | | 2.2. Develop an employee mentoring program with the Florida Public Health Training Centers. |
| | | 2.3. Develop a system wide standard of individual development planning (IDP) that aligns to organizational and position specific competencies. |
| | Year 2: 2013-2014 | 2.1. Implement a succession planning program for all DOH entities. |
| | | 2.2. Implement an employee mentoring program with the Florida Public Health Training Centers. |
| | | 2.3. Implement a system wide standard of individual development planning that aligns to organizational and position specific competencies. |

**Strategy 2.3:**

**Develop opportunities for the DOH workforce to engage in continuing education through short courses, certificate programs, distance learning and other opportunities.**

| | | Activities |
|---|---|---|

| | | |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 3.1. Identify DOH LMS training programs (statewide, regional, and county) that provide lifelong learning opportunities for all workforce that are matched with the Core Competencies and 10 Essential Services. |
| | | 3.2. Identify *external* lifelong learning opportunities for DOH workforce and are matched with the Core Competencies and 10 Essential Services. |
| | | 3.3. Create DOH Lifelong Learning Opportunities website and resource center in the DOH Training Portal and post internal and external links/resources. |
| | Year 2:<br><br>2013-2014 | 3.1. Update DOH and external lifelong learning opportunities in the DOH Training Portal. |
| | | 3.2. Market DOH Lifelong Learning Opportunities website. |
| | | 3.3. Evaluate DOH Lifelong Learning Opportunities website and resource center. |

**Strategy 2.4:**

**Increase the leadership capacity and skills of DOH workforce.**

| | | **Activities** |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 4.1. Form DOH Leadership Work Group to expand the Leadership Development series for county-level and state-level non-supervisory staff and supervisors and managers by identifying a set of leadership competencies for public health leaders drawn from the work of national organizations. |
| | | 4.2. Formalize the qualifications to include the core competencies required by public health leaders to ensure the ability to recruit leaders with identified competencies. |
| | | 4.3. Facilitate the use of Individual Development Plans for new public health directors, administrators, and division directors/bureau chiefs who need additional experience or public health education to lead their agencies. |

| | | |
|---|---|---|
| | | 4.4. Formalize and implement a Leadership Mentoring program at the county and state level. |
| | | 4.5. Identify methods for measuring the impact of Leadership Mentoring program. |
| | Year 2:<br><br>2013-2014 | 4.1. Develop Leadership Institute series programs for county-level and state-level non-supervisory staff, supervisors and managers. |
| | | 4.2. Pilot-test and evaluate Leadership Institute series. |
| | | 4.3. Review and revise Leadership Development series based on pilot test. |
| | | 4.4. Identify methods for measuring the impact of Leadership Institute series. |
| | | 4.5. Implement and evaluate process to recruit leaders with identified competencies. |
| | | 4.6. Evaluate and revise Leadership Mentoring program. |
| | | 4.7. Implement and evaluate the IDP for new CHD directors, administrators, bureau chiefs, and division directors. |

A complete list of objectives for years 1-5 can be found in Appendix I.

# Goal 3

## Identify and promote opportunities for cross training DOH employees.

The DOH workforce development plan should be viewed as a holistic system. Under a holistic system's approach, public health-related programs, whether federal or state-funded, need to be integrated to more effectively leverage and maximize the available resources.

Professional and workforce development programs delivered by this holistic system work best and are most effective when there is full coordination, collaboration and integration of resources. Workforce Development must look for ways to identify, promote and support opportunities for DOH staff members.

Across disciplines and agencies, common training needs can be identified even though the core competencies may be different. Ideally, common training needs would be taught together, and as a result, overall agency training costs would be reduced, and employees with different missions would network and develop professional relationships and inter-agency understandings.

Some individual DOH bureaus and county health departments have strong models of cross-agency collaboration on training and exercises, and their expertise should serve as a foundation.

**Strategy 1:** Facilitate collaboration between state agencies and universities to provide trainings and other resources that support and develop DOH employees particularly in the core competency areas.

