Maryland Department of Health and Mental Hygiene

Public Health Services Workforce Development Plan

Improving the Culture of Learning @ PHS

2017 - 2019

Revised June 2017

Public Health Services

Workforce Development Plan 2017 - 2019

Public Health Services (PHS), a unit of the Maryland Department of Health and Mental Hygiene (DHMH), is committed to improving the health status of individuals, families, and communities through prevention, early intervention, surveillance, and treatment. The purpose of this Workforce Development Plan (the Plan) is to clearly articulate the goals, objectives, and actions needed to create the ideal culture of learning in PHS and DHMH - including a more diverse workforce that has opportunities for needed and desired training to keep pace with emerging public health issues and trends.

A critical component of this work is transparency and clarity with PHS employees to build trust and mutual expectations around the creation of a better place to work and a culture of learning within our workforce. As such the PHS Workforce Development Learning Collaborative (the Collaborative), consisting of PHS representation from every unit across every employment level, will lead the Plan's activities and update this document as activities are met and new activities are identified. The goals and objectives contained within this Plan are part of the newly revised PHS Strategic Plan. They are located in the Operations section of the Strategic Plan to encourage alignment and shared reporting responsibilities.

Our Vision Lifelong health and wellness for all Marylanders.

Our Mission We work together to promote and improve the health and safety of all Marylanders through disease prevention, access to care, quality management, and community engagement.

Who We Serve PHS oversees vital public services to Maryland's 6 million residents including infectious disease and environmental health concerns, family health services, and emergency preparedness and response activities.

Priorities 2017-2019

- **Collaborative Participation:** Engage all units and levels of PHS to define, lead, and communicate workforce development efforts.
- **Adopt the Workforce Framework:** Utilize the Collaborative to identify, test, and implement changes within operations and continuing education to improve the culture of learning in PHS and DHMH.
- **Shift Cultural Norms:** Work to change perceived norms and perceived skills around cultural competency, health equity, and a diverse workforce.
- **Implement Training Plans:** Deploy training based on the PHS workforce needs and required state components.
- **Measurement and Quality Improvement:** Adopt best practices in performance management and quality improvement to measure and communicate effective change.

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Summary of Priorities

Collaborative Participation

Establish and maintain mechanisms for PHS units and employees to collectively participate in the planning and implementation of workforce development efforts. Objectives will:

- Maintain the Workforce Development Collaborative, including external partners and DHMH offices outside of PHS.
- Regularly assess employee interests and needs to ensure informed decision making.

Adopting the Workforce Framework

Identify, test, and implement activities within the pillars of the Workforce Development Framework, emphasizing the role of health equity. Objectives will focus on:

- Onboarding
- Professional Development
- Succession Planning

Shifting Cultural Norms

Foster health equity in Maryland by changing the perceived relevancy and proficiency of PHS employees' cultural competency skills and concepts of health equity. Objectives will:

- Identify, test, and implementing policy and process changes within the three pillars of the Workforce Development Framework that address how cultural competency and health equity are reflected in every job within PHS.

Implement Training Plans

Adherence to state-mandated training requirements will provide additional opportunities based on the results of the PHS Training Needs Assessment. Objectives will:

- Increase compliance with required state training.
- Identify and deploy competency-based training.
- Use annual employee evaluation cycles to rollout and measure training compliance.

Measurement & Quality Improvement

Adopt best practices in performance management and quality improvement (QI) to measure and communicate effective implementation of Workforce Development efforts in alignment with the PHS QI Council. Objectives will:

- Conduct small studies of change within the three pillars of the Workforce Framework following QI principles.
- Improve adherence to performance evaluation guidelines, specifically pertaining to training opportunities.

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Purpose

This document provides a comprehensive workforce development plan for PHS. Maintaining a competent public health workforce in PHS is a shared responsibility that requires a supply of trained and qualified public health workers to meet our local, state, and federal public health needs and obligations.

PHS is committed to a culture of learning in which leadership and employees are engaged and supported in continuous learning. This culture of learning will be achieved through skills building, mentorship, leadership development, assessment, and evaluation in an adaptable, sustainable, and transparent framework that will foster health equity*.

The purpose of this Plan is to clearly articulate the expectations, goals, training needs, and resources to improve the culture of learning in PHS. The Plan will be updated on a regular basis as activities and projects are completed and new ones are identified.

Workforce development and training are part of a DHMH comprehensive strategy toward maintaining a competent workforce and creating a culture of improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development needs.

**Established by the Public Health Services Workforce Development Learning Collaborative, June 9, 2016*

In this Plan

CHANGING Maryland *for the Better*

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Public Health Services Profile

Structure

PHS serves the entire state of Maryland and oversees vital public services to Maryland residents including: infectious disease and environmental health concerns, family health services, population health planning, public health laboratory services, and emergency preparedness and response activities. The full public health system in Maryland includes the Department and 24 local health departments including Baltimore City and Maryland's 23 counties.

PHS consists of 11 distinct administrations, offices, facilities, and boards (see Appendix B for the PHS organizational chart). The structure and organization within each PHS unit varies, as does the number of employees. The largest unit has over 400 employees and the smallest has 13. There are an estimated 1500 employees in PHS.

Governance

PHS is led by the Deputy Secretary of Public Health. All PHS unit directors report to the Deputy Secretary, who in turn reports to the Secretary of DHMH. The Secretary is appointed by and reports to the Governor. DHMH and PHS are also subject to the laws and regulations set forth by the Maryland General Assembly.

Funding

The FY17 PHS budget appropriation is $508.6 million. This includes federal, state and special funds. Training and professional development budgets vary within PHS units. The budget for the Training Services Division of DHMH resides in the Office of Human Resources and supports capacity staff.

Learning Culture

Prior to the development of this Plan there was not a formal learning culture movement within PHS pertaining to public health. Specific opportunities exist within individual units and are not necessarily equitably distributed or accessible to all employees. The Training Services Division within the Office of Human Resources historically (and currently) provides a foundation of training and professional development around management, diversity, and other concepts not necessarily specific to public health.

Workforce Development Policies & Barriers

Aside from formal policies to recruit and release employees, there are few formal policies governing or regulating workforce development within DHMH.

One policy requires supervisors to discuss training and development opportunities at mid-year and annual performance reviews. This does not apply to contractual employees. Another policy requires all state employees to take a course of trainings as part of the new-hire process. The trainings include concepts such as Customer Service, Domestic Violence, HIPAA, and Substance Abuse. While these trainings are important they are not subject matter specific to public health or the operations of DHMH and do not reflect the training needs of PHS to fulfill the mission and vision of the organization. There are also policies regarding training for positions that require licensing and certification.

PHS is aware that access to and promotion of continuing education and professional development opportunities are not uniform across all administrations or units. This barrier is a driving factor behind the workforce development process and framework on page 12.

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Public Health Services Profile

Workforce Demographics

PHS has 11 major units or administrations housing over 1,500 permanent, contractual, academic, and federal staff across the state. Comprehensive demographic and employment information is not collected across all employment classifications. To serve as a proxy, PHS captured demographic information of participants in the January 2017 Training Needs Assessment (TNA) conducted by the University of Pittsburgh Mid-Atlantic Regional Public Health Training Center.

The TNA was administered to five PHS units that fall under scope of public health accreditation. It was taken by all employment classifications. Approximately 490 employees participated in the assessment. While this is not representative of all 11 PHS units it is currently the best proxy available.

