Connecticut Public Health Workforce Development Plan

2023 – 2028

Building a right-sized, well-trained, more diverse, and equity-focused public health workforce to meet the challenges of a post-pandemic world.

From the Commissioner

Dear Public Health Colleagues,

From the earliest days of my appointment as the Commissioner of the Connecticut Department of Public Health, I have made clear that further development and support of the public health workforce throughout our state will be an important focus of the work of our Department during my tenure as Commissioner and beyond. To that end, in September 2022, the Department launched a new, dedicated Office of Public Health Workforce Development within the Office of the Commissioner, whose Director reports directly to the Commissioner of Public Health.

My first priority for the newly minted Director of Public Health Workforce Development was to secure significant additional funding for this work by developing a comprehensive 5-year plan, in response to an announcement of new workforce investments available from the Centers for Disease Control and Prevention (CDC). That plan was to include coordinated activities related to workforce development, public health infrastructure, agency foundational capabilities, and data modernization. As a result of that work, in December 2022, the Connecticut Department of Public Health secured an additional $35 million in grant support from the CDC to dedicate to the development of the public health workforce in our state.

The Connecticut Public Health Workforce Development Plan 2023-2028 is modeled on the 5-year plan provided to the CDC in September 2022 and includes many aspects of an initial draft plan developed prior to the COVID-19 pandemic by the Department's previous Workforce Development Committee. That committee was comprised of thought leaders from program areas throughout the agency and guided the activities of workforce development within the Department for many years prior to the COVID-19 pandemic. As written, the plan represents a significant investment of time, thought, and energy on behalf of many individuals within and outside the Department of Public Health over the span of many years. It is designed both to address the short-term immediate needs for increasing the pipeline of well-trained public health workers in our state and to build the foundation for a sustainable and resilient public health workforce into the future.

I appreciate the work of so many who worked long and hard to develop this comprehensive plan, and I look forward to seeing the successes it brings to bear in our state tomorrow and for years to come.

Sincerely,

Manisha Juthani, MD

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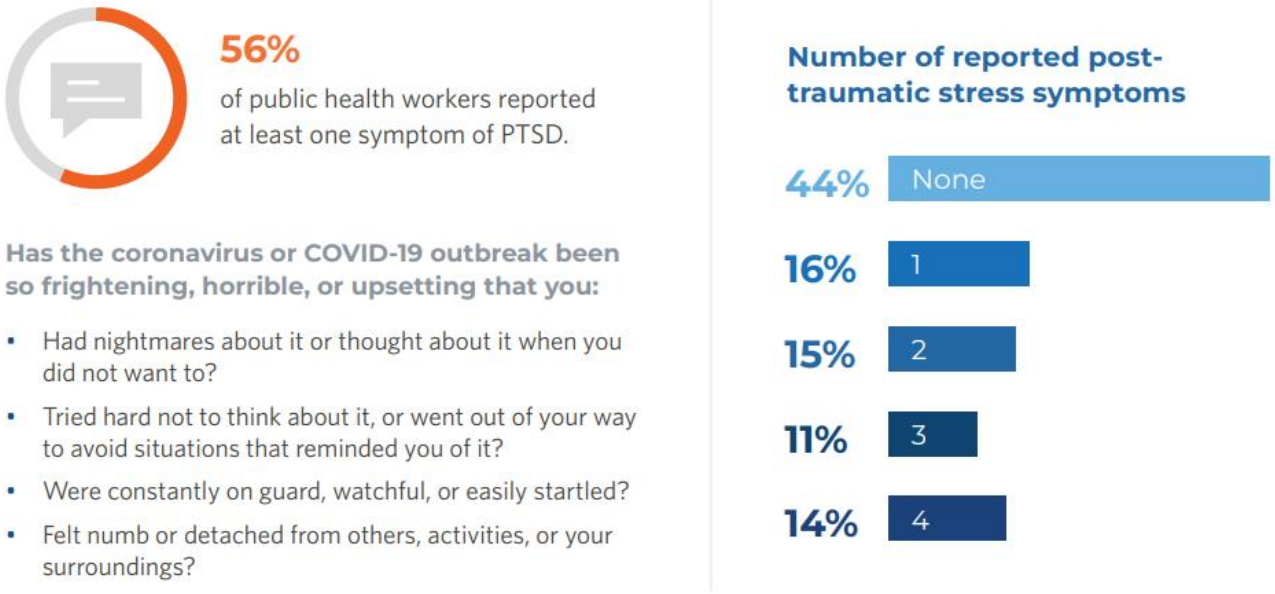
BACKGROUND

The COVID-19 pandemic has laid bare the pervasive health inequities that impact every community in our country as well as the inadequacy of our current public health workforce to quickly and forcefully respond to emerging public health threats. This has occurred despite heightened awareness of public health practice and direct short-term resource infusions in response to past crises like the 2001 Anthrax terrorism events,[1] the 2009 H1N1 influenza pandemic,[2] and the US Ebola scare in 2014.[3] The result is that in March 2020, several factors converged: a persistent lack of adequate healthcare and public health services available in historically underserved communities; a public health system that has been slowly but consistently underfunded[4] and decentralized; and a public health workforce that was inadequately sized to address much of the routine work of public health in communities, let alone respond to public health emergencies. The COVID-19 pandemic has caused excess deaths in our country's most vulnerable communities and has pushed healthcare and public health workforces to the brink of collapse.