**Strategy 2:** Enhance capacity to cross-train staff (state and county health departments).

## Goal 3: Identify and promote opportunities for cross training DOH employees.

| Strategy 3.1: Facilitate collaboration between state agencies and universities to provide trainings and other resources that support and develop DOH employees particularly in the core competency areas. | | |
|---|---|---|
| | | **Activities** |
| | Year 1: 2012-2013 | 1.1. Implement the next workforce development needs assessment for DOH employees to gather evaluation data of activities planned for Year 1. |
| | | 1.2. Produce an Action Plan to collaboratively address identified training gaps, using data from the needs assessment |
| | | 1.3. Research ways to share funding and/or grant opportunities for inter-agency training and/or exercises. |
| | | 1.4. Identify state, regional, and multi-county models for providing essential public health services where specialty knowledge, expertise or other resources might be shared across regions. |
| | | 1.5. Identify inter-agency development opportunities and post to DOH LMS Training Portal. |
| | | 1.6. Identify methods for measuring the impact of inter-agency training. |
| | | 1.7. Document and report exemplary practices in collaboration and post to DOH Training Portal. |
| | Year 2: 2013-2014 | 1.1. Implement Action Plan statewide to address training gaps identified in the needs assessment. |
| | | 1.2. Promote and support inter-agency training and exercises through DOH LMS Training Portal. |

| | | |
|---|---|---|
| | | 1.3. Continue to explore ways to share funding and/or grant opportunities for inter-agency training and/or exercises. |
| | | 1.4. Support and promote Regional Training Coordinator Network for sharing of training resources and programs. |
| | | 1.5. Evaluate the impact of inter-agency training. |
| | | 1.6. Evaluate the impact of Regional Training Coordinator Network. |
| | | 1.7. Document and report exemplary practices in collaboration and post to DOH Training Portal. |

| **Strategy 3.2:**<br><br>**Enhance capacity to cross-train staff (state and county health departments).** | | |
|---|---|---|
| | | **Activities** |
| | Year 1:<br><br>2012-2013 | 2.1. Identify and coordinate components of a cross-training series. |
| | | 2.2. Identify methods for measuring the impact of cross training series. |
| | | 2.3. Research and explore a training requirement in the first 90 days of hire for new hire cross training. |
| | Year 2:<br><br>2013-2014 | 2.1. Pilot cross training series and evaluate implementation. |
| | | 2.2. Review and revise cross-training series. |

A complete list of objectives for years 1-5 can be found in Appendix I.

# Goal 4

## Continuously recognize performance, contributions and achievements of employees, and create an atmosphere that promotes a healthy work-life balance.

For many U.S. organizations, addressing employee health and well-being concerns is a key strategy that is used to recruit and retain a professional workforce. There is a growing body of evidence-based practices over the past two decades that have demonstrated the link between a healthy work place and workforce development.

In the past, DOH has focused employee health programs on employee safety and, to a lesser degree, healthy lifestyle promotion initiatives (see the *2010 Employee Satisfaction Survey*). These two areas indirectly assess an important aspect of employee productivity that can be further explored: Work-Life Balance. Work-Life Balance refers to the balance between an individual's work and personal life.

While these concerns are important contributors to the overall health of employees in a workplace and have some impact on reducing absenteeism, research has shown that by building an organizational culture that continuously recognizes the performance, contributions and achievements of its workforce, the organization can reap the benefits of an increase in staff retention, satisfaction, and productivity.

In addition, it has been demonstrated that workforce participation in professional development opportunities must be reinforced through a set of incentives and competency certification in order to sustain and/or increase participation. Beyond the need for Continuing Education Credits (CECs) for licensure, the workforce must see professional development as critically linked to career development and promotional potential. Competency certification should exist to assure minimum levels of competency in the Public Health core competencies and essential services and to be tied to eligibility requirements for specified jobs.