Summary of Findings

The PHS workforce has a high level of education. The percentage of respondents in each strata of job classifications was as expected, with more front line workers and fewer individuals in leadership positions. Reponses also showed that PHS has both long-time and relatively new employees. African Americans were well represented among respondents, while Latinos were not. Additionally:

- The largest number of respondents (44.7%) classified themselves as front line public health workers, followed by managers (27.1%), and administrative or clerical (13.5%).
- Directors and Executive Leadership were the smallest group (7.6%).
- Approximately two thirds of respondents were female.
- The largest ethnic group was White (40.4%), followed by Black (26.1%) and Asian (5.9%).
- Only 1% of respondents identified as Latino (of any race).
- In total, 24.7% and 33.3% of respondents left the race and ethnicity questions blank, respectively.
- Years working for the DHMH peaked at 1-5 years (25.5%) and at 16 or more years (16.3%).
- 75% of respondents had a college degree or more, and almost half had a masters or doctoral degree.
- Over 25% of respondents had a degree in public health, yet they were outnumbered by those with an “Other” degree (45.1%).

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Public Health Services Profile

Population Served

Understanding demographic factors within racial and ethnic groups, or geographic groups, is part of the core competencies that workforce development seeks to assure in any workforce, including the public health workforce. This understanding is also essential in planning efforts to assure representative workforce diversity at DHMH and within PHS.

In addition to demographic factors, social determinants of health (e.g., education, employment and income distribution) differ within Maryland's racial and ethnic populations. These factors are important to consider when addressing concepts of health equity and workforce diversity in the goals, objectives, and activities of any Workforce Development Plan.

An estimated 6million people reside in Maryland according to estimates from the US Census Bureau (As of July 1, 2014; per the Maryland Department of Planning Website, citing the Population Division, US Census Bureau). *http://planning.maryland.gov/msdc/Pop_estimate/estimate_10to14/CensPopEst10_14.shtml*

Of that population:

- 3,144,704 persons (52.6%) are Non-Hispanic and White as their only race.
- 1,809,294 persons (30.3%) report Black or African American as their only race, regardless of Hispanic ethnicity.
- 380,168 persons (6.4%) report Asian as their only race, regardless of Hispanic ethnicity.
- 6,319 persons (0.1%) report Native Hawaiian or Other Pacific Islander (NHOPI) as their only race, regardless of Hispanic ethnicity.
- 33,413 persons (0.6%) report American Indian or Alaska Native (AIAN) as their only race, regardless of Hispanic ethnicity.
- 157,658 persons (2.4%) report more than one race, regardless of Hispanic ethnicity.
- 557,371 persons (9.3%) report Hispanic ethnicity, regardless of race.

Populations served is continued on the next page.

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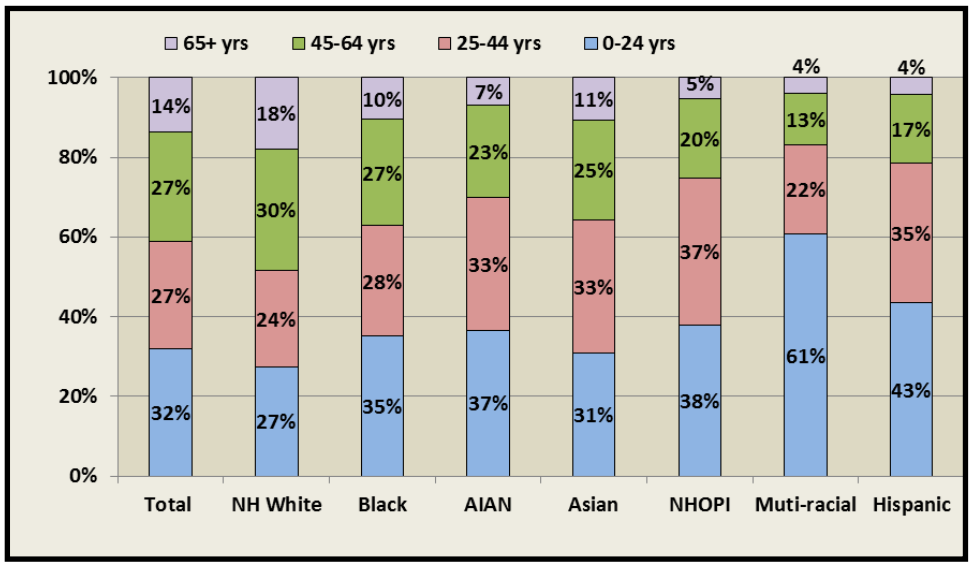
Public Health Services Profile

Population Served

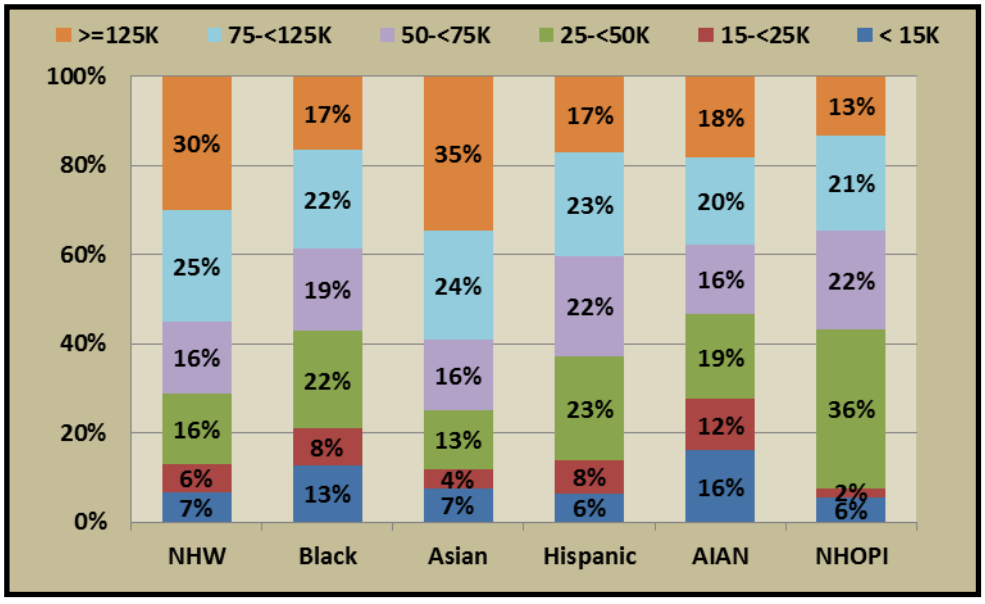
Maryland's racial/ethnic minority populations are younger than its Non-Hispanic White population (*see figure below*):

Age distribution within racial/ethnic groups in Maryland, 2014



In Maryland, Non-Hispanic Whites and Asians are more likely to have high incomes than other racial and ethnic groups (see figure below).