A Public Health Workforce in Crisis

In March 2022, the de Beaumont Foundation published a set of initial findings from the 2021 Public Health Workforce Interest and Needs Survey (PH WINS) that highlight the mental health impacts of the COVID-19 pandemic on the public health workforce.[5] Over half of all public health workers reported experiencing at least one symptom of post-traumatic stress disorder (PTSD) and 1 in 4 reported 3 or 4 symptoms, indicating a likely diagnosis of PTSD. In addition, 22% of public health workers taking the survey listed their current mental health as either "fair" or "poor". These mental health impacts were not limited to those workers providing direct services in communities either. Over 40% of those in executive positions in public health organizations reported experiencing bullying, threats, or



[1] https://www.npr.org/2011/02/15/93170200/timeline-how-the-anthrax-terror-unfolded
[2] https://www.cdc.gov/flu/pandemic-resources/2009-h1n1-pandemic.html
[3] https://www.cdc.gov/vhf/ebola/history/2014-2016-outbreak/index.html
[4] https://www.tfah.org/report-details/publichealthfunding2020/
[5] https://debeaumont.org/wp-content/uploads/dlm_uploads/2022/03/Stress-and-Burnout-Brief_final.pdf

harassment by individuals outside of their agency and nearly 60% felt that their public health expertise had been undermined during their agency's pandemic response.

Similar to the nationwide public health workforce, Connecticut's public health workforce and infrastructure faced many challenges prior to the COVID-19 pandemic and those challenges have only been amplified during our state's pandemic response. Although staff from the Connecticut Department of Public Health (CT DPH) and local health jurisdictions participated in the 2021 PH WINS survey, state-specific data from Connecticut have yet to be analyzed in-depth. However, it is likely that the mental health impacts of the pandemic and the resulting indicators of workforce burnout in our state will be similar to those seen nationally, as there have been many documented incidents of threats and harassment to CT DPH and local health staff over the past 2 years.[6,7,8]

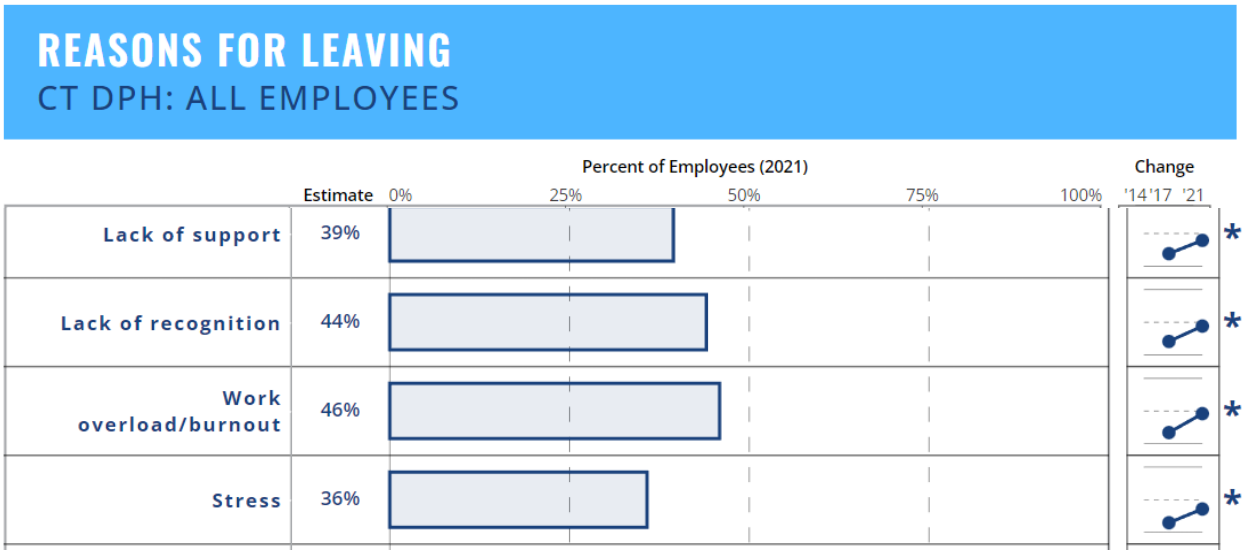
Summary data from the 2014 and 2017 PH WINS surveys indicated that, despite relatively consistent measures of job satisfaction, the proportion of respondents indicating an intent to leave within the next year was already trending higher between the two surveys, from 15% in 2014 to 25% in 2017. Both lack of opportunities for advancement and training opportunities were cited as areas of needed improvement in our state in the 2017 survey. Preliminary analyses that looked at CT DPH employees 'intent to leave' data from the 2021 PH WINS survey indicate a continuing trend. Although there was no significant difference from findings in the 2014 and 2017 surveys for workers feeling that "their work is important" (91%) and a determination to continue to "give their best effort in their work every day" (92%), similar to what has been reported in national data, in Connecticut the natural consequence of constant mental health challenges to public health workers seem to be increasing burnout and an increasing desire to leave the public health workforce. CT DPH staff indicating that they are considering leaving for reasons other than retirement within the next year was statistically significantly higher in the 2021 survey when compared to data from 2014 and 2017. Similar statistically significant increases between survey years were seen in several of the reported reasons for CT DPH workers'