**Strategy 1:** Create a DOH Performance Recognition program that encourages and rewards the open exchange of ideas, innovation, critical thinking, and individual and collective achievements and contributions.

**Strategy 2:** Develop a plan to identify, promote, and monitor work-life programs,

as well as benefits to enhance quality of work-life for DOH employees.

**Strategy 3:** Institute a Work-Life communication medium.

## Goal 4: Continuously recognize performance, contributions and achievements of employees, and create an atmosphere that promotes a healthy work-life balance.

### Strategy 4.1:

**Create a DOH Performance Recognition program that encourages and rewards the open exchange of ideas, innovation, critical thinking, and individual and collective achievements and contributions.**

| | | Activities |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 1.1. Examine state and county-level awards and recognition programs including committee structure, awards submitted, and timelines. |
| | | 1.2. Research other state and federal agencies for best practices and evidence-based studies for staff recognition. |
| | | 1.3. Establish Performance Recognition standards, procedures, and awards for a regional and statewide program. |
| | | 1.4. Peer-review and evaluate Performance Recognition program. |
| | | 1.5. Explore external partnerships that might provide incentives for awards. |
| | Year 2:<br><br>2013-2014 | 1.1. DOH Performance Recognition Task Force develops Action Plan for DOH-wide implementation. |
| | | 1.2. Pilot 1 regional and 1 statewide Performance Recognition program and evaluate implementation. |
| | | 1.3. Revise Action Plan based on pilot. |
| | | 1.4. Develop Performance Recognition website in the DOH Training Portal that includes information on how to apply for all available regional and statewide awards, and creates a calendar that lists continuous and one-time awards. |

| | | |
|---|---|---|
| | | 1.5. Market Performance Recognition website and associated information. |
| | | 1.6. Provide training on award(s) application/submission process. |
| | | 1.7. Establish independent Task Force to review and make recommendations on awards. |
| | | 1.8. Develop DOH Award for Mentoring, DOH Lifelong Learning Award, and Leadership Development Recognitions to reinforce DOH participation in professional development programs. |

**Strategy 4.2:**

**Develop a plan to identify, promote, and monitor work-life programs and benefits to enhance quality of work-life for DOH employees.**

| | | Activities |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 2.1. Form DOH Work-Life Work Group to examine state and county-level work-life programs, concerns, and benefits. |
| | | 2.2. Research other state and federal agencies for best practices and evidence-based studies for work-life programs. |
| | | 2.3. Review and identify *Employee Satisfaction Survey* work-life items, and segment the data by Bureaus/Division and county health departments with strong and below-the-state-level rankings. |
| | | 2.4. Collaborate with the Performance Improvement (HPI) to promote quality improvement efforts based on *Employee Satisfaction Survey* work-life items. |
| | | 2.5. Create Work-Life Program webpage on DOH Training Portal, and post associated programs, reports, and information. |
| | | 2.6. Establish methods of measuring work-life programs impact on recruitment, retention, and other work-life factors. |
| | Year 2:<br><br>2013- | 2.1. Develop Action Plan to promote and monitor work-life programs and benefits. |

| | | |
|---|---|---|
| | 2014 | 2.2. Implement Action Plan. |
| | | 2.3. Continue to promote Bureau/Division and county health department quality improvement efforts based on *Employee Satisfaction Survey* work-life items. |
| | | 2.4. Evaluate and report impact of work-life programs and benefits. |
| | | 2.5. Evaluate Work-Life Program website. |
| | | 2.6. Update and revise Work-Life Program website based on evaluation. |