Household income by race, American Community Survey (ACS) 2010-14



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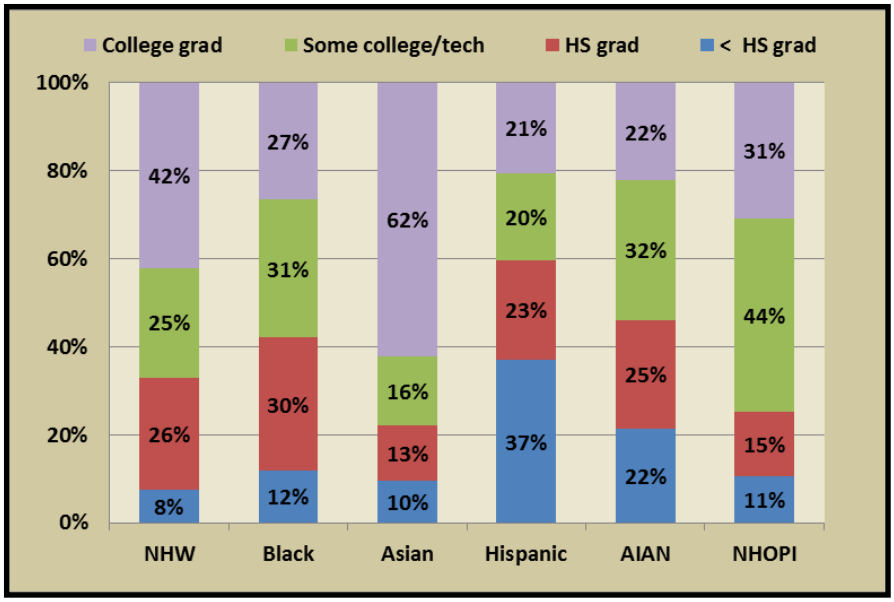
Public Health Services Profile

Population Served

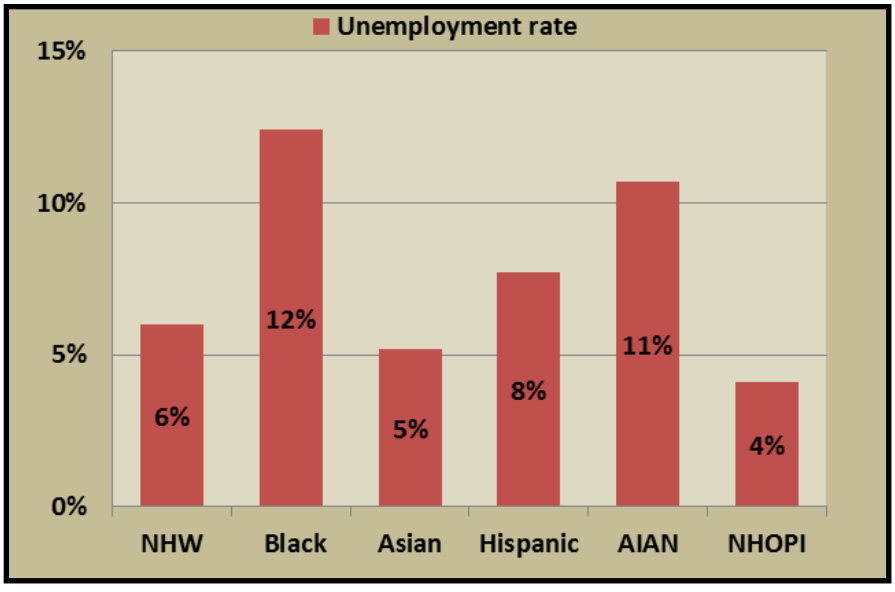
In Maryland, Non-Hispanic Whites, and Asians are more likely to have a four-year college degree than other racial and ethnic groups (*see figure below*).

Educational level by race/ethnicity, ACS 2010-14



In Maryland, Blacks, Hispanics, and American Indians/Alaska Natives have higher unemployment rates than other racial/ethnic groups (*see figure below*).

Unemployment rate by race, ACS 2010-14



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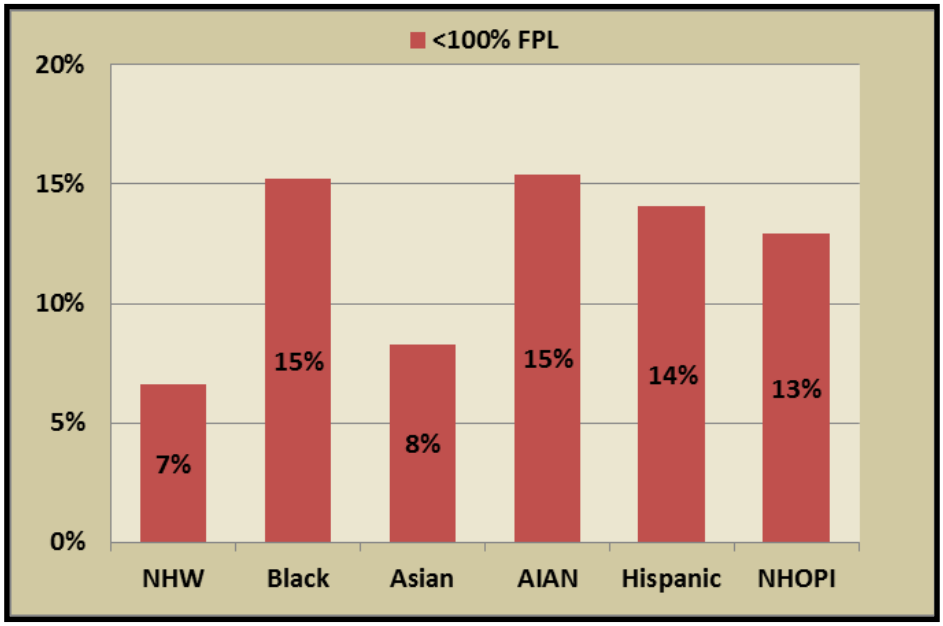
Public Health Services Profile

Population Served

In Maryland, Blacks, Hispanics, American Indians/Alaska Natives, and Native Hawaiians and Other Pacific Islanders (NHOPI) have higher poverty rates than Asians and Non-Hispanic Whites. Notably, Hispanic and NHOPI poverty rates are similar to Black and American Indians/Alaska Native poverty rates despite the former having lower unemployment rates. This suggests employment in low wage jobs for Hispanic and NHOPI populations *(see figure below*).

Poverty level by race/ethnicity, ACS 2010-14



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Workforce Development Process & Framework

In 2014 PHS participated in the national Public Health Workforce Interest and Needs survey (PHWINS) from the Association of State and Territorial Health Officials (ASTHO). Findings released in 2015 show the continuing education efforts for PHS consistently rate less than the national average for requiring continuing education, specifically the lack of training/education measures in staff performance reviews, permitting work hours to be used for training, payment for training, and having staff positions responsible for internal training. The Collaborative was convened in April 2016 to recommend a process and framework for action. See Appendix A for Collaborative members.

Process The Collaborative utilized the following process in the creation of this Plan. The process reflects best practices from ASTHO and academic partners, as well as required elements of Public Health Accreditation.

1. Identify Lead
2. Garner Leadership Support
3. Create Workforce Development Learning Collaborative
4. Identify Purpose and Goal
5. Conduct Gaps Analysis
6. Establish Organizational Competencies
7. Conduct Training Needs Assessment
8. Identify Existing Training and Opportunities for New Training
9. Test and Recommend New Training (Conduct Quality Improvement)
10. Write the Plan
11. Communicate the Plan
12. Implement and Monitor the Plan
13. Evaluate and Update the Plan

Resources The following resources and organizations were used to identify the planning process and the resulting Workforce Development Plan:

- Association of State and Territorial Health Officials (ASTHO) Public Health Workforce Interest and Needs Survey (PHWINS)
- ASTHO Workforce Development Plan Toolkit
- Ohio State University College of Public Health Center for Public Health Practice
- University of Pittsburgh Mid-Atlantic Regional Public Health Training Center

PHS would like to thank the University of Pittsburgh Mid-Atlantic Public Health Training Center for their support and technical assistance in this process.

