



Florida Department of Health in Collier County
Workforce Development Plan
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Training and development of the workforce is one part of a comprehensive strategy toward the Department of Health in Collier County (DOH-Collier) quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs and addressing those gaps through targeted training and development opportunities.

This plan serves as the foundation of the DOH-Collier's ongoing commitment to the training and development of its workforce.

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**These sections specifically address documentation requirements associated with PHAB Reaccreditation Measure 8.1.1.*

INTRODUCTION

Purpose

Create a workforce development plan by 9/30/19 that provides training, guidance, and skill development to DOH-Collier that addresses gaps in capacity, capability, and resources while building on existing strengths that will increase work effectiveness.

Learning Culture

DOH-Collier continues to cultivate a culture of excellence that strives to attract, recruit, and retain a competent workforce. This is accomplished through creating and sustaining a hospitable learning culture driven by values and behaviors that encourage and facilitate workforce growth, building on the organization's capacities and capabilities. DOH-Collier's workforce deeply values their work in public service and their sense of purpose felt in promoting positive health outcomes in the community. Therefore, it is essential that the learning culture continues to engage, empower, focus, and motivate employees to come to work each day and build on their knowledge and skill sets in order to achieve the organizational vision.



The learning culture is fueled through promoting innovation, openness, and creativity. Innovative approaches and best-practices are valued and promote new or expansion of current policies that make work processes more effective and more efficient. Similarly, freedom to express new, positive ideas is respected, supported, and exists without fear of retribution. The learning culture is forgiving, sensitive, and empathetic. Employees are praised for their willingness to learn and build self-esteem by being providing constructive, respectful critiques and opportunities for improvement. DOH-Collier has a committee and policy dedicated to motivating employees and recognizing contributions where staff is regularly acknowledged for their work towards the organizational vision. More informally, the learning culture encourages and promotes the appreciation and recognition of even the smallest improvements with everyday complements and certificates.

The DOH-Collier workforce values a variety of training professional development options and methods for its workforce to meet the learning needs of its employees. TRAIN Florida, the department's learning management system contains a centralized, searchable database of courses relevant to public health, safety, and emergency preparedness that includes a comprehensive catalog of distance learning for public health professionals to develop and sustain a competent and qualified public health workforce. Additional professional development opportunities such in-person trainings held in class room settings, including the ability to use consultants and subject matter experts to provide valued advice as well as conferences and seminars, are also implemented and highly valued by the organization's workforce to improve capacity and capability.

The learning culture promotes active workforce engagement and teamwork, facilitating comradery and making work more enjoyable through cohesiveness. This aspect of the learning culture paired with the importance of having cross-training opportunities available better prepares employees with broader, improved skill sets that also promotes the workforce's ability to collaborate more readily and effectively. Workforce policies and procedures related to training to promote employee learning contribute to the overall desired culture of learning and performance improvement. Quality improvement practices are implemented to create a workforce culture of action, continuous improvement, and performance excellence.

DOH-COLLIER PROFILE

Mission, Vision, and Values

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

Vision: To be the Healthiest State in the Nation.

Values:

- **Innovation:** We search for creative solutions and manage resources wisely.
- **Collaboration:** We use teamwork to achieve common goals and solve problems.
- **Accountability:** We perform with integrity and respect.
- **Responsiveness:** We achieve our mission by serving our customers and engaging our partners.
- **Excellence:** We promote quality outcomes through learning and continuous performance improvement.

Location and Population Served

DOH-Collier serves all residents and visitors of Collier County, which has a full-time population of about 358,000. From October to May, the population increases by 20% as seasonal residents and migrant farm workers occupy their winter homes. These months also draw many of the 1.78 million annual visitors to the Southwest Florida county.

The sub-tropical climate and paradise-like setting of western Collier County have attracted rapid growth and increases in property values. The result is a significant income gap with a diverse immigrant, minority population working in the agriculture, service, and hospitality sectors. Key demographic features exist that delineate the DOH-Collier targeted market segments that include a high percentage of cost-burdened households (42%), the immigrant population, and the increased level of service required during the seasonal population surge.

DOH-Collier clinical and nutritional services are targeted to specific segments of the population who tend to be medically underserved and do not have medical insurance or other means to access private sector health care services. These services the Dental program, Family Planning program, Infectious Diseases, Immunizations, Women, Infant and Children (WIC), and Vital Statistics. More than 50,000 clients are directly served by DOH-Collier annually.

The second key market segment is the entire population of Collier County residents and visitors. Most of these customers are usually unaware of services being provided for them but benefit from preventative services such as environmental and disease surveillance, school health screenings and policy development. Often, residents and visitors become aware of these services only when emergency situations (hurricanes), environmental issues (beach advisories or public pool closings) or a disease outbreak (Ebola and Zika) make the headlines. Other customers in this market segment have broad county wide reach (like community coalitions and committees), and the services DOH-Collier provides to them support their core competencies. The environmental health market segment is key to DOH-Collier because there is a regulatory mandate to provide these services, the division is financially self-supporting, and the winter population surge of migrant farm workers, seasonal residents, and visitors significantly impacts the septic, water, and multiple facility types that are regulated by the Environmental Health Division.

Governance

Chapter 20.43 F.S., outlines the purpose of the Department for the state's public health system, which includes the 67 county health departments. Each county health department is led by an administrator or director, which is responsible for the management and daily operations oversight of all public health programs in that community, as outlined by Chapter 154.04, Florida Statutes. The county health department director or administrator trained in public health administration may be appointed by the State Surgeon General after the concurrence of the boards of county commissioners of the respective counties.

Linkage to Strategic Priorities and other Agency Plans





Reaccreditation Measure 8.1.1.e: How the workforce development plan addresses health department priorities and links to and will support the achievement of the goals and objectives in the department's strategic plan.

The DOH-Collier's Workforce Development Plan links and supports statewide and local plans to include the DOH-Collier's Strategic Plan and the Quality Improvement (QI) Plan. The purpose of the Plan is to ensure that the DOH workforce has the knowledge, skills, abilities, and competencies needed to carry out the Department's mission and achieve its strategic objectives. In addition, the Plan is linked and supports the QI Plan to help ensure that staff have access to the training needed to support ongoing QI activities. The Department utilizes a variety of mechanisms, including the Department's learning management system, TRAIN Florida, to provide staff training.

Strategic Plan and Priorities

The DOH-Collier Strategic Plan provides the framework for developing policies; linking resources, research, budget requests and legislative initiatives to critical public health issues; and focusing attention on results and accountability. DOH-Collier's Strategic Plan priorities are summarized below in *Exhibit 1*.

Exhibit 1. DOH-Collier Strategic Plan Priority Summary

| Strategic Priority | Goals |
|--|--|
|  Health Equity | Reduce infant mortality Increase access to programs and services |
|  Long, Healthy Life | Increase healthy life expectancy |
|  Readiness for Emerging Health Threats | Demonstrate readiness for emerging health threats |
|  Effective Agency Processes | Establish a sustainable infrastructure that supports core business functions Improve two-way communications with stakeholders |
|  Regulatory Efficiency | Establish regulatory efficiencies that support standards of competency |

The strategic priority area, "Effective DOH Agency Processes," contains the goal to "Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology." The workforce development plan is part of the DOH-Collier's infrastructure. In addition, the strategic priority "Health Equity," includes the goal, "Ensure Floridians in all communities will have opportunities to achieve healthier outcomes." DOH-Collier will use this baseline data to build trainings and enhance hiring processes that support a more diverse workforce that reflects the changing demographics of Florida and assures an increasingly culturally competent workforce.