| **Strategy 4.3:**<br><br>**Institute a Work-Life communication medium.** | | |
|---|---|---|
| | | **Activities** |
| | Year 1:<br><br>2012-2013 | 3.1. Create and monitor a WFD email box to obtain suggestions from staff for activities to improve workforce development and work life balance within DOH, and post in DOH Training Portal. |
| | | 3.2. Create a DOH-wide monthly newsletter with standard articles, submission standards, and website within the DOH LMS Training Portal. |
| | | 3.3. Market the DOH-wide monthly newsletter and provide just-in-time information on workforce submission procedures. |
| | | 3.4. Promote Work-Life program, Performance Recognition program, and all training, leadership, and mentoring programs in monthly newsletter. |
| | | 3.5. Establish methods of measuring impact of monthly newsletter on recruitment, retention, and other work-life factors. |
| | | 3.6. Distribute DOH-wide monthly newsletter in last three months of year one. |

| | | |
|---|---|---|
| | Year 2:<br><br>2013-2014 | 3.1. Monitor and evaluate WFD email box. |
| | | 3.2. Establish method to review and implement suggestions from WFD email box. |
| | | 3.3. Continue to distribute DOH-wide monthly newsletter. |
| | | 3.4. Market the DOH-wide monthly newsletter and provide just-in-time information on workforce submission procedures. |
| | | 3.5. Continue to promote Work-Life program, Performance Recognition program, and all training, leadership, and mentoring programs in monthly newsletter. |
| | | 3.6. Evaluate and review DOH monthly newsletter. |
| | | 3.7. Implement method to review and implement suggestions from WFD email box. |

A complete list of objectives for years 1-5 can be found in Appendix I.

# Goal 5

## Increase understanding of and support for DOH's mission, programs and policies among critical stakeholders, partners and the population of Florida.

One of the common themes from the *2011 Leadership Workforce Assessment* was that the public and the state Legislature might not understand the ways that DOH impacts the health of Florida. From 2007 through 2011, the DOH budget has been reduced by almost 38%. This emphasizes the imperativeness for DOH to develop and deliver a Florida-focused public health message to increase understanding of and support for DOH's mission, research, programs and policies. Recruitment and retention, professional development, cross-training opportunities, increased participation in preparedness training and exercises can all be directly linked to public health messages and communication strategies.

It is important for the Department to proactively communicate in order to do the following:

- Increase knowledge or awareness of health issues, problems and solutions to recruit and retain a professional and qualified workforce
- Influence perceptions and beliefs, and reinforce appropriate knowledge regarding public health careers and advancement opportunities
- Promote public health careers
- Advocate a public health position and strengthen relationships between relevant organizations, stakeholders, and the general public

The growing demand for healthcare personnel requires that DOH increase its visibility across the nation. Public health must compete with a number of institutions for its workforce. These institutions include private non-profit associations, educational institutions, personal health services industry, private for-profit organizations, community-based organizations, federal organizations and other health-related agencies.

There is already a recognized shortage of public health nurses, epidemiologists, environmental health professions and laboratory technicians. Moreover, with the impending departure of nearly 12% of the workforce due to retirement, DOH must develop an aggressive public health campaign within the state.

**Strategy 1:** Increase understanding of public health among the population of Florida in order to promote an interest in public health careers.

## Goal 5: Increase understanding of and support for DOH's mission, programs, and policies among critical stakeholders, partners and the population of Florida.

**Strategy 5.1:**

**Increase understanding of public health among the population of Florida in order to promote an interest in public health careers.**

| | | Activities |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 1.1. Work with DOH staff members, Florida Public Health Association (FPHA), Association of Schools of Public Health (ASPH) and other public health entities to develop and implement a cohesive, integrated, and holistic Florida Public Health Campaign. |
| | | 1.2. Integrate the Florida Public Health Campaign in all WFD projects, and programs. |
| | | 1.3. Develop methods of measuring impact of Florida Public Health Campaign on recruitment and retention, participation in public health trainings, and other WFD projects. |
| | | 1.4. Use National Public Health Week to highlight the important work of local health departments, the roles of public health employees in promoting and protecting the health of Florida, and the career opportunities within DOH. |
| | | 1.5. Coordinate with Goal 1, Objective 1 -Develop and disseminate promotional display and materials for local county health departments to use at career and job fairs sponsored by academic and technical institutions (both secondary and tertiary) to promote and discuss employment opportunities and distribute recruitment materials. |
| | Year 2:<br><br>2013-2014 | 1.1. Continue to integrate the Florida Public Health Campaign and other federal campaigns in all WFD projects and programs. |
| | | 1.2. Use National Public Health Week to highlight the important work of local health departments, the roles of public health employees in promoting and protecting the health of Florida, and the career opportunities within DOH. |

| | | |
|---|---|---|
| | | 1.3. Evaluate impact of Florida Public Health Campaign on recruitment and retention, participation in public health trainings, and other WFD projects. |