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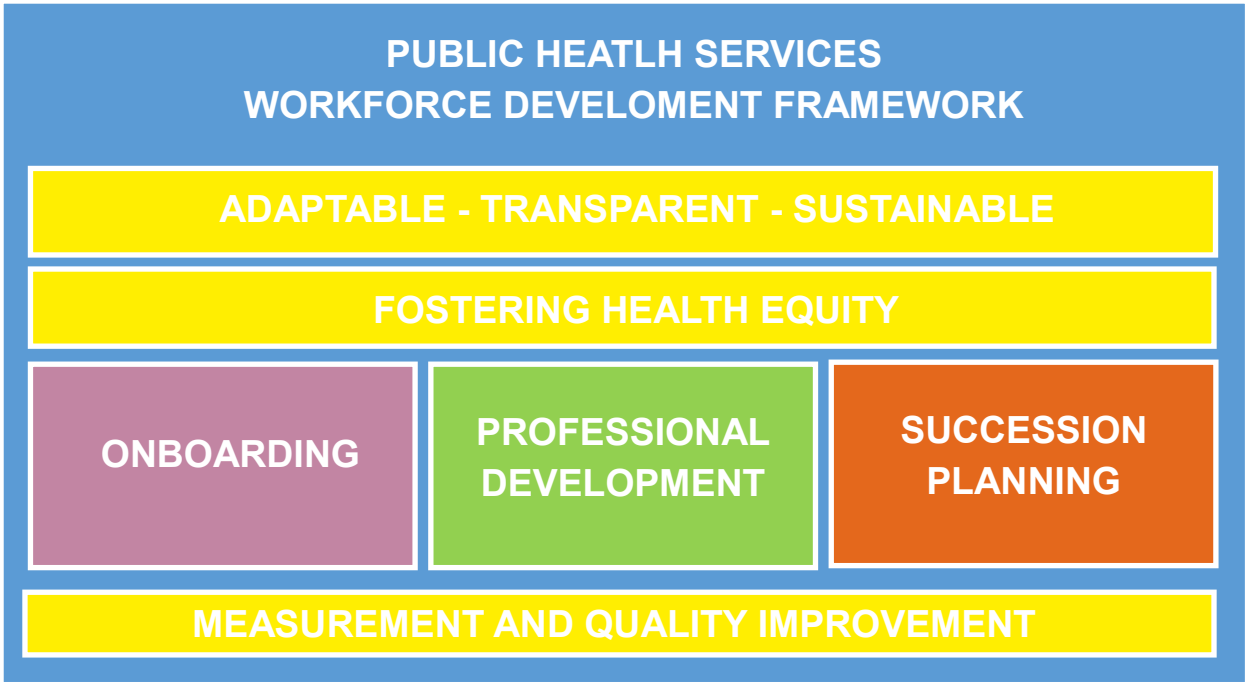
Workforce Development Process & Framework

The Collaborative participated in a facilitated visioning process (Gaps Analysis) to establish a vision for ideal learning (see Purpose, page 4) and formulate a framework for action. The process was lead by a trained organizational development facilitator within the DHMH Training Services Division.

The framework aims to create a shared understanding of the components of workforce development. Related goals, objectives, and actions (pages 19 - 23) provide recommendations for global improvements that are applicable across DHMH as well as local implementation within PHS units and offices.

Various components, structures, themes, and activities were tested within the framework. The concept of "pillars" emerged as a way to provide focus and organization to concepts that are interrelated. The ideas of skills building, mentorship, leadership development, assessment, and evaluation from the vision of the ideal state of learning are reflected in the final pillars.

Of note, the concept of being adaptable, transparent, and sustainable are specifically included in the framework to speak to the buy-in needed from employees given the diversity of programs and people within PHS. Additionally, the component of fostering health equity overlays the pillars as a major driver of the goals, objectives, and actions that fall within these areas of workforce development.



Onboarding Onboarding is an extended process through which a new employee acquires knowledge, skills, and behaviors to become an engaged member of the organization. Onboarding is important because it: 1) communicates a clear message of organizational goals and expectations of team members, 2) elucidates resources available to all team members, 3) promotes consistency in skills acquisition and application, and (4) provides knowledge of the DHMH organizational structure.

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Workforce Development Process & Framework

Professional Development

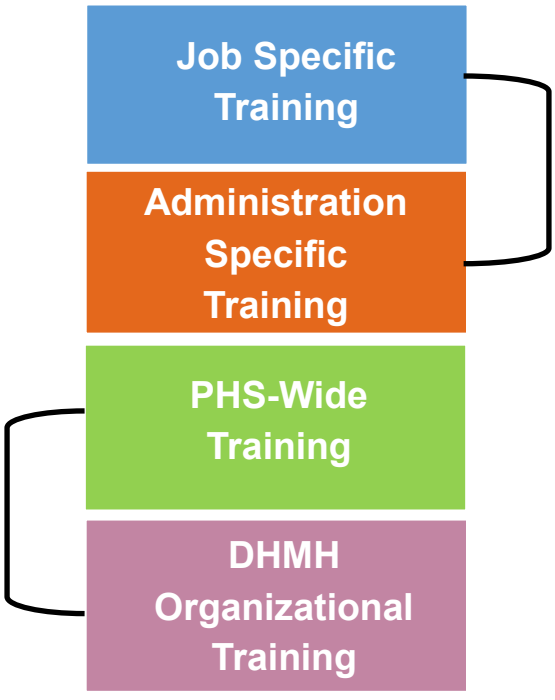
Professional development is the ability to access formal and informal opportunities that enhance the knowledge, skills, behaviors, and best practices that impact public health practice. Professional development is important because it is an investment in the workforce. Workforce development creates and contributes to a qualified and diverse workforce that can better meet operational and public health needs. Workforce development contributes to employee engagement and satisfaction.

Succession Planning

Compensation and succession planning remain unlinked in many of today's organizations. Ensuring compensation equity encourages employees to stay organizationally committed and provide support towards long-term succession planning. Succession planning is the process of identifying and developing staff's knowledge, skills, and abilities to enhance personal and organizational quality. Succession planning provides safeguards to the organization by preparing staff for advancement and promotion. Succession planning also prevents the typical "brain drain" when staff depart the organization. Succession Planning is important because it provides safeguards for programs and units in the organization and provides workforce development and reduces transitional stress.

Within the pillar of Professional Development, the Collaborative adopted a Training framework based on national recommendations from ASTHO. The Training Framework helps visualize how training and development will be approached, offered, and housed. See Appendix C for the PHS Training Rollout Plan.

- Public Health subject specific training ***accessed via TRAIN***
- Administration operational and informational training ***accessed via existing HUB training system***



- PHS-wide training (health equity, etc.)
- DHMH specific training (customer service, etc.)
- State-mandated training (HIPAA, ethics, etc.)
- ***All of the above will be accessed via the existing HUB training system***

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Competencies & Education Requirements

Competencies

Workforce competency is a fundamental component of the public health system and critical to optimal system performance. Defined as a measurable human capability that is required for effective performance, competencies are used by organizations to recruit the right people for specific positions and jobs, clarify performance expectations, appraise performance, inform training programs, and align workforce behavior with organizational strategies and values. A common them throughout the public health literature is a call to action to better prepare the public health workforce. The development and application of public health competencies are recognized as essential components of a sound workforce development strategy.