[6] https://www.courant.com/politics/hc-news-connecticut-education-back-to-school-20210825-b5xpmsnbabesla4rwwvx7yf7lq-story.html

[7] https://www.courant.com/news/connecticut/hc-news-connecticut-anti-mask-activism-20210821-si5lmfo3qbgw7ol3bmfap63jxi-story.html

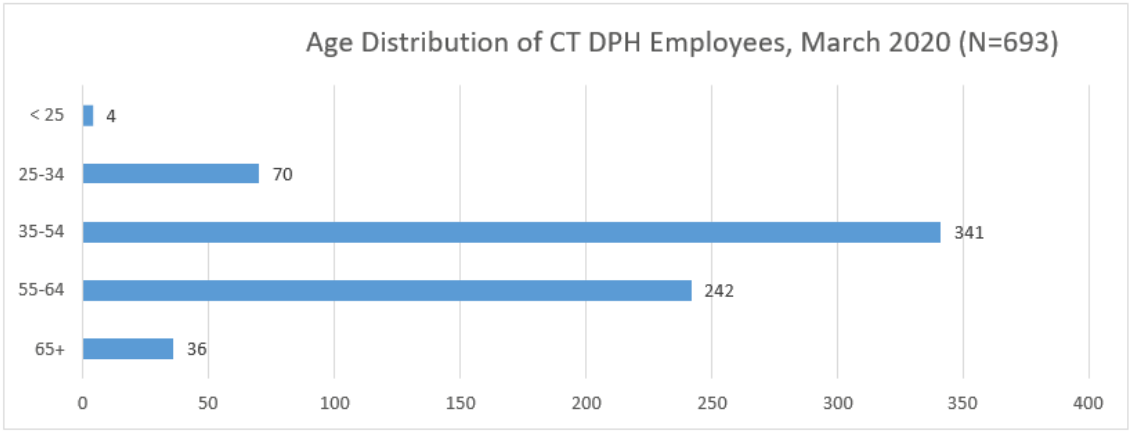
[8] https://www.darientimes.com/news/coronavirus/article/It-s-child-abuse-Darien-parents-want-16267433.php

intent to leave, including most frequently work overload/burnout (46%), lack of support (39%), lack of recognition (44%), and stress (36%). Additional results from the 2021 PH WINS survey for Connecticut can be found in Appendix A.



Beyond mental health impacts, an additional risk to the internal structure and function of the public health workforce at CT DPH and throughout our partner agencies is the relatively advanced age of the workforce. Data compiled by CT DPH in 2020 indicated that nearly half of all CT DPH employees were 35 years of age or older and over 35% of all CT DPH employees were within 5-10 years of full retirement age (65 years). Exacerbating the impact of age on workforce stability, many state employees in Connecticut at or near retirement age retired in the first half of 2022 due to pension changes that took effect on July 1, 2022.

With this recent retirement wave, CT DPH has lost experienced scientific staff as well as many of the non-scientific staff with significant institutional memory. However, CT DPH and our partner agencies have been planning for this critical period for several years through continuity of operations and succession planning activities that were included in the agency's prior Workforce Development Plan. As such, the agency has been able to mitigate much of the impact of these retirements and continue to



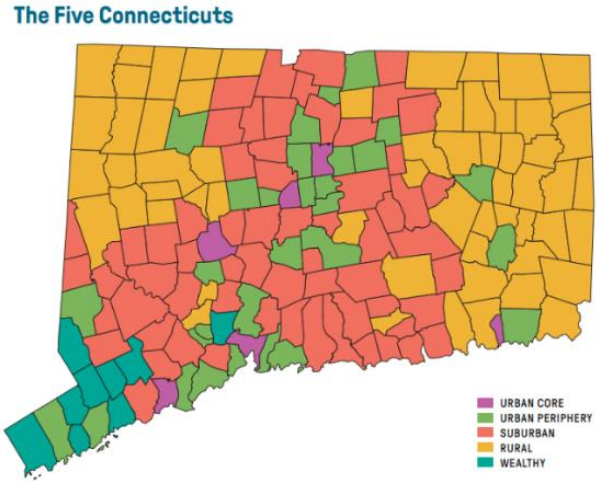
deliver each of the 10 Essential Public Health Services identified as critical to the protection and promotion of public health by the Centers for Disease Control and Prevention (CDC).[9]

Focused Development of the Public Health Workforce to Address Health Disparities

Every person benefits from public health services and interventions. However, historically marginalized individuals and communities require explicit focus and strategies that address the historical health inequities and the social determinants of health that increase their risk of adverse health outcomes. Connecticut is no different than any other state in our nation; we have populations and communities that face much greater risk of adverse health outcomes, especially in the face of emerging public health threats such as future pandemics and extreme heat and other effects of climate change.