A complete list of objectives for years 1-5 can be found in Appendix I.

# Goal 6

## Goal 6: Conduct evaluation and research on workforce issues.

Across all sectors of health-related fields, there is growing concern about a workforce crisis. Focus has been on the recruitment and retention of staff; the delivery of accessible and effective training; and the integration of health priorities across academic, profit-based, and non-profit local, state, and federal agencies. However, the research on Florida's public health workforce is almost non-existent, and the national data is almost five years old.

A statewide research and evaluation agenda is needed to address the lack of available data about workforce characteristics and workforce development practices within DOH. An intra-agency research collaborative is recommended to identify and support research priorities regarding improved workforce performance as a vehicle for achieving better health care outcomes. Technical assistance to bureaus/divisions and local county health departments will need to be provided on evaluation strategies and quality improvement processes in order to increase their capacity to evaluate the impact of their workforce interventions.

**It is important to distinguish between process evaluation and outcome evaluation, as each must be implemented to understand the impact of this plan and its associated strategies on the overall DOH workforce.** Process evaluations have been the mainstay of traditional approaches to evaluation, and have value in providing important information about who was served by the training and professional development opportunities, outreach efforts, and communication activities and by identifying what activities were performed. Process evaluations can also reveal barriers and facilitators to implementing activities that may be informative for program planning and providing feedback for quality improvement.

Outcome evaluations are used to assess program and activity effectiveness, but come at the cost of greater expense and technical complexity relative to process evaluations.

**Strategy 1:** Evaluate WFD efforts to inform planning and impact on identified challenges and barriers for the workforce.

**Strategy 2**: Collaborate with central office and local county health departments on evaluation strategies and quality improvement processes.

## Goal 6: Conduct evaluation and research on workforce issues.

**Strategy 6.1:**

**Evaluate WFD efforts to inform planning and impact on identified challenges and barriers for the workforce.**

| | | Activities |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 1.1. Identify common and specific methods (process and/or outcomes evaluation) of measuring impact of each activity within this WFD Plan. |
| | | 1.2. Research other state and federal agencies for best practices and evidence-based studies and evaluation measures on workforce development. |
| | | 1.3. Develop a database to store data for short-term and long-term analyses. |
| | | 1.4. Integrate public health workforce data collection into the regular work of WFD, and develop a model that can be used at the bureau/division level, and at county health departments. |
| | | 1.5. Commit to presenting and/or publishing one evidence-based report to a state or national audience. |
| | | 1.6. Conduct an exit survey of staff in DOH and/or other tools to measure changes in the public health workforce to serve as baseline data. |
| | Year 2:<br><br>2013-2014 | 1.1. Review evaluation measures for relevancy to DOH workforce development issues and update database as needed. |
| | | 1.2. Select 1 Bureau/Division and/or 1 large and 1 small county health department to collaborate on evaluation of workforce development issues using data collection template, methods, etc. from Year 1. |

| | | |
|---|---|---|
| | | 1.3. Identify *Lessons Learned* from collaboration with Bureau/Division and/or county health departments on evaluation of workforce development issues and develop Action Plan for future collaboration. |
| | | 1.4. Commit to presenting and/or publishing one evidence-based report to a state or national audience. |
| | | 1.5. Continue to conduct exit survey of staff in DOH and/or other tools to measure changes in the public health workforce and compare to Year 1 baseline data. |