Competencies detail a set of skills desirable for the practice of public health, reflecting the characteristics that staff of public health agencies may want to possess as they work to protect and promote health in the community. Competencies may be used by health departments to begin understanding levels of staff competence, identifying gaps in competence, and formulating workforce development plans that meet staff training needs.

In 2011 the Council on Linkages Between Academia and Public Health developed a set of core competencies for public health professionals organized into nine domains across three tiers of employees. The competencies provide a framework to understand the workforce needs of public health department employees. They also satisfy requirements for national Public Health Accreditation to assess staff competencies against a set of nationally adopted competencies.

In October of 2016 the PHS Workforce Development Learning Collaborative reviewed and adopted the most recent core competencies (revised in 2014) across four employment Tiers. The Collaborative added a domain regarding preparedness and response and incorporated principles of health equity.

PHS Competency Domains:

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

Continuing Education by Discipline

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensure held by staff, and their associated CE requirements per licensing/accrediting body, are in Appendix D.

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Training Needs

This section summarizes findings of the PHS Training Needs Assessment (TNA) and describes identified and mandatory training needs within PHS. It also describes areas in which public health is advancing.

The TNA was conducted in January 2017 within the five PHS units in the scope of public health accreditation. A total of 490 employees (63.9% response rate) participated in the TNA and self selected into one of four employment tiers:

Tier 1: Front-line Public Health Work (no management responsibilities)
Tier 2: Manager (managing one or more employees)
Tier 3: Directors and Executive Leadership
Tier 4: Administrative and Clerical Work

Employees in Tiers 1, 2, and 3 answered a series of questions in each of the competencies identified on page 13. Employees ranked both the relevancy of the competency to their job and their proficiency in practicing the skills outlined in the competencies. Tier 4 employees were asked a separate set of questions pertaining to technology, professional development, interpersonal skills, and management/supervisory skills. The Tier 4 questions were not ranked by relevancy and proficiency, but rather by a desire for more training in those particular areas. All four tiers were asked the same set of questions pertaining to training preferences.

Collective Capacity and Capability

Tier 1
Respondents attributed high relevance most often to Analytical/Assessment and Informatics questions. These were the questions in which respondents considered themselves more often highly proficient.

Tier 2
Respondents attributed high relevance and proficiency most often to Informatics and Public Health Sciences questions, with additionally strong responses in Policy Development and Program Planning skills.

Tier 3
Respondents attributed high relevance and proficiency to all competencies more often than Tiers 1 and 2. The competency that most frequently received a high ranking in relevance and proficiency was Leadership and Systems Thinking.

Tier 4
Respondents consistently reported already having training and capacity in the area of Technology (Microsoft Office skills, etc.).

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Training Needs

Gaps in Capacity and Capability

A critical gap identified across Tiers 1, 2, and 3 is extremely low perceived relevance and proficiency in the competencies of:

- Cultural Competency
- Health Equity
- Emergency Preparedness and Response

All three areas are priorities within the PHS Strategic Plan and speak to the clear need for a shift in workplace culture and norms regarding the role and application of these skills within the work of PHS.

Tier 1

Communications ranked relatively low within Tier 1 respondents among both proficiency and relevancy, as did elements of Public Health Science. When considering larger concepts of Succession Planning for this Tier, of concern are the low rankings in both relevancy and proficiency given to:

1. "Contributes to prepare budgets" within Financial Planning and Management; and
2. "Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels" within the Leadership and Systems thinking competency.

Tier 2

Several competencies within Tier 2 were not uniform in the perceived relevance and proficiency within the sub-questions. This is the case in Leadership and Systems Thinking where "Incorporates ethical standards of practice into all interactions with individuals, organizations, and communities" ranked high while "Modifies organizational practices in consideration of changes" ranked the lowest (relevance 33.6%, proficiency 21.8%).

Financial Planning and Management also had discrepancies within questions where "Establishes teams and motivates personnel for the purpose of achieving program and organizational goals" ranked high while "Develops program budgets" was the question with the least frequent high relevance and proficiency (39.3% and 30.3% respectively).

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Training Needs

Gaps in Capacity and Capability

Tier 3

A large difference between relevance and proficiency rankings was observed among Tier 3 respondents for two questions under Financial Planning and Management: "Leverages public health and health care funding mechanisms and procedure" (relevance 56.3%, proficiency 15.6%); and "Oversees the use of evaluation results to improve program and organizational performance" with relevance of 81.3% and proficiency of 53.1%.

A similar difference was observed for two questions under Leadership and Systems Thinking: "Ensures availability and use of professional development opportunities throughout the organization" (relevance 83.9%, proficiency 48.4%); and "Ensures the management of organizational change and the continuous improvement of individual, program and organizational performance" (relevance 80.6%, proficiency 54.8%).

Tier 4

The domains of Professional Development and Interpersonal Skills were most frequently ranked as wanting additional training by Tier 4 respondents. The areas endorsed as most needed/wanted were:

- Career development
- Managing priorities
- Stress management
- Presentation skills
- Process improvement/quality improvement tools
- Public health's changing role
- Giving and receiving constructive feedback
- Handling emotions under pressure
- Working in a multi-generational workplace
- Dealing with irate people
- Communication skills
- Listening skills
- Personal profile
- Cultural competency

The only area under Management and Supervisory Skills that was endorsed as needed/wanted by more than 50% of respondents was employee's career development. Training Administration System (45.4%) and MS Power Point (42.2%) were frequently mentioned within Training Skills as areas of interest for training.

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Training Needs

Training Preferences

Training preferences assessed in the Training Needs Assessment included preferred topics, form of training delivery, devices used and barriers to training. For all tiers combined, the topics that respondents most frequently marked as potentially able to improve their job performance were:

- Professional skills: problem solving, decision making, interpersonal skills, communication skills, conflict management (35.1%)
- Program planning, implementation and evaluation (34.2%)
- Leadership (33.5%)
- Public health problem solving (31.7%)
- Continuous quality improvement (30.8%)

There were three topics related to Emergency Preparedness; each of them was marked by less than 20% of respondents as able to improve job performance. The two questions about diversity and cultural competency were also checked by fewer than 20% of respondents. This is in line with the competency findings of Tiers 1, 2, and 3.

The type of training respondents most frequently checked as “very likely” to participate in was In-person/face-to-face workshop (close location, free of charge) at 76.2%. Requiring travel and especially requiring a fee dramatically decreased the likelihood of participation.

In addition, three types of distance learning were endorsed as “very likely” by more than half of respondents: interactive webinar/webcast (66.9%), internet-based self-study (57.8%), and video conference (56.6%).

Fewer than 50% of respondents said they were very likely to take advantage of informal training opportunities, with online forums being the least frequently endorsed. The learning style most often endorsed as preferred was hands-on (44.6%). Respondents stated using desktop and laptop computers most often for training.

Employees had an opportunity to identify the three most common barriers to training. Lack of time during the workday was the only one endorsed by more than half of the respondents (58.5%). A second important barrier was lack of knowledge about opportunities (44.6%).

A Culture of Learning @ PHS

Workforce Priorities: Goals, Objectives, and Actions

1. Collaborative Participation

Goal

Establish and maintain mechanisms for Public Health Services (PHS) units and employees to collectively participate in the planning and implementation of workforce development efforts.

Objectives

- Maintain the Workforce Development Collaborative, including external partners and DHMH offices outside of PHS.
- Regularly assess employee interests and needs to ensure informed decision making.