A 2004 report from the University of Connecticut Center for Population Research was the first to introduce the concept of 'The Five Connecticuts".[10] This study proposed that individual towns in Connecticut should be categorized into one of five different groups that are distinct and historically enduring, including:

- *Wealthy* Connecticut with exceptionally high income, low poverty, and moderate population density,
- *Suburban* Connecticut with above average income, low poverty, and moderate population density,
- *Rural* Connecticut with average income, below average poverty, and the lowest population density,
- The *Urban Periphery* of Connecticut with below average income, average poverty, and high population density, and
- The *Urban Core* of Connecticut has the lowest income, highest poverty, and the highest population density.



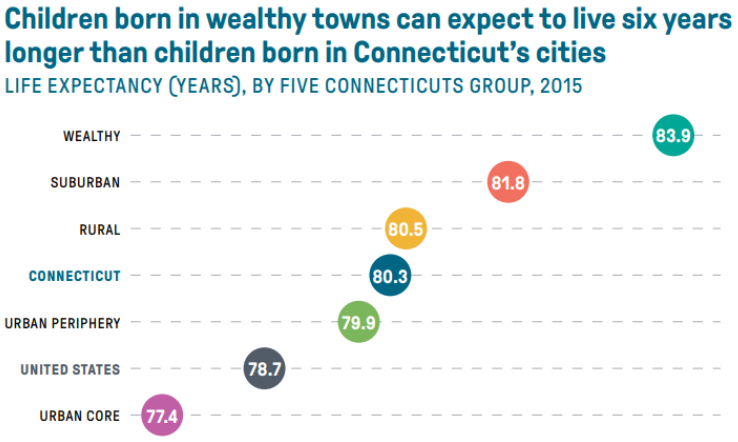
By separating and framing the socioeconomic demographics of Connecticut in this way, subsequent research and reporting have brought to light the highly localized health inequities that have been worsening across our state since the time of that first report. Without this "Five Connecticuts" framing, significant health inequities in our state can be overlooked when health and quality of life is viewed on a statewide macro scale and driven by the relatively high wealth and well-being of Connecticut's majority White and suburban population.

[9] https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

[10] Levy, Don, Orlando Rodriguez, and Wayne Villemez. 2004. The Changing Demographics of Connecticut - 1990 to 2000. Part 2: The Five Connecticuts. Storrs, Connecticut: University of Connecticut, The Connecticut State Data Center, Series, no. OP 2004-01.

A more recent report supported by the Connecticut Health Foundation and published by the non-profit DataHaven[11] updated the map of Connecticut's towns as classified in the "Five Connecticuts" framework (above). This report also provided extensive updated information on the scope of health disparities in our state, and the differential health outcomes experienced by residents of various community types, both prior to the COVID-19 pandemic and also as amplified in the early months of the pandemic in our state.

Perhaps no data in that report highlighted the disparities in health and well-being among these separate community types than the overall life expectancy for children born in these different towns. According to data from 2015, on average, a child born in one of Connecticut's *Wealthy* towns can expect to live over 6 years longer than a child born in an *Urban Core* town.



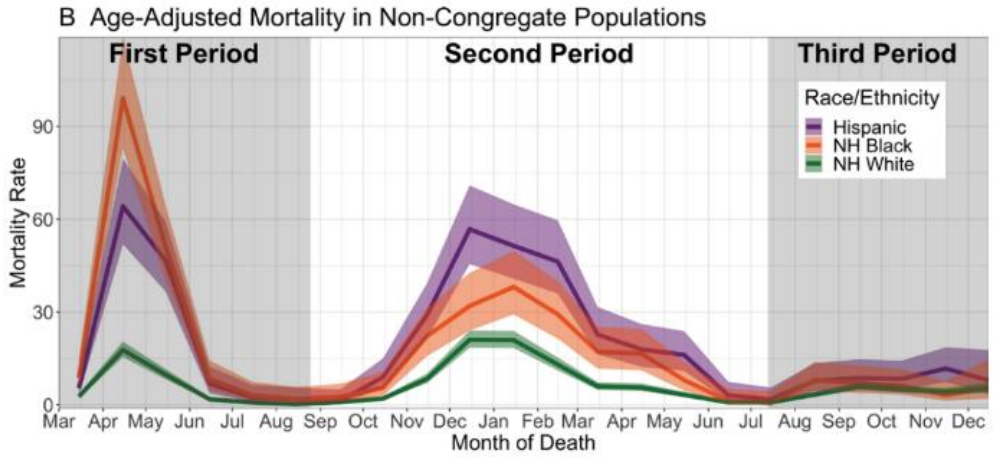
While alarming even at this data level, the authors suggest that the disparity in this particular metric, and the distinct dividing lines that separate the health and well-being of one community from another in our small state, is even more stark when you consider that the life expectancy of a child born in the *Urban Core* town of Bridgeport is a full 19 years lower than a child born only 10 miles away in the *Wealthy* town of Westport.