**Strategy 6.2:**

**Collaborate with central office and local county health departments on evaluation strategies and quality improvement processes.**

| | | Activities |
|---|---|---|
| | Year 1:<br><br>2012-2013 | 2.1. Collaborate with subject matter experts to develop quarterly webinars on evaluation strategies and quality improvement processes tied to workforce development outcomes. |
| | | 2.2. Create a Yearly Training Calendar and post on DOH LMS Training Portal to include quarterly webinars to "broadcast" at least twice a quarter. |
| | | 2.3. Market quarterly webinars to promote participation. |
| | | 2.4. Research methods of measuring impact of webinars on workforce development issues. |
| | | 2.5. Collaborate with academic and technical institutions within Florida to develop methods to teach *real world* public health evaluation methodologies to undergraduate and graduate students. |
| | Year 2:<br><br>2013-2014 | 2.1. Review evaluation of Year 1 webinars and revise topics, delivery, etc. as needed. |
| | | 2.2. Continue to provide quarterly webinars, post to DOH LMS Training Portal calendar, and market to DOH. |
| | | 2.3. Survey other state and federal agencies to get input on |

| | | | |
|---|---|---|---|
| | | | methods/strategies to tie health indicators to workforce development outcomes. |
| | | 2.4. | Develop technical assistance strategy to train Bureaus/Divisions and county health departments on the interrelationships between health indicators and workforce development outcomes. |
| | | 2.5. | Pilot technical assistance strategy on the interrelationships between health indicators and workforce development outcomes with Bureaus/Divisions and/or county health departments. |
| | | 2.6. | Identify *Lessons Learned* from technical assistance strategy on the interrelationships between health indicators and workforce development outcomes with Bureau/Division and/or county health departments. |
| | | 2.7. | Collaborate with academic and technical institutions within Florida to implement a field experience practicum and/or internship in evaluation methods within WFD. |
| | | 2.8. | Review *Lessons Learned* from field experience practicum and/or internship in evaluation methods within WFD. |

A complete list of objectives for years 1-5 can be found in Appendix I.

# NEXT STEPS

Florida public health professionals protect individuals, families and communities from serious health threats. However, the DOH workforce is facing critical challenges due to changes in the economy, increases in population diversity, shortages in public health staff and budget cuts, which have severely strained resources and threaten to reduce our ability to carry out the mission of the Department while upholding the values of excellence and accountability.

The DOH Workforce Development unit must collaborate with others to resolve the workforce challenges that will undermine the ability of this important and dedicated workforce to protect Florida's health. To ensure the health of the community, there must be a strong public health infrastructure; a competent public health workforce is an essential component of meeting today's (and the future's) challenges.

Workforce planning requires an organization to look at where it is now and where it wants to be in the future and to match this with its existing workforce and any known or expected pressures on the supply or replacement of staff. The **2012-2017 Florida Department of Health Workforce Development Plan** provides a framework to actively address the professional and career development of the DOH workforce and align with the DOH Long-Range Program Plan. This five-year plan was developed to guide DOH workforce development activities during a time of tremendous change in the landscape of public health.

The goals, strategies and activities recommended by this plan represent a "living plan" intended to be reviewed by individual and institutional stakeholders to prompt individual and collaborative action. The greatest assets within DOH are its people, and a continuous investment in the knowledge, skills and competencies of its workforce is vital to fulfilling the mission and vision of DOH. In order to address the workforce challenges over the next five years, DOH must provide professional, organizational and leadership development opportunities to all staff to ensure the workforce can continue to effectively meet the needs of the communities they serve both now and in the future.

Workforce Development will assume responsibility for coordinating the workforce development activities contained within this plan and engage in active and critical discussion with others within the DOH organization to implement and evaluate this plan. This plan recommends six goals that will improve the overall system, organization and individual through the implementation of practical strategies and activities. Next steps involve sharing this plan with others within the DOH organization and developing an implementation strategy for each goal. An implementation plan with objectives, performance measures, key resources and lead roles will be developed. The implementation plan will focus on what is do-able and attainable. Evaluation must be an integral part of the implementation plan, so impact and return-on-investment can be documented and reported. Most importantly, the implementation plan is the opportunity to "continue the conversation" and gain individual, team and organizational ownership in success.