Actions

- Continue to facilitate bi-monthly PHS Workforce Development Learning Collaborative meetings on schedule.
- Participate in the Association of State and Territorial Health Official's (ASTHO) Public Health Workforce Interest and Needs Survey (PHWINS) in the Fall 2017.
- Communicate projects and accomplishments from the Collaborative and other assessments to PHS leadership and staff on a quarterly basis in line with the PHS Directors Meeting communications.

Measurement

- Percent of PHS units, external offices/partners attending Collaborative meetings.
- PHS participation rate in 2017 ASTHO PHWINS.
- Number, type, and reach of communications to PHS leadership and employees.

A Culture of Learning @ PHS

Workforce Priorities: Goals, Objectives, and Actions

2. Adopt the Workforce Framework

Goal

Improve the culture of learning at PHS by applying the framework designed by the PHS Workforce Development Learning Collaborative.

Objectives

- Communicate the framework throughout PHS and DHMH to improve clarity and purpose.
- Implement activities within the three pillars of the Framework:
    - Onboarding Pillar: Standardizing onboarding processes to ensure equitable access to information and new hire expectations, including the roles of health equity, cultural competency, and preparedness in the work of PHS.
    - Professional Development Pillar: Improving access to training and experiential learning opportunities based on findings from the PHS Training Needs Assessment, focusing on cultural competency and health equity.
    - Succession Planning Pillar: Developing management, leadership and mentoring programs to expand the depth of skills and institutional knowledge within PHS while ensuring a diverse future workforce.

Actions

- Present the Framework and applicable implementation updates at PHS Quarterly Directors meetings and PHS staff meetings as appropriate.
- Identify, test, share, and spread at least one activity within each of the three Pillars of the Framework per 6 month cycle as identified in *Shifting Cultural Norms* (Priority 3 of this document).

Measurement

- Number and reach of presentations/communications.
- Number and reach of pillar elements tested and adopted.
- Changes to employee satisfaction regarding opportunities for continued education and professional development (as measured by 2017 ASTHO PHWINS).

A Culture of Learning @ PHS

Workforce Priorities: Goals, Objectives, and Actions

3. Shift Cultural Norms

Goal

Foster health equity in Maryland by changing the perceived norms of the benefits and necessity of a diverse workforce, cultural competency skills, and the roles of health equity and the social determinants of health in the work of PHS.

Objectives

Identify, test, and implement policy and process changes within the Workforce Development Framework that:

- Support cultural competency and health equity skills in every position within PHS (and DHMH); and
- Result in a more diverse workforce that represents the populations served by PHS (and DHMH).

Actions

- Identify and test elements of the recruitment and on-boarding procedures that support the recruitment of a diverse workforce (Onboarding Pillar).
- Revise MS22 job descriptions to include language describing the impact of health equity within the position (crosses all Pillars).
- Develop and implement PHS-wide training that defines and discusses cultural competency, health equity, and the social determinants of health within a public health lens (Professional Development Pillar).
- Research, test, and implement experiential learning opportunities within PHS programs to expose employees to real word applications of the concepts in the above PHS-wide training (crosses all Pillars).

Measurement

- Recruitment and on-boarding procedures identified and tested.
- Recruitment and on-boarding procedures implemented and measured every 6 months.
- Number of MS22's revised every 6 month evaluation cycle (PEP).
- Training created, tested, and launched.
- Number of PHS employees completing the training every 6 month evaluation cycle (PEP).
- Experiential Learning Opportunity (ELO) developed and tested.
- ELO rollout plan created and first round of placements conducted.
- Changes in employee's perceived relevancy and proficiency regarding cultural competency and healthy equity skills (as measured in the 2019 PHS Training Needs Assessment).

A Culture of Learning @ PHS

Workforce Priorities: Goals, Objectives, and Actions

4. Implement Training Plans

Goal

Adhere to state-mandated training requirements will providing additional opportunities based on the results of the PHS Training Needs Assessment.

Objectives

- Increase compliance with required state training.
- Identify and deploy competency-based training.
- Use annual employee evaluation cycles to rollout and measure training compliance.

Actions

- Use MS22 and PEP elements from Priorities 2 and 3 from this plan to discuss required training with employees.
    - Test and rollout training plan implementation.
- Implement the PHS Training Schedule (Appendix E) through paced rollout with the PEP 6 month cycle (see PHS Training Rollout Plan, Appendix C).
- Complete the PHS Training Environmental Scan and update the PHS Training Schedule accordingly.
- Run HUB training completion reports on the 6 month PEP cycle.
- Rollout TRAIN in alignment with Priorities 2 and 3 from this plan. See Appendix C for the PHS Training Rollout plan, including TRAIN.

Measurement

- Training sections of PEP completed per 6 month cycle.
- HUB reports on required training completion run per 6 month cycle.
- TRAIN registration per 6 month cycle.

A Culture of Learning @ PHS

Workforce Priorities: Goals, Objectives, and Actions

5. Measurement and Quality Improvement

Goal

Adopt best practices in performance management and quality improvement (QI) to measure and communicate effective implementation of Workforce Development efforts in alignment with the PHS QI Council.

Objectives

- Improve accountability of management in adhering to performance evaluation guidelines to improve measurement of workforce efforts described in this Plan.
- Co-host at least one person QI training per year for the Collaborative and QI Council to align knowledge of QI best practices.
- Implement one workforce project per QI cycle of the QI Council as

Actions

- Test and rollout PEP completion of training section across PHS units.
- Report Collaborative activities in the PHS Performance Management Dashboard, PHS Quarterly Directors Meeting, and subsequent quarterly updates to PHS employees.
- Conduct first joint in-person training (May 2017) and identify future collaborative training opportunities.
- Implement QI *Prepared Workforce"* QI project jointly identified by the Collaborative and QI Council.
    - Project goal is to improve employee's perception on the relevancy and skills needed for a prepared PHS workforce.

Measurement

- Number of PEPs per 6 month cycle that include completed training section (as self-reported by units as project is rolled out).
- PHS Dashboard up-to-date.
- Number and reach of quarterly employee communications.
- Training completed, improvement in employee's perceived QI skills as measured pre/post training.
- Prepared Workforce TBD (will be identified as part of May training).

A Culture of Learning @ PHS

Evaluation and Tracking

Evaluation of training will provide PHS with useful feedback regarding the efforts, including content, delivery, training preferences, and training effectiveness. Accurate evaluation tracking is necessary, particularly for professional continuing education documentation and quality improvement purposes. This section describes how evaluation and tracking of training and workforce development efforts will be conducted.

Evaluation

The Plan will be evaluated through the PHS Performance Management Dashboard. The Office of Population Health Improvement and the Office of the Deputy Secretary for Public Health will update the Workforce component of the dashboard quarterly. The Deputy Secretary will discuss progress of the Plan as part of the dashboard report at Quarterly PHS Leadership meetings. Progress will be shared with PHS employees through subsequent PHS Quarterly Communications (quarterly email from the Deputy Secretary for Public Health Services).

The Collaborative will use QI methods to evaluate and track the pilots identified in the Plan. The Collaborative will also revise and update the Plan as elements are completed. The revision dates will appear on the bottom of page 2 of the Plan.