Certainly though, location is not the only factor for which health disparities have a differential impact. As with any other state in our nation, race and ethnicity are also significant determinants of disparate health outcomes in Connecticut. A report published by The Connecticut Health Foundation in January 2020 highlighted several key metrics of health for which outcomes are significantly differentially poor for Black and Hispanic residents of our state than the same outcomes for White residents.[12] Findings of particular note in that report include:

- Although Connecticut has the 2nd lowest infant mortality rate in the US, babies born to black mothers in Connecticut are more than four times as likely to die before their first birthday than babies born to white mothers.
- Black children and teens are nearly 5½ times more likely and Hispanic children and teens are 4½ times as likely to go to the emergency department because of asthma compared to their White peers.
- Black and Hispanic Connecticut residents are more than twice as likely as White residents to have diabetes, and subsequently, Black residents are nearly four times as likely and Hispanic residents are nearly three times as likely to have a diabetes-related lower extremity amputation compared to White residents.

[11] Davila K, Abraham M, and Seaberry C. Towards Health Equity in Connecticut: The Role of Social Inequality and the Impact of COVID-19. https://www.ctdatahaven.org/reports/towards-health-equity-connecticut

[12] Becker AL. Health Disparities in Connecticut: Causes, Effects, and What We Can Do. The Connecticut Health Foundation. January 2020. https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf



Even more recently, the vast amount of data that has been collected as a result of the COVID-19 pandemic has further highlighted the differential impacts on morbidity and mortality from COVID-19 as well as in access to healthcare and public health services in our state. Furthermore, the intentional public health delivery strategies developed and executed by CT DPH and our partners to address the differential impact of COVID-19 on our state's historically underserved populations provide insight into the widespread impact that these types of targeted activities can have toward alleviating health disparities in historically underserved communities and racial/ethnic groups. Researchers at the Yale University School of Public Health analyzed data on COVID-19 deaths in Connecticut residents between March 2020 and December 2021 and found a significant differential racial and ethnic association with death from COVID-19 in the early days of the pandemic prior to September 2020 compared to what they describe as the "third period" of the pandemic beginning in mid-July 2021.[13] The authors credit Connecticut's targeted investment in public health interventions in those communities with a high Social Vulnerability Index as a significant contributor to this decline in racial/ethnic disparity in COVID-19 mortality.

Organizational Capacity to Implement the Workforce Development Plan

Services

The CT DPH is the primary state agency tasked with the development and delivery of public health infrastructure and services in our state. First established in 1878 by Connecticut Public Act 140, CT DPH is part of the executive branch of state government, and its authority for the protection of public health for the residents of Connecticut is found in Chapter 368a of the General Statutes (Sections 19a-la et seq). CT DPH employs approximately 700 full-time scientific, administrative, and support staff and is organized and managed under 11 sections, including the Commissioner's Office, Operations and Support Services, Environmental Health and Drinking Water Branch, Healthcare Quality and Safety Branch, Community, Family Health and Prevention Section, the Office of Health Equity, Public Health Preparedness, Office of Local Health, Health Statistics and Surveillance Section, Public Health Laboratory, and Infectious Diseases including TB, HIV, and STDs. The agency is currently led by Commissioner Manisha Juthani, MD, who was appointed by the Governor with the advice and consent of the Connecticut General Assembly. CT DPH is accountable to the state legislative Joint Standing

[13] Schultes O, Lind ML, Brockmeyer J, et al. Closing the health inequity gap during the pandemic: COVID-19 mortality among racial and ethnic groups in Connecticut, March 2020 to December 2021. J Epidemiol Community Health 2022;76:695–696. https://jech.bmj.com/content/jech/76/7/695.full.pdf

Committee on Public Health, and the Legislature approves a budget for DPH biannually as part of the legislative process, in consultation with the Governor. CT DPH's current annual budget is approximately $1.2 billion, for which state funds account for approximately 12%, private funds 2%, bond funds 8%, and federal funds for approximately 78% of the agency's total funding.