# RESOURCES

10 Essential Public Health Services. Centers for Disease Control and Prevention. Retrieved September 2011 from http://www.cdc.gov/nphpsp/essentialservices.html

Agency for Health Care Administration (AHCA). Annual Report 2010. Retrieved September 2011 from www.ahca.myflorida.com/docs/ahca_annual_report_online5.pdf

Association of State and Territorial Health Officers. (2007). State Public Health Workforce Survey Results. Arlington, VA: Association of State and Territorial Health Officers, 2007. Retrieved August 2011 from http://www.astho.org/Display/AssetDisplay.aspx?id=500.

Confronting the Public Health Workforce Crisis: ASPH Statement on the Public Health Workforce (December 2008). Washington, D.C.: Association of Schools of Public Health. Retrieved August 2011 from http://www.asph.org/UserFiles/WorkforceShortage2008Final.pdf.

Core Competencies for Public Health Professionals. (2011). Public Health Foundation. Retrieved July 2011 from http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx.

Cover Florida Health Insurance. "*Florida Health Insurance Quotes."* Peoples Health Insurance, LLC. Retrieved December 2011 from http://www.peopleshealthinsurance.com/coverInsurance.jsp.

Creating the strategy for today's needs and tomorrow's talent. 2010-2015 Strategic plan for workforce development. (December 2009). Workforce Florida, Inc. Retrieved June 2011 from http://www.workforceflorida.com/Media/MediaKit/WFIStrategicPlan2010_2015_Web.pdf.

Dorn, S. and Buettgens, M. (December 2010). Net Effects of the Affordable Care Act on State Budgets. Retrieved August 2011 from http://www.urban.org/UploadedPDF/1001480-Affordable-Care-Act.pdf.

Florida Agency for Workforce Innovation Long-Term Employment Forecast to 2017 Highlights. Retrieved August 2011 from http://www.workforceflorida.com/Strategy/docs/2017EmploymentProjectionsHighlights.pdf.

Florida Department of Health County Health Departments 20019-2010 Annual Report. Providing by Florida Department of Health Office of Workforce Development. Received September 2011 through personal communication with DOH Office of Workforce Development.

Florida Department of Health Evaluation and Justification Review Report on Findings and Recommendations (March 1, 2011). Retrieved July 2011, from http://www.doh.state.fl.us/REPORT.PDF

Florida Department of Health Long-Range Program Plan Fiscal Years 2011-12 through 2015-16 (September 2010). Retrieved September 2011 from http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=3458

Florida Hospital Association. www.fha.org/facts.htm

"Florida House Of Representatives - SPB 7084 - 2011-2012 General Appropriations Act." *Florida House of Representatives - MyFloridaHouse.gov*. Web. 04 Jan. 2012. <http://www.myfloridahouse.gov/Sections/Bills/billsdetail.aspx?BillId=46832>.

Florida Statute 381.001. (2011). Retrieved September 2011 from http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.001.html

Florida Unemployment. (2011). Department of Numbers. Retrieved September 2011 from http://www.deptofnumbers.com/unemployment/florida/

Greenfield, S. (2007). Public sector employment: The current situation. Retrieved June 2010 http://www.slge.org/vertical/Sites/{A260E1DF-5AEE-459D-84C4-876EFE1E4032}/uploads/{B4579F88-660D-49DD-8D52-F6928BD43C46}.PDF

Key Health Data about Florida. (2011). Trust for America's Health. Retrieved September 2011 from http://healthyamericans.org/states/?stateid=FL

Lurie, N. (2011). Public Health Preparedness since 9/11 in Remembering 9/11 and Anthrax: PUBLIC HEALTH'S VITAL ROLE IN NATIONAL DEFENSE. Retrieved September 2011 from http://healthyamericans.org/assets/files/TFAH911Anthrax10YrAnnvFINAL.pdf