Quality Improvement Plan

The DOH-Collier QI Plan facilitates the learning of individuals and continuously transforms the organization through quality improvement (QI) training; systematic identification of opportunities for improvement; implementation of data informed improvement projects; sharing of best practices and evaluating measurable impacts on departmental priorities and public health objectives. Further, DOH-Collier recognizes that ongoing training in QI methods and tools is critical for creating a sustainable QI program. These training opportunities are available through providers including

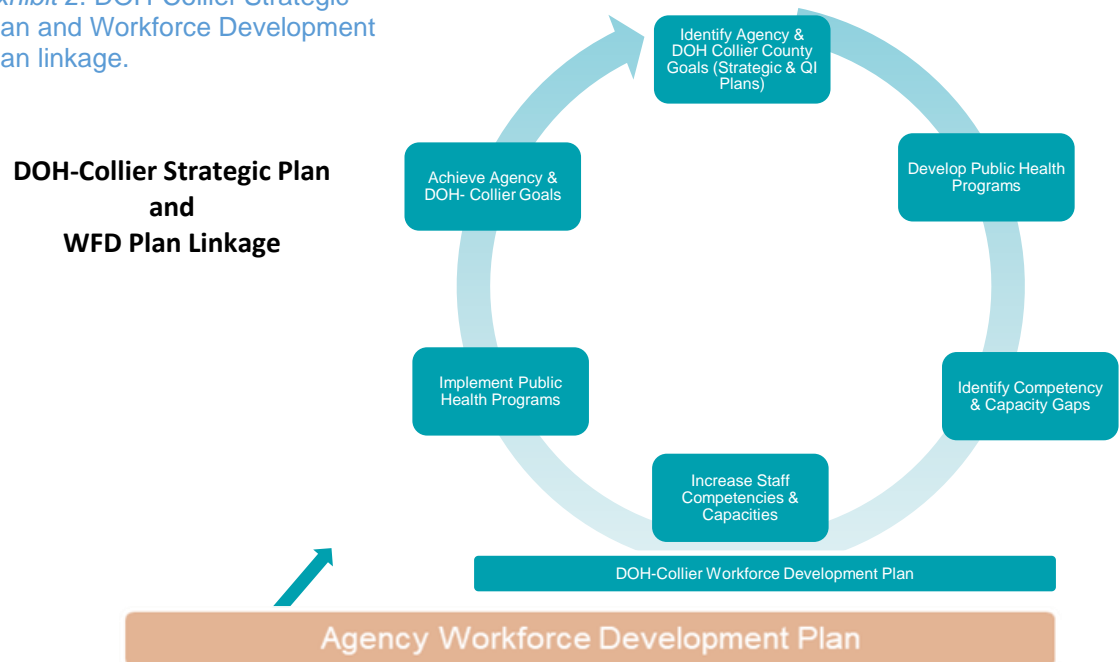
Department personnel, TRAIN Florida, the Public Health Learning Network, the American Society for Quality and local vendors. The Department’s QI Training Plan requires that, at a minimum, division and CHD Performance Management Council members complete the Department’s problem-solving methodology training series in TRAIN Florida, and QI project team members also complete the training series as well as a QI project. The Division of Public Health Statistics and Performance Management staff and QI champions provide regular training to Department staff on QI principles, tools, and techniques to support the ongoing development of the Department’s quality-focused culture.

Summary

The Agency Strategic Plan and the DOH-Collier Strategic Plan describe the supporting strategies, programs and services aimed at helping to achieve the goals. For example, staff in many programs need epidemiological skills to analyze and use data to drive program design, evaluation and improvements and the Department uses the training and other available resources (described in subsequent pages of this plan) to address these gaps. Further, continuous quality improvement, and the ability to successfully implement a QI project, are dependent on staff competent to carry them out. The Workforce Development Plan helps supervisors and staff identify the available resources to close competency and capacity gaps, all of which support the ability of the Department and DOH Collier to achieve its strategic and QI goals.

As illustrated in *Exhibit 2*, the Workforce Development Plan supports the Agency and DOH-Collier Strategic and QI Plans by identifying the gaps to develop strategies to address capacities and capabilities of the workforce related to the implementation of programs and services, all of which ultimately help to achieve the Agency and DOH-Collier’s goals.

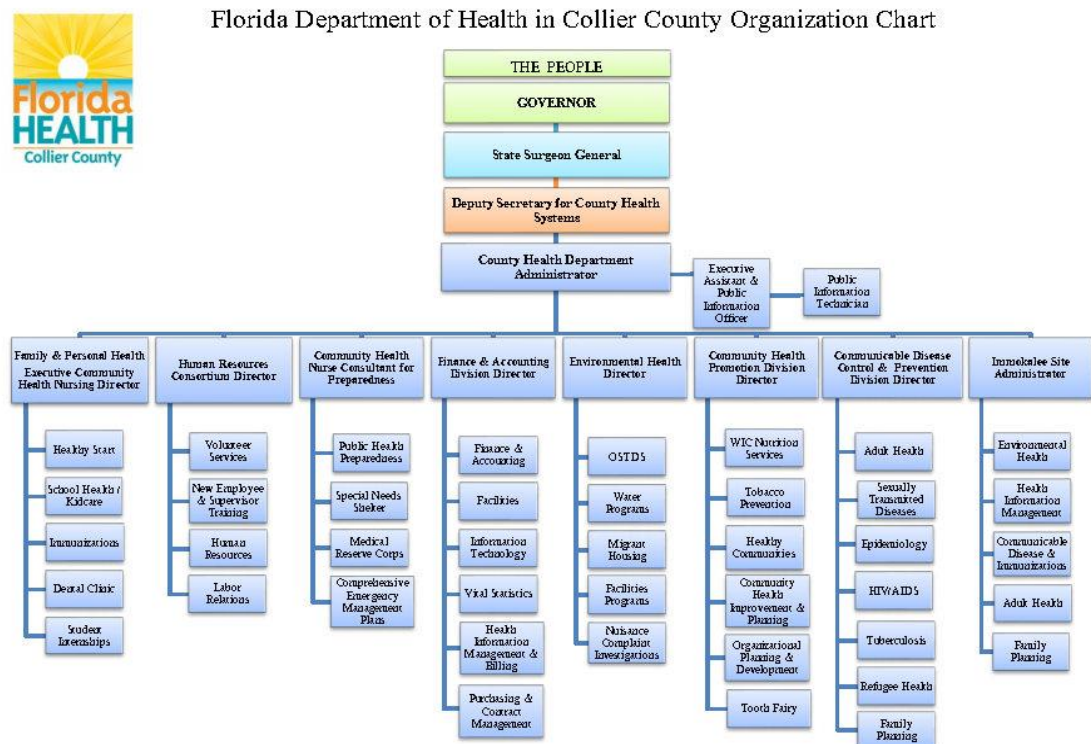
Exhibit 2. DOH-Collier Strategic Plan and Workforce Development Plan linkage.



Organizational Structure

DOH-Collier's Organizational Structure is depicted below in *Exhibit 3*.