CT DPH is the primary state agency tasked with assuring the continuous availability and delivery of public health services in all of the state's 169 towns and to all of its approximately 3.6 million residents. CT DPH delivers public health services in cooperation with both full and part-time local health departments and districts. As the primary state agency in charge of public health, CT DPH oversees an array of public health practice activities in a decentralized system of governmental public health services, which currently includes 61 local health agencies serving the state's entire population, 53 of which employ a full-time Director of Health. Over 96% of the state's population is served by a full-time local health department or district. Local health districts are governed by an appointed Board and local health departments covering a single town are under the jurisdiction of the municipality. In addition to town and district health departments, Connecticut is the home of two sovereign nations: the Mashantucket Pequot Tribal Nation and the Mohegan Tribe of Connecticut, both of which are located in Southeastern Connecticut. These nations have independent governments, and each has an established health department to provide public health and health services to their members with direct support from the federal government and other sources. The Connecticut Public Health Code provides a framework for local health jurisdictions that aligns with the Ten Essential Public Health Services developed by CDC.

Hiring

As a stand-alone agency in the Executive Branch of state government, CT DPH maintains authority through its Commissioner for hiring decisions within the agency but operates its hiring processes through the state's central Human Resources division at the Connecticut Department of Administrative Services. Although Human Resources functions have been centralized for all state agencies for several years, CT DPH on-site Operations and Support Services staff work in collaboration with specific program managerial and supervisory staff within the agency to assist with the recruitment, hiring, and onboarding of CT DPH staff. Activities supporting these processes include determining budgets for available positions, developing recruitment and vacancy announcement language, posting current vacancies through the Executive Branch's central system, collecting and vetting applications, interviewing, making candidate determinations for hiring, providing offer sheets to selected candidates, and processing all aspects of onboarding into the agency.

Accreditation

The Connecticut Department of Public Health was officially accredited on March 14, 2017, an indicator that the agency meets or exceeds rigorous public health standards as determined by the Public Health Accreditation Board (PHAB). Connecticut is also home to three separate local health agencies that have received PHAB accreditation: the Naugatuck Valley Health District (Seymour), the Norwalk Health Department (Norwalk), and the Stratford Health Department (Stratford). CT DPH is currently in Phase 2 of its Public Health Accreditation Sustainability and Reaccreditation Plan to maintain accreditation in 2023.

The mission of CT DPH's agency-wide reaccreditation is not only to achieve accredited status but also to harness the benefits of engaging in the process itself. Undertaking the reaccreditation process highlights and promotes areas for improvement. CT DPH is committed to working diligently for the

residents of our state, and the reaccreditation process is an opportunity to reflect on and enhance the significant work accomplished to-date. The PHAB Reaccreditation 2022-2023 Team at CT DPH serves as the hub for communications about and collection of documentation that will be submitted to PHAB for reaccreditation review. In order to track the progress of all reaccreditation efforts within the agency, Facilitators have been designated to review progress being made to fulfill each PHAB Accreditation Domain's requirements. Section Champions have been named to be the point of contact in their respective Sections within the CT DPH organizational structure to provide evidence of Domain measures for the application.

Recent State Investments in Workforce Development and Support

Over the past several years, the State of Connecticut has made key investments in healthcare and public health workforce planning and development, as well as infrastructure investments in our health and social service agencies, that have positioned our state well to build and sustain an expanded pipeline of public health workers to serve the residents of our state. In November 2019, Connecticut Governor Ned Lamont launched The Governor's Workforce Council – Connecticut, to identify gaps in the labor market and build systems to help workers fill those gaps.[14] Since the onset of the COVID-19 pandemic, renewed attention has been given to the healthcare workforce in our state and significant investments in time and resources has been focused on this segment of the labor force by the Council.

Although CT DPH itself has had a workforce development program for many years, traditionally, activities pertaining to workforce development have been incorporated into larger program structures that also included programs like agency process improvement, health equity, and public health systems management. Since her nomination in July 2021, CT DPH Commissioner Dr. Manisha Juthani has made public health workforce development one of her key initiatives to push the public health practice community forward in its ability to address health disparities in communities throughout our state in order to to respond quickly and competently to the next emerging public health threat. An important part of elevating public health workforce development is creating a dedicated *Office of Public Health Workforce Development* within the Commissioner's Office. The Office is focused entirely on the development and deployment of the public health workforce in our state.

During Connecticut's 2021 Legislative Session, Public Act 21-35 was enacted as *An Act Equalizing Comprehensive Access to Mental, Behavioral and Physical Health Care in Response to The Pandemic*.[15] While the overarching goal of this Act was to equalize comprehensive access to mental, behavioral, and physical health care in response to the pandemic, the Act also established a working group that was charged with studying the development and implementation of a recruitment and retention program for health care workers in the state who are people of color (Section 5) and the Connecticut Commission on Racial Equity in Public Health (Section 2). CT DPH was tasked with leading these groups, and the agency provided a report from the working group to the Legislature's Public Health Committee on February 1, 2022.[16] Members of these working group included a cross-section of stakeholders, hospitals and other health care institutions, health professional associations, workforce experts, consumer advocates, state agency representatives, and policy leaders. The report