McNichol, E., et al. States Continue to Feel Recession's Impact. Washington, D.C.: Center on Budget and Policy Priorities. (October 2010). Retrieved June 2011 from http://www.cbpp.org/files/9-8-08sfp.pdf

National Association of County & City Health Officials (NACCHO). Local Health Department Job Losses and Program Cuts: Findings from January 2011 Survey and 2010 National Profile Study. Washington, D.C.: National Association of County & City Health Officials. (June 2011). Retrieved July 2011 from http://www.naccho.org/topics/infrastructure/lhdbudget/loader.cfm?csModule=security/getfil&PageID=197485

The National Research Centre on AOD Workforce Development (NCETA) (2005) Workforce Development 'TIPS', Theory Into Practice Strategies Natalie Skinner, Ann M. Roche, John O'Connor, Yvette Pollard and Chelsea Todd (editors) Alcohol Education and Rehabilitation Foundation Ltd (AER) 2005 The National Research Centre on AOD Workforce Development

(NCETA) Retrieved June 2011 from http://www.nceta.flinders.edu.au/pdf/TIPS/01-Introduction.pdf

Office of Shortage Designation, Bureau of Health Professions, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services August 21, 2011. Retrieved August 2011 from http://bhpr.hrsa.gov/shortage/.

Public Health Services Act Title VII and Title VIII: Why are these programs so important? (2009). American Public Health Association (APHA). Retrieved June 2011 from http://www.apha.org/NR/rdonlyres/13E647B5-E51B-4A47-91A8-652EE973A2DB/0/TitleVIIandTitleVIII.pdf

Shain, M., Suurvali, H. (2001). Investing in Comprehensive Workplace Health Promotion. Centre for Addiction and Mental Health (CAMH) and the National Quality Instituted (NQI). Retrieved August 2011 from http://www.thcu.ca/workplace/documents/influencing_org_envir_infopackv_1.1.FINAL.pdf

Staron, M. (May 2008). Workforce Development – a whole-of-system-model for workforce development. In ICVET TAFE NSW. Retrieved January 2009, from http://www.icvet.tafensw.edu.au/ezine_2008/sep/thinkpiece_whole_system_approach.htm

State Demographic Projections to 2030. (2011). Proximity. Retrieved September 2011 from http://proximityone.com/st0030.htm

Survey response rates: Tips on how to increase your survey response rates. (2011). PeoplePulse. Retrieved August 2011 from http://www.peoplepulse.com.au/Survey-Response-Rates.htm

The State of Public Health in Florida. (2011). APHA PHACT Campaign. American Public Health Association. Retrieved September 2011, from http://www.apha.org/NR/rdonlyres/8D1A13F3-2AA7-4B1B-B52A-2E0A72CD8158/0/Florida2011PHACTCampaignSheet.pdf

Workforce Florida, Inc. 2010-2015 Strategic Plan for Workforce Development December 2009. Retrieved August 2011 from http://www.workforceflorida.com/Strategy/docs/WFIStrategicPlanDraft_Revised_091215.pdf.

U.S. Census 2010. Retrieved June 2011 from http://2010.census.gov/2010census/.

U.S. Department of Health and Human Services. (2003). Changing Demographics: Implications for Physicians, Nurses, and Other Health Workers. National Center for Health Workforce Analysis. Retrieved December 2011 from http://www.nachc.com/client/documents/clinical/Clinical_Workforce_Changing_Demographics.pdf

Eliminating Racial and Ethnic Disparities in Health Care: What Is the Role of Academic Medicine? Joseph R. Betancourt, MD, MPHAcademic Medicine, Vol. 81, No. 9 / September 2006 https://depts.washington.edu/omca/dev/ccprime/images/Article/f2d9989bb4501acdcf99fcec0ffff094.pdf

# APPENDICES