Exhibit 3. DOH-Collier Organizational Structure



Workforce Policies

The following policies and resources are in the Central Library on the DOH SharePoint site:

- **Recruitment and Selection policy** – Provides the guidelines for which potential or existing employees are recruited and selected for employment.
- **Training policy** – Outlines the minimum training standards for all employees. TRAIN Florida, the Department's learning management system, contains a centralized, searchable database of courses relevant to public health, safety, and emergency preparedness that includes a comprehensive catalog of distance learning for public health professionals to develop and sustain a competent and qualified public health workforce.
 - The TRAIN Florida Knowledge Center contains information and training for learners and course providers to become familiar with TRAIN Florida
<http://www.floridahealth.gov/%5C/provider-and-partner-resources/training/train-florida/train-florida-knowledge-center.html>
- **Breastfeeding Policy**—promotes healthy maternal/child outcomes for employees by providing them the time and space needed for breastfeeding or pumping.
- **Orientation Policy**—A policy that dictates minimum training requirements, job-specific trainings, review of policies/procedures, technology orientation and introduction into department and program for new employees

- **Supervisor Toolkit for New Employees** – Guides supervisors and managers when hiring a new employee to outline their position, role within their program/division, and their short and long-term goals and corresponding actions for development.
- **Employee Rewards and Recognition policy (MERC)** – Guides directors and administrators in recognizing and rewarding employees for excellent performance towards achieving the DOH mission, exemplary demonstration of the DOH values and satisfactory service in state government.
- **Employee Assistance Program (EAP) policy**—assists employees in navigating and obtaining health and behavioral services provided by the department that are aimed at maximizing health and work productivity.
- **Employee Performance Evaluations**—Guides supervisors/managers in reviewing employees' performance expectations, creating a plan for development and evaluating overall performance during certain time periods.
- **Code of Ethics policy**—outlines behavioral conduct that ensures the use of power and resources of the department furthers the public interest and maintains the respect and trust of the community of their government.
- **Customer Focus policy** – Provide products, services or information to customers that will always meet and often exceed customer expectations for quality, timeliness, and effective employee interaction.
- **Tuition Waiver Program** – Educational assistance to full-time, salaried employees by allowing each state university and state college to waive tuition and fees for employees for up to six credit hours per semester on a space-available basis.
- **Sexual Harassment Policy**—protects employees from any unwelcome sexual advances or behaviors directed towards them by other employees. Provides disciplinary guidelines for those who have performed said unwelcome advances and behaviors or any other behaviors related to the incident.
- **Flexible Work Schedule policy**—outlines the alternative work schedule guidelines for select employees, including flexible work weeks/hours and overtime management.
- **Leadership Development policy**—provides guidance in identifying and developing future organizational leaders in order to maintain its public health expertise and service excellence
- **Quality Improvement Mentor program policy**—facilitates development of a QI culture by engaging employees with an interest, leveraging their QI competencies to then utilize them in mentoring other employees
- **Family and Medical Leave Act (FMLA)**—A federal law that provides job protected leave to employees and certain family members who have qualifying conditions
- **Family Supportive Work Program (FSWP)**—A state rule that provides job protected leave to certain family members
- **Emergency Duty Policy**—A policy outlined for employees when they will be performing work duties in support of an incident or event, which may include working extended hours, weekends, holidays, overnight shifts, hours in excess of an employee's routine work schedule, or at a location other than their home base. Deployment is one type of emergency duty
- **Emergency Exemption Policy**-- A policy outlined where the State Surgeon General, delegated authority, or designee, may grant exemptions on a temporary basis, for a specific period, or for individual circumstances

The following areas were identified as needing or improving a written policy to better support the workforce in the future and will have policies developed accordingly:

- **Public Information/Communications/External Request policy** - This would help all disciplines and job levels understand the basics of navigating external communication requests and
- **Cross-training policy** – All program ideally would understand and be able to perform job duties across all job positions, in order to promote continuity of care and support
- **Nuisance Complaint policy** – Environmental Health recognized the need for a formal, written policy that would outline the procedures related to processing nuisance complaints across the entire division
- **Succession planning policy** – Senior Leadership Team identified the need to develop a formal, standardized process and policy for internal succession planning with employees that show leadership potential. This policy is currently being developed.

WORKFORCE PROFILE

Current Workforce Demographics

Exhibit 4 summarizes the demographics of DOH-Collier's current workforce as of March 27, 2019. This data was calculated using data in People First, the web-based human resource information System and enterprise-wide suite of human resource services for state government in Florida.

Exhibit 4. DOH-Collier Workforce Demographics

| Category | | Number | Percentage |
|---|---------------------------------|--------|------------|
| Total Number of Employees: | | 179 | |
| Gender | Female: | 142 | 79.33% |
| | Male: | 37 | 20.67% |
| Race: | Hispanic: | 72 | 40.22% |
| | American Indian/Alaska Native: | 2 | 1.12% |
| | Asian: | 4 | 2.23% |
| | African American | 21 | 11.73% |
| | Hawaiian: | 0 | 0.00% |
| | Caucasian: | 78 | 43.58% |
| | Other: | 2 | 1.12% |
| Age: | <20: | 0 | 0.00% |
| | 20–29: | 25 | 13.97% |
| | 30–39: | 31 | 17.32% |
| | 40–49: | 38 | 21.23% |
| | 50–59: | 43 | 24.02% |
| | >60: | 42 | 23.46% |
| Primary Professional Disciplines/ Credentials: | Administrative and Clerical: | 46 | 25.70% |
| | Human Services: | 13 | 7.26% |
| | Managerial: | 19 | 10.61% |
| | Supervisory: | 16 | 8.94% |
| | Operational Services: | 1 | 0.56% |
| | Physician: | 1 | 0.56% |
| | Professional: | 83 | 46.37% |
| | Attorney: | 0 | 0.00% |
| | Other, Not Represented: | 0 | 0.00% |
| Employees <5 Years from Retirement: | Management: | | |
| | Senior Management Service (SMS) | 1 | 0.56% |
| | Selected Exempt Service (SES) | 9 | 5.03% |
| | Non-Management: | 46 | 25.70% |

Collier County Demographics

Reaccreditation Measure: 8.1.1.d: Consideration of the characteristics of the population of the geographic area that the health department is authorized to serve and the plans for recruitment of individuals who reflect the ethnic, language and cultural aspects of the population served.

Exhibit 5 summarizes the demographics of Collier County as of March 27, 2019. This data was calculated using data in People First, the web-based human resource information System and enterprise-wide suite of human resource services for state government in Florida.

Exhibit 5. Collier County Demographics

| Category | | Number | Percentage |
|--------------------------|-------------------|----------------|------------|
| Total Population: | | 358,506 | |
| Gender | Female: | 182,618 | 51% |
| | Male: | 175,888 | 49.1% |
| Race | Hispanic: | 96,761 | 26.99% |
| | African American: | 26,284 | 7.3% |
| | Caucasian: | 320,744 | 89.4% |
| | Other: | 11,478 | 3.2% |
| Age | < 20: | 69,576 | 19.4% |
| | 20 – 29: | 34,618 | 9.65% |
| | 30 – 39: | 34,540 | 9.63% |
| | 40 – 49: | 38,387 | 10.7% |
| | 50 – 59: | 45,817 | 12.7% |
| | >60: | 135,568 | 37.8% |

It is a goal of the Department to portray a workforce culture that reflects and responds to the demographics of the County. When comparing the demographics of the Department as of March 27, 2019 *Exhibit 3* to those of the County in 2017 *Exhibit 4*, there are a few noticeable gaps.