Tracking

Tracking of training rollout will be conducted via:

- 6 month HUB reports
- 6 month TRAIN reports
- Completion of 6 month cycle training as identified in PEP.
- Attendance lists for in-person trainings (submitted annually to Collaborative)

Appendix A

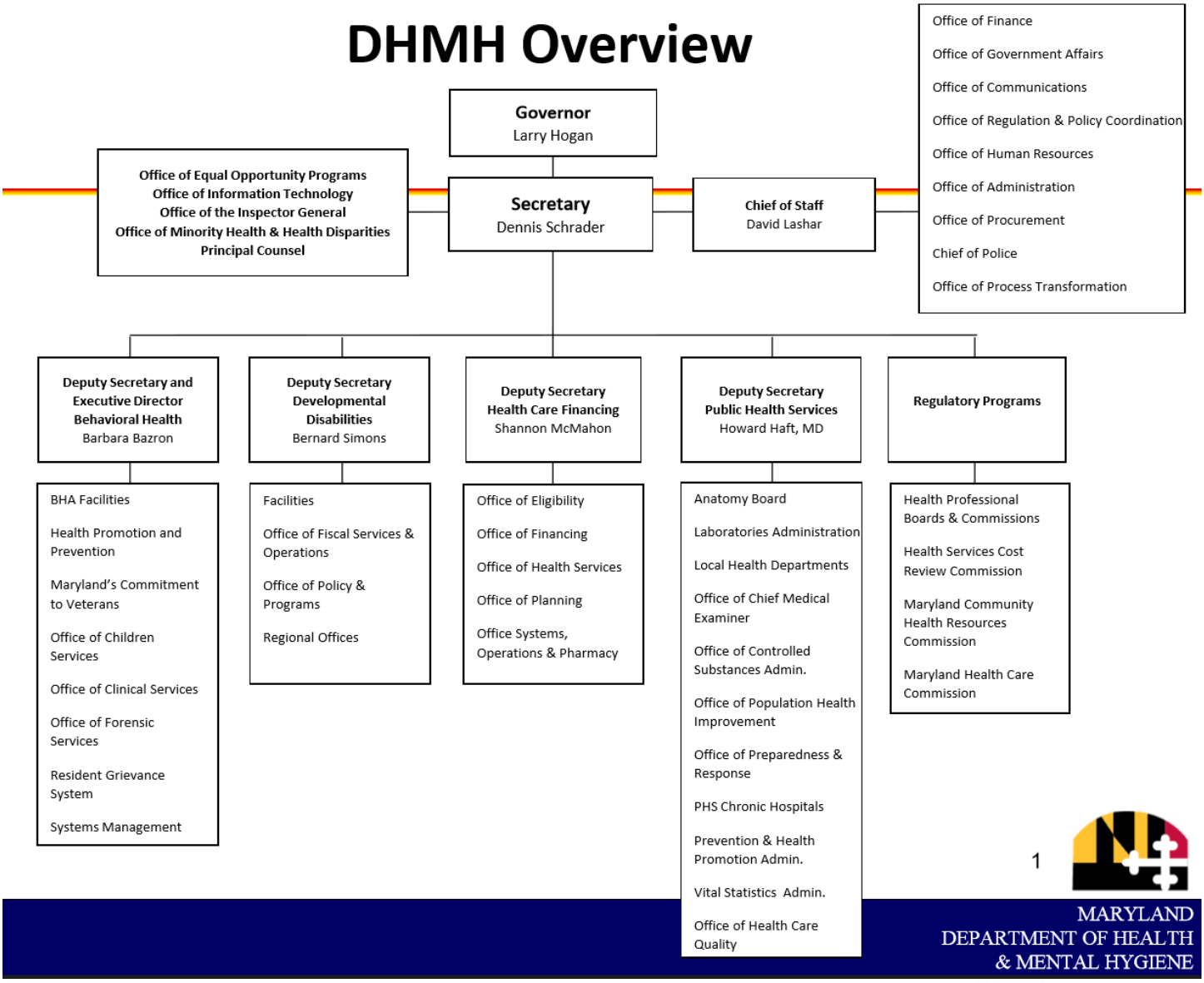
PHS Workforce Development Learning Collaborative

Over 20 PHS/DHMH employees and community stakeholders contribute to the PHS Workforce Development Learning Collaborative.

Alice Bauman
Amanda Driesse
Allison Taylor
Andrea Bankoski
Ann Walsh
Artensie Flowers
Barbara Brookmyer
Beth Reid
Daniel Barnett
David Lashar
David Mark
Donna Gugel
Donyet Barnes
Dorothy Sheu
Glenn Schneider
Howard Haft
Janie Gordon
Jennifer Newman Barnhart
Kathleen Hoke
Luann DeShield
Nicole Brown
Sandie Lynch
Shalewa Noel-Thomas
Sharein Green
Stephanie Slowly
Subha Chandar
Tricia Nay
Vander Exum
Veronica Black

Appendix B

DHMH and PHS Organizational Chart



Appendix C

PHS Training Rollout Plan

STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor - Boyd K. Rutherford, Lt. Governor - Dennis R. Schrader, Secretary

Public Health Services Training/TRAIN Rollout Plan
2016 - 2017
Updates: 6/27/16, 10/12/16, 5/1/17

Public Health Services (PHS), a unit of DHMH, is working to implement competency-based training plans for all PHS employees. This process is anticipated to take at least one year and will engage both PHS leadership and PHS employees.

The purpose of this document is to outline the project steps and timelines for completion. It will be updated and modified as tasks are completed and new tasks are identified. The information contained in this Training Rollout Plan is consistent with the goals and objectives of the PHS Workforce Development Plan. Of note, this document does not reflect all elements of the PHS Workforce Development Learning Collaborative or the PHS Workforce Development Plan. It is specific to the rollout of training within PHS. Critical deliverables are noted with an asterisk (*) and are reflected in the PHS Performance Management Dashboard.

This document is owned and updated by the Office of Population Health Improvement (OPHI), in conjunction with the Office of the Deputy Secretary for Public Health Services (ODSPHS). Unless stated otherwise, OPHI and ODSPHS lead and facilitate the work of this plan with the input of the PHS Workforce Development Learning Collaborative and DHMH Training Services Division.

September 2016	PHS Culture of Learning Framework Created via Workforce Collaborative
October 2016	PHS Training Framework Created via Workforce Collaborative (see framework on page 3) University of Pittsburgh site visit re Training Needs Assessment
November 18, 2016	TRAIN Demo Training Needs Assessment Prep
December 2016	TRAIN Procurement Prep Training Needs Assessment Prep Workforce Collaborative Touch Base
January 2017	TRAIN Procurement Prep Training Needs Assessment Conducted
February 2017	TRAIN Procurement Prep
March, 2017	TRAIN Procurement Prep TNA Analysis Received