[14] https://portal.ct.gov/GWC

[15] https://www.cga.ct.gov/2021/act/Pa/pdf/2021PA-00035-R00SB-00001-PA.PDF

[16] CT Department of Public Health and CT Office of Policy and Management. Report of the Working Group Studying the Development and Implementation of a Recruitment and Retention Program for Health Care Workers People of Color in Connecticut. February 1, 2022.

represented a collective effort of individuals from the Commission, working group, and public and private sector stakeholders to share new methods and ideas surrounding the recruitment and retention of healthcare workers of color, and having a wide variety of stakeholder groups working together on these issues has ensured that a broad swath of expertise and experience were able to contribute to the report's recommendations. One of the components of the report that is of particular applicability to the public health workforce is "strengthening professional pathways for Community Health Workers (CHWs)" who are frontline public health workers with trusted relationships with members of the community. They have a unique understanding of the experiences, language, culture, and socioeconomic needs of the community they serve.[17] Specific recommendations contained in the report with regard to CHW professional development and investments include:

- Using a grant program to effectively integrate CHWs into the care delivery team and strengthen linkages with clinical provider organizations,
- Provide information to CHWs on the profession, certification, continuing education requirements, and courses available to help ensure CHWs are trained and appropriately certified through CT DPH,
- Provide training and capacity building for CHWs, employers, champions, and community members, and
- Identify networking and professional development opportunities.

The intent of the working group and their specific recommendations is to form the basis of legislative proposals and resource allocation to achieve these goals within our state going forward.

In the spring 2022 Connecticut legislative session, several bills were proposed and passed that directly impact and provide resources for the development of the healthcare worker pipeline and other critical workforce areas. These legislative initiatives include, among other actions, expanding higher education programs for healthcare careers,[18] state funding for cost matching to employers for selected hiring in areas of critical need and loan repayment for healthcare workers,[19,20] and workforce retention and support.[21,22] As CT DPH works to expand the public health workforce pipeline in our state, leveraging these state-supported workforce development initiatives will be an important part of a comprehensive plan.

Beyond these state-supported legislative initiatives, CT DPH has also redirected significant funds through their CDC COVID-19 Crisis Response Cooperative Agreement to several public health academic partners in our state toward statewide public health workforce initiatives. These projects include the development of a Public Health Training Academy in partnership with the Yale University School of Public Health, workforce training and pipeline-to-practice initiatives with partners at the UConn School of Applied Public Health Sciences, and a Community Health Leaders program with the School of Public Health at Southern CT State University. These investments will set the stage to enhance and modernize the training and support infrastructure for the post-pandemic Connecticut public health workforce. Funds allocated through this grant to those partners will help to sustain or supplement

[17] Community Health Workers Association of Connecticut and Connecticut Public Health Association definition.
[18] https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2022&bill_num=251
[19] https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Public+Act&which_year=2022& bill_num=81
[20] https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05130&which_year =2022
[21] https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&bill_num=HB05356&which_year =2022
[22] https://www.cga.ct.gov/asp/cgabillstatus/cgabillstatus.asp?selBillType=Bill&which_year=2022&bill_num=449

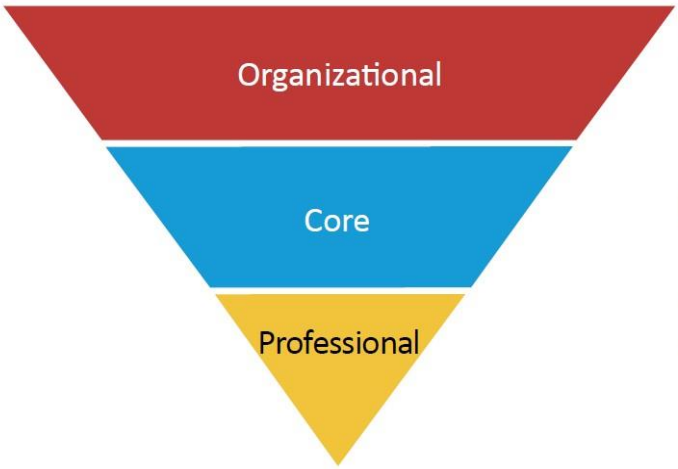
those initial investments to ensure that the work invested in these initiatives is not lost with the eventual expiration of Crisis Cooperative Agreement funding from CDC.

Competencies, Gap Analyses, and Needs Assessments

Core Competency Identification (2019)

In 2019, DPH Senior Leadership and the Public Health Strategic Team (PHST) adopted the organizational competencies detailed below to guide Workforce Development Planning (WDP). This way of thinking about agency competencies is based upon the recommended Columbus Public Health model that is included in the Workforce Development Plan Toolkit developed by the Association of State and Territorial Health Officials (ASTHO). In this model, the agency adopts a set of 5 to 10 broad organizational competencies that apply to all members of the agency's workforce. A goal of WDP is that all staff gain proficiency in organizational competencies that apply to their work.