In 2017, the Collier County had a population of 358,506. 89.4% of Collier County residents were Caucasian and 7.3% were African American. 26.99% of Collier County residents were Hispanic. By 2030, Hispanics are anticipated to represent almost 28% of Florida’s population. Although DOH-Collier demographics roughly reflect Collier County’s population, it will be important going forward that staff can meet the language needs of the growing Hispanic population, as not all those of Hispanic ethnicity are able to speak the Spanish language. This need can be met through employing native Spanish-speakers as well as those who have otherwise acquired Spanish language skills. While not being directly reflected in the above demographics, a growing Haitian population will also require that direct line staff has adequate ability to speak Haitian Creole to increase access to services. New recruitment techniques to begin to address these rising cultural needs projected might include utilizing college/university internships and job boards to recruit bilingual staff, as well as increasing awareness about tuition waivers for state schools, a perk of state employment valued among current and prospective students.

Just over half of Collier County’s residents were female (51%) in 2017. Nearly 80% of the DOH-Collier’s workforce is female, whereas females and males are represented almost equally in the county’s population. The World Health Organization states that “any serious effort to improve public health must include attention to the health needs of both sexes and responsiveness to the differences between them (WHO, 2014),” which might include an improved representation of male providers and public health professionals in DOH-Collier’s workforce. Recruitment challenges exist however, as many positions in public health, while they continue to evolve, have historically been held by women (nurses, clerks,

health aides, educators/teachers, etc.). Increasing access to diverse internship opportunities for applicable majors other than public health at universities and post-secondary schools, as well as posting to major job boards might help to recruit more male employees.

In 2017, more than one-third of Collier County's population was 60 years of age or older (37.8%). Approximately 13.9% of the workforce is under the age of 30. As Baby Boomers (those born between 1945 and 1964) retire, many positions will be left vacant as there may be more jobs than there are qualified workers to fill them. At DOH-Collier, approximately one in four of the agency's workforce is expected to retire in 5 years or less, including 10 select management service employees (SMS and SES) and 46 non-management employees. The vacancies created by the Department's retiring senior leaders, as well as the differences in the knowledge, skills, abilities and work ethics of the many generations in the workforce, will present significant replacement challenges in order to maintain the necessary expertise and continuity of the healthcare workforce. In Florida, like many other states, the issue will be compounded by the existence of numerous public health positions that are considered "hard to fill" such as nurses and nutritionists. Similar to those techniques used to ensure cultural competency, recruitment techniques to address the retirement turnover projected might include utilizing college/university internships and job boards, as well as increasing awareness about tuition waivers for state schools, a perk valued among current and prospective students targeted to appeal to both men and women alike. Promoting the recruitment of retirees as volunteers or OPS employees would allow for continued engagement with the Department's public health services and programs (i.e. medical reserve corps, part-time school health nursing, support staff), simultaneously making the Department's workforce more representative of the growing older adult population.

Assessment of Future Workforce Development Needs

Reaccreditation measure 8.1.1.a: An assessment of the health department's future workforce competency needs.

Based on the demographic shifts that will occur in Florida's population, it will be necessary for the Department to continue to monitor population changes and ensure that the workforce reflects those changes. DOH-Collier assesses workforce capability and capacity needs in three ways. During the operational planning phase of the performance management system, which occurs annually, each program evaluates its personnel needs for the upcoming fiscal year. The evaluation process reviews outcome measures and key performance indicators along with environmental and personnel changes and strategic objectives to determine the number and types of employees that will be needed for a successful operation in the coming year.

In 2017, the Department administered the ASTHO Public Health Workforce Interests and Needs Survey (PH WINS) as one of the methods in assessing the Department's current and future workforce competency needs. This is a national level survey that captures the perspectives of public health workers on key issues such as workforce engagement, moral, training needs, worker engagement, emerging concepts in public health, as well as collects data about the demographics of the workforce. ASTHO used statistical methods to create a report with DOH-Collier specific data presented in summary tables and charts that include national comparisons as well as the overall of local health departments in Florida and DOH as a whole. The Core Competencies for Public Health framework was used in creating the survey items related to training. The results of the survey were provided in July of 2018 by ASTHO and have been used to create this Plan.

The PH WINS Summary report provided by ASTHO showed the top skill gaps and training opportunities for non-supervisors, supervisors and managers and executives are: Financial

Planning and Management Skills, Policy Development/Program planning Skills, Community Dimensions of Practice, Analytical/Assessment Skills, and Leadership/Systems Thinking. Additional information about DOH-Collier's PH WINS data and staff-reported training needs can be found on page 21.

Themes emerging from Collier County's ever-changing population, DOH-Collier demographics, and staff's reported training needs suggest the focus and direction of workforce development should be explored within the following areas:

Health Equity:

A need exists to develop a deeper understanding of cultural competency and health equity and the ability to operationalize these concepts into program design and evaluation, including the ability to apply concepts across positions and disciplines. Overall, Florida's projected population growth that will average 2.3% annually with an anticipated population of 23,357,003 by 2030. Diversity will continue to increase among Florida's demographics during this growth. Hispanics are anticipated to represent almost 28% of Florida's population by 2030. Cultural competency and health equity standards will need to be integrated into the department as a whole in order to continue to effectively address ever-changing public health needs within the community.

Retirement of Senior Leaders and Ageing Population:

The population aged 65 and over is expected to represent 24.1% of Florida's population by 2030. As these Baby Boomers (those born between 1945 and 1964) retire, many positions will be left vacant as there may be more jobs than there are qualified workers to fill them. At DOH-Collier, approximately one in four of the agency's workforce is expected to retire in 5 years or less, including 10 select management service employees (SMS and SES) and 46 non-management employees. The vacancies created by the Department's retiring senior leaders, as well as the differences in the knowledge, skills, abilities and work ethics of the many generations in the workforce, will present significant replacement challenges in order to maintain the necessary expertise and continuity of the healthcare workforce. In Florida, like many other states, the issue will be compounded by the existence of numerous public health positions that are considered "hard to fill" such as nurses and nutritionists.

Mental Illness:

County Health Rankings showed that for every resident there were 670 mental health providers in 2018. The same ratio in Collier County is nearly double, with one mental health providers for every 1050 residents. Community input from DOH-Collier's Community Health Assessment revealed their concern with the prevalence of mental illness and the lacking availability of mental health services and treatment centers in Collier County. As the population continues in the projected upward trend, more resources will be needed in order to combat the high provider to resident ratio. DOH-Collier's role as a core public health provider will need to be equipped with knowledge and training to be able to help the community effectively navigate mental health information, resources, and treatment.

Technology:

Due to the constant turnaround of technological advances, training needs related to use of electronic health records within the Department, partner organizations, other advances in health care delivery such as text reminder will all be essential in providing public health services. Collier County identified this need as well, noting the importance of IT-based refreshers and regular software and programming updates even for established employees.

Shifting Away from Primary Care:

The nature of public health continues to evolve and move away from providing primary health care services. Additionally, the uninsured rate in Collier County in 2018 was 22%, significantly

higher than Florida's uninsured rate at 15% (County Health Rankings, 2019). Due to the changing public health paradigm and high uninsured rates, the public health system needs to continue to build relationships with cross-sector partners and understand their systems and processes in order to best refer and connect residents to affordable services. The ability for staff to help the community navigate the community public health system will be essential in the near future. It is important that the Department be able to rise to the challenge of helping manage Floridians' expectations about the evolving role of public health in their lives and communities.