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Appendix C

PHS Training Rollout Plan

	TNA Analysis Revisions
April 1, 2017	TRAIN Contract Starts* TRAIN Customization Work with Public Health Foundation TNA Analysis Dissemination (Revised) to PHS Directors and Workforce Collaborative Training Environmental Scan prep Workforce Collaborative Touch Base Culture of Learning PDSA Identified*
May 2017	TRAIN Customization Work with Public Health Foundation Training Environmental Scan* TRAIN Unit Contacts Identified TRAIN Presentation to Local Health Departments (LHDs) TNA Infographs Created and Distributed Culture of Learning PDSA Started (End of Year PEP, MS22, Job Action Sheets)*
June 2017	TRAIN Customization Work PEP/MS22 PDSA: DHMH Required Training (HUB)* Job Action Sheet PDSA: ODSPH* PDSA: Share to date with Workforce Collaborative via Touch Base Training Compendium created/distributed TRAIN Training (DHMH) TRAIN Launch to LHDs TRAIN Tiered Coursework identified TRAIN Soft Launch with OPHI*
July 2017	TRAIN Launch (PHS-wide email with rollout schedule and reminder re HUB) TRAIN Rollout to VSA, OPR (Log in, take one course in subject matter of choice)* Modify Rollout for August based on experiences from July PDSA: Continued* Share PDSA with PHS Directors @ Quarterly Meeting
August 2017	PDSA Report to Workforce Collaborative via Touch Base TRAIN Rollout to OCSA, Labs, OCME (Log in, take one course in subject matter of choice)* Modify Rollout for September based on experiences from August PHS 101 Course Created PHWINs Prep
September 2017	TRAIN Rollout to PHPA (Log in, take one course in subject matter of choice)* PHS 101 Course Launched TRAIN Training (DHMH) for admin contacts Expand PDSA findings to selected additional units Workforce Collaborative Touch Base

Appendix C

PHS Training Rollout Plan

September Continued	PHWINs Prep and Rollout
October 2017	Prep for Mid-Cycle PEPs changes based on PDSA findings PHWINS Rollout* Expand PDSA findings to selected additional units
November 2017	Expand PDSA findings to selected additional units Prep for Mid-Cycle PEPs changes based on PDSA findings Workforce Collaborative Touch Base
December 2017	Launch Mid-Cycle PEP communications

PHS Training Framework

PHS Training Framework Details*:

Organizational Training	State-required training (8 courses as of 5/1/2017) DHMH 101 Training (TBD, Training Services Division)
Public Health Training	PHS 101 Training (ETA August 2017) PHS Legislative Session Training (ETA October 2017)
Office/Unit Training	Training specific to PHS units and offices (units/offices create at will and upload into HUB, potential TRAIN coursework)
Job Specific Coursework	Training specific to particular job functions. Should align with the MS22 and Job Action Sheets. Content can be found in TRAIN and PHS Training Compendium

Appendix C

PHS Training Rollout Plan

* Tiered specific training can be found across all levels of the framework. All training plans are the responsibility of the supervisors to discuss and implement with employees using the PEP training section and PEP cycle. General training expectations should be reflected in an employees MS22.

NOTES

-Workforce Development Learning Collaborative on legislative break January – March 2017.

Appendix D

Continuing Education Requirements by License

Discipline*	CE Requirements**
Certified Public Health Practitioner	50 hours every 2 years (national)
Dietitian (RD, LD)	30 hours per renewal cycle (Maryland)
Environmental Sanitarian	20 hours per renewal cycle (Maryland)
Health Educator (CHES, MCHES)	75 CHECH every 5 years (national)
Nursing	RN only – refresh course recommended
Physician	50 category 1 CME in the 2 years prior to renewal
Social Worker	40 credit hours (30 for LCSW's) per 2 year license cycle, of which 20 must be Category 1 (15 for LCSW's) and 20 must be Category 2 (15 for LCSW's).

*This list contains the most frequent licenses and certifications, it is not exhaustive of all disciplines in PHS that may require a license.

**Requirements as of May 1, 2017.

Appendix E

PHS Training Schedule

- Core Competencies: CC
- DHMH Learning Management System: HUB
- Minority Health and Health Disparities: MHHD
- Office of the Deputy Secretary for PHS: ODHS
- Office of Population Health Improvement: OPHI
- Office of Preparedness and Response: OPR
- Public Health Accreditation: PHAB
- To Be Determined: TBD
- Training Needs Assessment Requirement: TNA
- Training Services Division: TSD

Topic	Mandated	Audience	Competencies	Schedule	Resource
New Employee Orientation	Yes	All new hires	n/a	Once	TSD in person
PEP Employee	Yes	All new PIN	CC8 (all Tiers)	Once	TSD in person
Customer Service	Yes	All employees	PHAB 9.1.4	Once	TSD HUB
Domestic Violence and the Workplace	Yes	All employees	n/a	Once	TSD HUB
Drug Testing	Yes	All employees	n/a	Once	TSD HUB
New Employee Corporate Compliance	Yes	All employees	n/a	Once	TSD HUB
Annual Corporate Compliance, Ethics, HIPAA	Yes	All employees	PHAB 11.1.1, 11.1.2	Annual	TSD HUB
Supervisor Training	Yes	Managers (Tiers 2, 3)	PHAB 8.2.3 CC 9.4, 9.5 (Tier 2)	Once	TSD HUB
ADA Supervisor's Workshop	Yes	Managers (Tiers 2, 3)	PHAB 11.1.7	Once	TSD HUB
PEP for Supervisors	Yes	Managers (Tiers 2, 3)	PHAB 8.2.3	Once	TSD HUB and in person

Appendix E

PHS Training Schedule

Topic	Mandated	Audience	Competencies	Schedule	Resource
Driver Improvement Program	Yes	All employees who drive state vehicles	n/a	Every 5 years	TSD HUB
Corporate Purchasing Card Certification	Yes	All employees who use or approve CPC	n/a	Once	TSD HUB
Limited English Proficiency	Yes	All employees who come in contact with the public	PHAB 3.2.6, 11.1.3	Once	TSD HUB
Interview Panel Briefing	Yes	All employees who participate in interview panels	PHAB 8.2.2	Every 2 years	Equal Opp. Office
Nurse Dispensing	Yes	All nurse employees who dispense medication	n/a	Annual	TSD HUB
DHMH Legislative Session	TNA	Any employee who works on session	PHAB 12.2.1	Annual	Office of Government Affairs
State Budget Process	TNA (NEW)	All employees		TBD*	OPHI TSD HUB
Thriving in Diversity	TNA (NEW)	All employees	CC 4, 5 (all Tiers)	TBD*	TSD in person
Cultural	TNA (NEW)	All employees	CC 4, 5 (all Tiers)	TBD*	TSD and

Appendix E

PHS Training Schedule

Topic	Mandated	Audience	Competencies	Schedule	Resource
Health Equity & Social Determinants of Health	TNA (NEW)	All employees	CC 4, 5 (all Tiers) CC 6.2, 6.3 (Tier 1) CC6.4, 6.5 (Tier 2)	TBD*	TSD and MHHD HUB
Performance Management Spring Training	TNA		PHAB 9.2.5 CC 8.4 (Tier 1) CC 8.5 (Tier 2) CC 8.9 (Tier 3)	Annual	OPHI in person
A Prepared Public Health Workforce	TNA (NEW)	All employees	PHAB: 8.2.1 CC 10, all Tiers	Once	OPR HUB
The Public Health System in Maryland	TNA (NEW)	All employees	CC 3,7, 9 (Tier 1) CC 1.4,3.3, 6.2 (Tier 2) CC 8.5, 8.6 (Tier 3)	TBD*	OPHI HUB
Public Health Informatics	TNA (New)	All employees	CC 2.1, 3.6 (Tier 1)	TBD*	ODSPHS TRAIN
Communication Skills and a Positive Attitude	Suggested	All employees	CC 2, 3 (Tier 4)	Once	TSD in person
Lead and Develop your Career	Suggested	All employees	CC 2.2, 4.3 (Tier 4)	Once	TSD in person
Everything DiSC	Suggested	All employees	CC 3.2, 3.4 (Tier 4)	Once	TSD in person

*TBD: Once the new training has been tested the schedule/frequency will be determined and the Plan will be updated.

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