Additionally, based on the demographic shifts that will occur in Florida's population, it will be necessary for the Department to continue to monitor population changes and ensure that the workforce reflects those changes. For example, chronic conditions, including obesity and age-related disabilities, will contribute to the need.

Emergency Preparedness:

The ongoing threat of natural disasters and the ability for workers to become proficient in the preparedness and response arena related to public health. All Florida Department of Health employees have a mandatory emergency duty requirement unless deemed exempt. DOH-Collier aligns with the National Incident Management System (NIMS) Framework and utilizes the Incident Command System (ICS) in response. With the shift away from primary care, DOH-Collier has experienced a steadily decreasing number of nurses, and other front-line medical staff. This presents as a challenge during DOH-Collier's emergency response efforts manning the Special Needs Shelter, as many provide care with only just-in-time training and have no medical backgrounds. Additionally, employees may be required to respond to other public health emergencies and initiatives such as a local outbreak (short-term) or Pandemic Influenza (long-term). Ongoing, in-depth trainings including refreshers on the incident command system, emergency preparedness exercises, discipline-specific trainings, ample Just-In-Time training, etc. will all be important for staff to maintain a strong skill set and feel confident in responding to disasters and emergencies. The separate DOH-Collier Disaster Preparedness Workforce Development Plan additionally sets guidelines to complete local trainings, exercises and improvement plans based on after action evaluations in order to meet the FDOH CHD Annual Expectation requirements..

Additional Considerations:

The increased use of (and emphasis on) evidence-based practices will require more diverse and timely data as well as the ability to analyze the data from a variety of sources.

Due to the high cost of living in Collier County, many members of the workforce commute from the Ft. Myers/Lee County area. It will be important to promote employment opportunities, as well as employee recognition, career development and advancement in order to recruit and retain employees that have longer commutes.

AGENCY COMPETENCIES

Core Competencies for Public Health Professionals

The DOH-Collier uses the Council on Linkages Core Competencies for Public Health Professionals to guide professional development.

The Core Competencies support workforce development within public health agencies and can serve as a benchmark for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, and enhance the health of the communities they serve. The core competencies are organized into eight domains below. Examples of the core competencies are included for each domain:

1. Analytical/Assessment Skills

- Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
- Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information

2. Policy Development/Program Planning Skills

- Gathers and evaluates policies, programs, and services
- Applies and implements strategies for continuous quality improvement
- Utilizes public health informatics in developing, implementing, evaluating, and improving policies, programs, and services

3. Communication Skills

- Communications in writing and orally with linguistic and cultural proficiency
- Conveys data and information to professionals and the public using a variety of approaches
- Facilitates communication among individuals, groups, and organizations

4. Cultural Competency Skills

- Describes the concept of diversity as it applies to individuals and populations
- Recognizes and addresses the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
- Describes the value of a diverse public health workforce

5. Community Dimensions of Practice Skills

- Provides and utilizes community input for developing, implementing, evaluating, and improving policies, programs, and services

6. Public Health Sciences Skills

- Describes and applies public health sciences in the delivery of the 10 Essential Public Health Services
- Applies public health sciences in the administration and management of programs
- Contributes to the public health evidence base

7. Financial Planning and Management Skills

- Explains and leverages public health and health care funding mechanisms and procedures
- Determines and justifies programs and priorities for inclusion in organizational budgets
- Describes program performance standards and measures

- Uses performance management systems for program and organizational improvement

8. Leadership and Systems Thinking Skills

- 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
- Explains and creates opportunities for organizations to work together or individually to improve the health of a community
- Collaborates with individuals and organizations in developing a vision for a healthy community
- Ensures and participates in professional development opportunities for both teams and individuals

Competency Tiers

These competencies are used at the national, state, and local levels to build capacity and develop public health professionals. The competencies were designed for public health professionals at three different levels:

- **Tier 1 – Front Line Staff/Entry Level.** Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- **Tier 2 – Program Management/Supervisory Level.** Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- **Tier 3 – Senior Management/Executive Level.** Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Competencies by Discipline

Licensures held by staff, and their associated CE requirements, are shown in the table below.

| Discipline | Florida CE Requirements (as of 2018) |
|--|--|
| Nursing | 24 contact hours every 2 years: 18 General Hours, 2 Prevention of Medical Errors, 2 Florida Laws & Rules, and 2 Recognizing Impairment in the Workplace Licensees expiring after January 1, 2019 are required to complete the Human Trafficking course every renewal/biennium. 2 Domestic Violence Hours are required every third biennium in addition to the 24-hour requirement. |
| Certified Environmental Health Professional (CEHP) | 24 contact hours every 2 years 48 contact hours for multi-program re-certification every 2 years (Or 2.4 CEUs / 4.8 CEUs) |

| | |
|------------------------------|---|
| Health Educator (CHES/MCHES) | 75 contact hours every 5 years |
| Car Seat Technician | 6 contact hours every 3 years |
| Physician | 40 hours every 2 years: 38 General Hours, 2 Medical Error. 2 Domestic Violence hours are required every third biennium, which are included in the 40 generals. |
| Dietitian (RD, LD) | 30 hours every 2 years: 28 General Hours, 2 Medical Error General Hours: <ul style="list-style-type: none"> • 10 hours must be live courses • No more than 20 home study hours can be used per biennium • No more than 10 hours in risk management, personal growth, management, and educational techniques per biennium |
| Dentist | 30 hours every 2 years: 28 General Hours, 2 Medical Error 2 Domestic Violence Hours are due every third biennium and are included in the 30 hours required. Required to have a current CPR Certification and it must be a live course |
| Dental Hygienist | 24 hours every 2 years: 22 General Hours, 2 Medical Error 2 Domestic Violence Hours are due every third biennium in addition to the 24-hour requirement. Required to have a current CPR Certification and it must be a live course. |
| Epidemiologists | Competencies for Applied Epidemiologists in Governmental Public Health Agencies (AECs), CDC and the Council of State and Territorial Epidemiologist. |
| Laboratory Professionals | Competency Guidelines for Public Health Laboratory Professionals, CDC and the Association of Public Health Laboratories |

Additional information regarding CE requirements by discipline can be found on the Florida Department of Health Licensing and Regulations webpage, www.floridahealth.gov/licensing-and-regulation/index.html

**Other
Competencies
and Job-
Related
Trainings**

Additionally, DOH-Collier takes public health preparedness seriously, and therefore promotes education and development related to the emergency preparedness core competencies outlined in the Centers for Disease Control and Prevention’s (CDC) Bioterrorism & Emergency Readiness brochure, as outline below:

Emergency Preparedness:

- Public Health Preparedness and Response Core Competency Model, Public Health Foundation

| Emergency Preparedness: Core Competencies for All Public Health Workers | |
|--|---|
| #1 | Describe the public health role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.") |
| #2 | Describe the chain of command in emergency response. |
| #3 | Identify and locate the agency emergency response plan (or the pertinent portion of the plan). |
| #4 | Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills. |
| #5 | Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.). |
| #6 | Describe communication role(s) in emergency response within the agency using established communication systems, media, general public, and personal (with family, neighbors). |
| #7 | Identify limits to own knowledge/skill/authority and identify key system resources for referring matters that exceed these limits. |
| #8 | Recognize unusual events that might indicate an emergency and describe appropriate action (e.g., communicate clearly within the chain of command). |
| #9 | Apply creative problem solving and flexible thinking to unusual challenges within her/her functional responsibilities and evaluate effectiveness of all actions taken. |

Environmental Health:

| Environmental Health Competencies: |
|---|
| All staff within the Water Programs will obtain and maintain their CPO certification |
| All staff within the Onsite Sewage Treatment and Disposal System (OSTDS) program, Facilities Programs, and Food Hygiene Program will obtain and maintain their EH PRE Certification. |
| All inspection staff will be competent in using the Environmental Health Data Mobile App (EHDMA) |

Because of Collier County’s diverse population, language proficiency in Spanish, Haitian Creole and other frequently spoken languages within the county is essential. All staff that are required to speak another language as a part of their daily job functions must meet competency requirements that demonstrate proficiency in any spoken, written or read language.

To maintain up-to-date knowledge on technology advances, all DOH-Collier staff will complete applicable trainings related to technology, media, data entry, and electronic medical records (EMR).

Collectively, DOH-Collier staff will remain current on all trainings that are required by policy. Refer to those policies for specifics. For example, the Information Security and Privacy Policy, Acceptable Use and Confidentiality Agreement (DOHP 50-10.2-16) states:

All members of the workforce shall receive mandatory information security and privacy awareness training prior to providing services to clients, accessing confidential information, accessing information technology resources, or within 30 days of employment start date, whichever is earliest. Additional training, based on job-specific duties or responsibilities, may be required. All members of the workforce shall complete an annual refresher information security and privacy awareness training course.

TRAINING NEEDS

Assessment of Capacity and Capability

Reaccreditation Measure 8.1.1.b: An assessment of the health department’s current collective capacity and capability against adopted core competency set(s) and future needs in order to identify gaps.

In October and November of 2017, the Department participated in the Public Health Workforce Interests and Needs Survey (PH WINS), a national level survey of state and local public health agency workers. PH WINS captures workers’ perspectives on key issues such as workforce engagement and morale, training needs, worker empowerment, emerging concepts in public health, as well as workforce demographics.

Results from PH WINS revealed 26% of DOH-Collier staff plan to retire within the next five years. Supervisors, managers, and executives made up approximately 29% of these employees. Leadership development opportunities are needed to increase the talent-pool of staff that demonstrate the competencies to assume the roles of these positions.

Further results showed that 80% of staff agreed that DOH-Collier was a good place to work and 82% agreed that supervisors work well with employees. Even though 81% of staff are somewhat or very satisfied with the organization and 86% of them are somewhat or very satisfied with their job, only 35% are satisfied with their pay. During the Performance Management Council workforce assessment, a potential opportunity to prevent some of the 22% of staff who reported considering leaving the organization the next year from obtaining other employment is to review and evaluate positions as they open to look for reclassification opportunities and other efficiencies that would create higher paying positions.

Opportunities for personal growth and interest is what 80% of staff reported their motivation stems from. Staff trainings made available also increased motivation, with 54% reporting their motivation came from the availability of in-person trainings opportunities and 47% reporting their motivation came from the availability of online training opportunities. The Performance Management Council workforce assessment revealed the need to reward creativity and innovation as a method of sparking motivation, including creating and maintaining an awards log and binder, leadership continuing to recognize creativity and innovation on a regular basis as well as through annual award ceremonies.

The PH WINS Summary report provided by ASTHO showed the top skill gaps and training opportunities for non-supervisors, supervisors and managers and executives are:

Exhibit 6. Top skill gaps and training opportunities

| PH WINS & Core Competency Domain |
|--|
| Financial Planning and Management Skills |
| Policy Development/Program Planning Skills |
| Community Dimensions of Practice Skills |
| Analytical/Assessment Skills |
| Leadership and Systems Thinking Skills |

Competency-Based Training Needs

All highlighted answers are the top five responses with both high importance and low reported skill related to the competency.

Exhibit 7. Top skill gaps and training opportunities reported by Non-Supervisory Staff

| Training Needs Tier 1: Non-Supervisory | |
|---|-----|
| Describe how public health funding mechanisms support agency programs and services | 40% |
| Describe the value of an agency business plan | 38% |
| Describe financial analysis methods applicable to program and service delivery | 33% |
| Participate in quality improvement processes for agency programs and services | 29% |
| Engage community assets and resources to improve health in a community | 27% |
| Describe the influence of internal changes on organizational practices | 26% |
| Describe the importance of engaging community members in the design and implementation of programs to improve health in a community | 25% |
| Assess the external drivers in your environment that may influence your work | 20% |
| Collaborate with public health personnel across the agency to improve the health of the community | 18% |
| Describe the value of community strategic planning that results in a community health assessment or community health improvement plan | 17% |
| Describe how social determinants of health impact the health of individuals, families, and the overall community | 15% |
| Identify evidence-based approaches to address public health issues | 12% |
| Support inclusion of health equity and social justice principles into planning for program and service delivery | 11% |
| Effectively target communications to different audiences | 10% |
| Describe your role in improving the health of the community served by the agency | 10% |
| Describe the value of a diverse public health workforce | 9% |
| Identify appropriate sources of data and information to assess the health of a community | 8% |
| Collect valid data for use in decision making | 8% |
| Describe your agency's strategic priorities, mission, and vision | 8% |
| Deliver socially, culturally, and linguistically appropriate programs and customer service | 6% |
| Communicate in a way that persuades others to act | 5% |

Exhibit 8. Top skill gaps and training opportunities reported by Supervisory and Management Staff

| Training Needs Tier 2: Supervisors/Managers | |
|--|-----|
| Identify funding mechanisms and procedures to develop sustainable funding models for programs and services | 53% |
| Implement an organizational strategic plan | 41% |
| Use financial analysis methods in managing programs and services | 40% |
| Integrate current and projected trends into strategic planning for programs and services | 38% |
| Engage in collaborations within the public health system, including traditional and non-traditional partners, to improve the health of a community | 35% |
| Engage community members in the design and implementation of programs to improve health in a community | 32% |
| Apply findings from a community health assessment or community health improvement plan to agency programs and services | 30% |
| Implement a business plan for agency programs and services | 26% |
| Assess the drivers in your environment that may influence public health programs and services | 26% |
| Identify and engage assets and resources that can be used to improve health in a community | 25% |
| Modify programmatic practices in consideration of internal and external changes | 21% |
| Assess how agency policies, programs, and services advance population health | 20% |
| Incorporate health equity and social justice principles into planning for programs and services | 16% |
| Identify appropriate sources of data and information to assess the health of a community | 14% |
| Apply evidence-based approaches to address public health issues | 14% |
| Build cross-sector partnerships to address social determinants of health | 12% |
| Communicate in a way that persuades others to act | 10% |
| Use valid data for use in decision making | 10% |
| Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community | 10% |
| Apply quality improvement processes to improve agency programs and services | 9% |

Exhibit 9. Top skill gaps and training opportunities reported by Executive Staff

| Training Needs Tier 3: Executive | |
|---|-----|
| Influence policies external to the organization that address social determinants of health | 60% |
| Assess the drivers in your environment that may influence public health programs and services | 40% |
| Negotiate with multiple partners for the use of assets and resources to improve health in a community | 40% |
| Build collaborations within the public health system among traditional and non- traditional partners to improve the health of a community | 40% |
| Advocate for needed population health services and programs | 40% |
| Incorporate health equity and social justice principles into planning across the agency | 20% |
| Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community | 20% |
| Use financial analysis methods in making decisions about programs and services across the agency | 20% |
| Leverage funding mechanisms and procedures to develop sustainable funding models for the agency | 20% |
| Design a business plan for the agency | 20% |
| Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan | 20% |
| Ensure community member engagement in the design and implementation of programs to improve health in a community | 20% |

Strategies to Address Capacities and Capabilities

Reaccreditation Measure 8.1.1.c: Strategies to address current and anticipated gaps in capacities and capabilities. Strategies may include developing relationships and working with academic and educational programs to promote the training of current and future public health workers, utilizing online educational public health resources, training schedules and curricula topics for staff, recruitment plans and/or selection criteria, department professional development programs for staff and leadership, assurance of current credentials, etc.

Over the next five years, the Department will utilize a cross-sector approach to continue engaging existing and new partners, to leverage limited resources around access to care for Floridians, assessment of current programs and services, policy and system design and re-design, and training employees to support these core aspects of public health and related capacities and capabilities. *Exhibit 7* describes how these current and anticipated gaps in capacities and capabilities can be addressed.

Exhibit 7. Strategies to Address Capacities and Capabilities.

| Strategy | Description |
|---|---|
| DOH-Collier Performance Management Council | Utilizes strategies to address the gaps in capacities and capabilities of staff. For example, the purpose of the Performance Management Council (PMC), co-chaired by a Health Officer and the Organizational Planning and Development Program, are to improve the coordination of DOH-Collier’s efforts to achieve the Department’s mission. DOH-Collier’s PMC also regularly monitors organizational performance, and often identifying staff training needs. |
| Students and Interns, Academic Institutions | Builds relationships with state universities and local vocational schools to assess, design, implement and evaluate programs and services, as well as train staff in core areas of public health. An exciting example of this type of collaboration is demonstrated in the partnership with the Florida Gulf Coast University that produces many internship opportunities for the department and often result in full or part-time employment. New recruitment techniques to begin to address the retirement turnover projected might include utilizing college/university job boards and increasing awareness about tuition waivers for state schools, a perk valued among current and prospective college students. |
| Community Partnerships and Coalitions | Working with the Federally Qualified Health Centers through the Florida Association of Community Health Centers is ongoing. Leaders from both agencies meet at least quarterly to discuss programs and services, to understand the clients being served and how a seamless continuation of services from one organization to the next can be created, and to ensure that staff understand the unique aspects of each organization so that opportunities for collaboration and innovation can be enhanced. These include partnerships with American Red Cross, Avow Foundation, Big Brothers Big Sisters of the Suncoast, Blue Zones Project/Healthways, Cancer Alliance Naples, Collier County CAT, Collier County Library, Collier County Medical Society, County Parks and Recreation, Collier County Public Services, Collier County Sheriff, Collier Mosquito Control District, David Lawrence Center, Drug Free Collier, Florida Gulf Coast University, Health Planning Council SWFL, Healthcare Network of SWFL, Healthy Start Coalition SWFL, Hodges University, Leadership Coalition on Ageing, League of Women Voters, Lions Club, Naples City Council, Neighborhood Health Clinic, North Collier Fire & Rescue, Panira Clinic, PLAN, Safe & Healthy Children’s Coalition, Schulze Family Foundation, Senior Friendship Center, UF/IFAS Family Nutrition Program, and UF/IFAS Sustainable Foods Agent. |
| Training Platforms | Partnership with the Region IV Public Health Training Center (Center) located at the Rollins School of Public Health, Emory University. It is comprised of seven community-based training partners and three technical assistance providers. The Center is a resource that provides competency-based trainings that target the current public health workforce and plans for field placements that promotes the future workforce. Department staff participate in live webinars and can access on demand recordings to enhance their skills. Many of these opportunities offer professional education credits as well as keep staff current on evidence-based and best practices. Staff can access the Center’s training database that is searchable by competency, topic, and CE credit. |

| | |
|---|--|
| Conference Participation | Employees are able, as resources allow, to attend national, state, and local conferences and trainings. Employees are encouraged to submit abstracts for oral and poster presentations to share the accomplishments and lessons learned in Florida, but also to learn from other states in the same way, including evidence-based and best practices. |
| TRAIN Florida | TRAIN Florida provides training from across the country on an extensive array of topics. TRAIN offers the Department the ability to design and deliver on demand trainings. The Department has designed a series of trainings on many different topics. For example, the Department designed a budget and financial management series for business managers and has the ability to update the training modules in real time, to reflect changing processes and needs. This includes learning and adopting evidence-based and best practices. |
| All-Staff Days | All-staff days provide ample, regular opportunities for training and skill building. Because clinics and other direct services are closed during these training days (usually held on each 5 th Friday of the month), staff whose schedules are usually determined by clinic appointments and client flow are able to attend. These days will also allow for team building and maintain a positive morale, regularly recognizing employees with showcase-like announcements, and for focused trainings identified as relevant by staff in performing their job duties. These could be expanded to include Employee Engagement days where all staff at all levels have an opportunity to participate in employee led groups, planning committees, and trainings. |
| Leadership Development Succession Planning | Leadership Team continues to develop a succession planning policy. This policy will develop a program that will mentor emerging leaders within the department that will help in addressing the projected retirement of senior leaders and subject-matter experts. The policy and program will equip future public health leaders with the skills and knowledge necessary to lead in today's challenging health care and public health environment. |
| Emergency Preparedness Exercises | Regular emergency and disaster preparedness exercises will continue to support staff in the knowledge and skills that are necessary to respond during an unexpected event. Hands-on practice and application of training content will allow more cohesive and effective action when activated/deployed. |
| Motivating Employees and Recognizing Contributions (MERC) | Works to motivate and energize the workforce by empowering them and making them feel valued within the organization. This committee works to recognize employees through formal recognitions such as employee of the month, but also announcements to DOH-Collier staff about promotions, special life events, etc. |

Implementation Plan Update

The original DOH-Collier Workforce Development Plan was developed in September 2019. This plan fulfilled the necessary requirements, but to suit the needs of DOH-Collier more appropriately, the Workforce Development Plan is going in a new direction. Objectives within the Implementation Plan which are no longer applicable or relevant to the current goals of the organization have been removed from the plan, and new goals and objectives have been added. The Implementation Plan has also been restructured, and is now composed of Five Pillars: Professional Development, Communications, Worksite Wellness, Health Equity, and Performance Excellence. Each pillar has a lead that is a part of the Workforce Development Committee, and they are responsible for developing, implementing, and tracking their objectives. Workforce Development Committee meetings will be used to monitor the plan's progress and brainstorm solutions to any barriers that may arise.

To further intergrate the Five Pillars into the organization, the leads of each pillar will facilliate trainings and provide resources within the PMC meetings at least twice a year. PMC members are then encouraged to disseminate any information gained from the meetings back to their staff.

Appendix A includes the logic models used to develop the methods, approaches, goals and objectives for each pillar.

Implementation Plan

Reaccreditation Measure 8.1.1.1f: Implementation or work plan.

The workforce development goals and objectives in *Exhibit 10* are based on the evaluation of current and future workforce needs. The Implementation Plan shows the alignment with the Department's Agency Strategic Plan, the Core Competencies for Public Health Professionals, Collier County and DOH-Collier staff demographics, and top skill gaps, training opportunities and opportunities to improve worker engagement from the PH WINS Summary Report. The Implementation Plan will be reviewed and evaluated at least annually. Updates will be made to address new challenges. Progress of the objectives will be reported at DOH-Collier's Performance Management Council Meetings that occur monthly and will be tracked on the organization's Scorecard by the Workforce Development project manager, DOH-Collier Senior Leadership Team, and DOH-Collier Performance Management Council. This section presents workforce development goals and strategies for DOH-Collier staff over the next three years

| DOH-Collier Strategic Priority Area: Professional Development | | | | |
|--|--|--|--|---|
| Goal 1: Goal: Recruit, develop & retain a highly qualified skilled workforce | | | | |
| Objectives | Core Competency | PH WINS Skill Gap/ Opportunity | Target Date | Responsible Parties |
| <p>1.1.1 Develop a formal mentoring program by June 1, 2022</p> <p>1.1.2 1.1.2 Launch a formal mentoring program with five mentors and five mentees by December 31, 2023.</p> | <p>Domain 7: Management and Finance Skills</p> <p>7.4. Engages in professional development</p> <p>7.4.1. Recognizes one's own professional development needs</p> <p>7.4.2. Participates in professional development opportunities</p> | <p>Systems, Strategic Thinking and Planning-Leaders and Systems Thinking Skills</p> | <p>1.1.1 June 1, 2022</p> <p>1.1.2 December 31, 2023</p> | <p>1.1.1/1.1.2 Laarni West</p> |
| <p>1.2 Update the Leadership Development Policy to include succession planning by December 31, 2023</p> | <p>Domain 7: Management and Finance Skills</p> <p>7.3. Manages human resources</p> <p>7.3.1. Contributes to development of strategies to retain a diverse, inclusive, and competent workforce</p> | <p>Systems, Strategic Thinking and Planning-Policy Development/Program Planning Skills</p> | <p>1.2 December 31, 2023</p> | <p>1.2 Leadership Team</p> |

| | | | | |
|---|---|---|---------------------------------|----------------------------|
| 1.3 Provide training within each of the five pillars that can be delivered by program managers to staff at 10 PMC meetings by December 31, 2022. | Domain 7: Management and Finance Skills 7.4. Engages in professional development 7.3.1. Contributes to development of strategies to retain a diverse, inclusive, and competent workforce | Collaborate with public health personnel across the agency to improve the health of the community | 1.3 December 31, 2022 | 1.3 John Drew |
| 1.4 Develop Staff Resource Hub including supervisor toolkit by December 31, 2023. | Domain 7: Management and Finance Skills 7.4. Engages in professional development. 7.4.4. Supports individuals and teams in engaging in professional development | Apply quality improvement processes to improve agency programs and services | 1.4 December 31, 2023 | 1.4 Peggy Karpel |

DOH-Collier Strategic Priority Area: Communications

Goal 2: Strengthen communication & develop internal champions

| Objectives | Core Competency | PH WINS Skill Gap/ Opportunity | Target Date | Responsible Parties |
|--|---------------------------------------|--|---|---|
| 2.1 100% of divisions submit monthly Internal/External Communication Forms by July 1, 2022. | Domain 3: Communication Skills | Effectively target communications to different audiences | 2.1 July 1, 2022 | 2.1 Kristine Hollingsworth/ Division Representatives |
| 2.2.1 Develop PIO Training by July 1, 2022 2.2.2 Complete 5 PIO Trainings scheduled and completed by January 1, 2023. | Domain 3: Communication Skills | Engages community assets and resources to improve health in the community. | 2.2.1 July 1, 2022 2.2.2 January 1, 2023 | 2.2.1/2.2.2 Kristine Hollingsworth |

DOH-Collier Strategic Priority Area: Worksite Wellness

Goal 3: Encourage and promote a comprehensive healthy worksite

| Objectives | Core Competency | PH WINS Skill Gap/ Opportunity | Target Date | Responsible Parties |
|---|---|---|--|---|
| <p>3.1.1 Develop 6-week vision workshop by July 1,2022</p> <p>3.1.2 60% of staff who register for 6-week cohorts workshop complete by December 31, 2022</p> | <p>Domain 7 Management and finance skills</p> <p>7.11. Engages individuals and teams to achieve program and organizational goals</p> | <p>Assess the external drivers in your environment that may influence your work</p> | <p>3.1.1 July 1, 2022</p> <p>3.1.2 December 31, 2022</p> | <p>3.1.1/3.1.2 Reginald Wilson</p> |
| <p>3.2 Add 10 resources to centralized employee wellness library by December 31, 2022</p> | <p>Domain 3 Communication Skills</p> <p>3.4. Facilitates communication among individuals, groups, and organizations</p> | <p>Identify and engage assets and resources that can be used to improve health in a community</p> | <p>3.2 December 31, 2022</p> | <p>3.2 Reginald Wilson</p> |
| <p>3.3 Facilitate 8 Lunch and Learns by June 30,2022</p> | <p>Domain 3 Communication Skills</p> <p>3.4. Facilitates communication among individuals, groups, and organizations</p> | <p>Identify and engage assets and resources that can be used to improve health in a community</p> | <p>3.3 June 30, 2022</p> | <p>3.3 Reginald Wilson</p> |

DOH-Collier Strategic Priority Area: Health Equity

Goal 4: Cultivate and build health equity capacity and collaborations

| Objectives | Core Competency | PH WINS Skill Gap/ Opportunity | Target Date | Responsible Parties |
|--|--|---|---------------------------------|--------------------------------|
| 4.1 Ensure 100% of new employees complete the FDOH Health Equity Training Plan by December 31, 2023. | Domain 4: Health Equity Skills 4.5. Implements organizational policies, programs, and services to achieve health equity and social and environmental justice | Incorporate health equity and social justice principles into planning across the agency | 4.1 December 31, 2023 | 4.1 Julissa Moreland |
| 4.2 Increase the cumulative number of DOH-Collier programs that completed a health equity analysis of their target audience from 2 in 2020 to 5 by June 30, 2023. | Domain 4: Health Equity Skills 4.3. Recognizes the diversity of individuals and populations 4.4. Reduces systemic and structural barriers that perpetuate health inequities | Incorporate health equity and social justice principles into planning for programs and services | 4.2 June 30, 2023 | 4.2 Julissa Moreland |

DOH-Collier Strategic Priority Area: Performance Excellence

Goal 5: Engage staff in performance management and quality improvement

| Objectives | Core Competency | PH WINS Skill Gap/ Opportunity | Target Date | Responsible Parties |
|---|--|---|-------------------------------------|---------------------------------|
| <p>5.1 Increase the number of new staff who complete the Introduction to QI class from 79% in 2021 to 85% by June 30, 2022.</p> | <p>Domain 2. Policy development and program planning skills. 2.3. Evaluates policies, programs, services, and organizational performance 2.4. Improves policies, programs, services, and organizational performance</p> | <p>Participate in QI processes for agency programs and services.</p> | <p>5.1 June 30, 2022</p> | <p>5.1 John Drew</p> |
| <p>5.2 Increase the percentage of employees who complete the annual performance excellence training class from 93% in FY2020 to 98% in FY2022.</p> | <p>Domain 2. Policy development and program planning skills. 2.3. Evaluates policies, programs, services, and organizational performance 2.4. Improves policies, programs, services, and organizational performance</p> | <p>Assess the drivers in your environment that may influence public health programs and services.</p> | <p>5.2 June 30, 2022</p> | <p>5.2 John Drew</p> |