Sample Three-Level Competency Framework



Organizational
Five to 10 broad competencies applicable to all agency employees, regardless of position, that are considered "minimum expectations." Should align with the mission, vision, and or values of the agency (e.g., customer service, quality, health equity, teamwork, and communication).
Core
Core competencies that apply to all public health professional staff (e.g., Council on Linkages Core Competencies for the Public Health Workforce).
Professional
Competencies associated with professional positions and position-specific descriptions that apply to licensures and certifications required for the position (e.g., public supervisor/manager, health education, and public health nursing).

The developed set of DPH Organizational Competencies include:

1. Quality and Performance Management
   - Teamwork
   - Taking Initiative/Empowerment
   - Innovation/Creativity
2. Communication
   - Customer Service/Being Responsive
   - Professional Conduct/Professional Image
3. Core Practices and Risk Management
   - Organizational/reporting structure
   - Laws that apply to your job/legislative process

- Basic fiscal procedures
- Hiring (as applicable)
- Understanding Information Technology and its use in public health

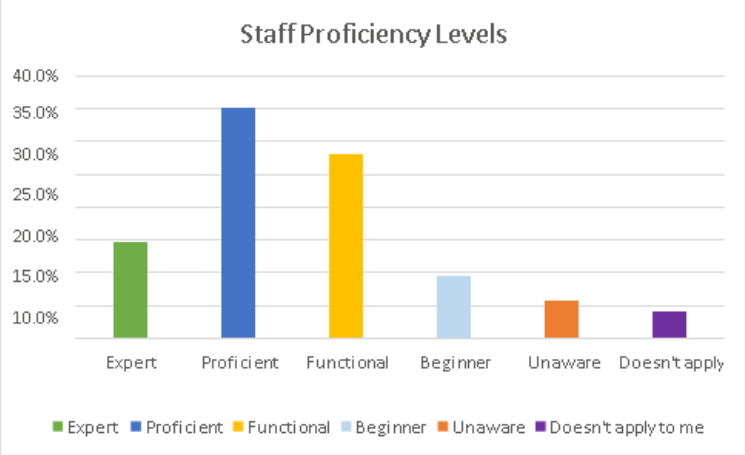
4. Health Equity
   - Working with Communities
5. Professional Development/Capability
6. Worker Health and Safety

Proficiency Gap Analysis (2020)

In order to assess the level of compliance with these competencies, DPH administered a Gap Analysis Survey to staff in spring 2020. The results provide baseline data for our efforts to increase staff competencies in the six areas listed above.

The 2020 DPH Gap Analysis Survey assessed staff's self-reported level of ability relative to the competencies determined by DPH. Questions paralleling adopted agency competencies were asked. Staff were asked to respond by rating themselves as Expert, Proficient, Functional, Beginner, Unaware, or Doesn't apply to me. A full copy of the results of the survey is available on the DPH Workforce Development Recourses Page.

The graph shown here represents the overall compiled proficiency ratings for staff responding to the survey over all 35 of the survey questions. The results show that most people, on average, see themselves as proficient or functional on most competencies. This survey will serve as a baseline to measure progress on increasing staff organizational competencies. Additional findings from this assessment can be found in Appendix B.



Public Health Workforce Interests and Needs Survey (PHWINS) Core Skills Assessment (2021)

The Public Health Workforce Interests and Needs Survey (PH WINS) was developed by the de Beaumont Foundation and the Association of State and Territorial Health Officials (ASTHO) to understand the interests and needs of the state and local governmental public health workforce in the United States. The survey was fielded in 2014, 2017, and 2021 and CT has participated in all three surveys.

According to de Beaumont's 2021 Summary Report: State Department of Public Health Connecticut, PH WINS 2021 was distributed via web survey to 684 staff at DPH and 285 (41.7%) responded. The PH WINS 2021 instrument explored five domains: workplace environment, COVID-19 response, training needs, addressing public health issues, and demographics. The analysis below only covers the training

needs results section of the survey instruction. See Appendix A for a more complete review of survey findings from our state.

PH WINS respondents were asked to rate 25-26 skill items tailored to both supervisory and non-supervisory workforce. Questions were focused on what respondents considered to be of daily work importance, as well as on rating their own proficiency with the skill item. The set of skills were collapsed into 10 strategic skill areas (categories) for analysis. de Beaumont defines a training need as a skill item respondents reported to have high importance for day-to-day work but rated their proficiency level with the skill item as low.

The de Beaumont 2021 Summary Report for Connecticut provides aggregate data on the top training needs identified by the CT DPH supervisory and non-supervisory workforce within the 10 PH WINS strategic skill areas. The top 5 areas of need for all employees, as indicated by survey responses, were:

1. Budget and financial management (56%)
2. Systems and strategic thinking (45%)
3. Community engagement (40%)
4. Justice, equity, diversity and inclusion (39%)
5. Change management (38%)

Training Rapid Needs Assessment and Key Informant Interviews (2022)

CT DPH contracted with the Yale School of Public Health's Office of Public Health Practice to conduct a rapid needs assessment to identify priority training needs and content area gaps among CT DPH staff. The assessment utilized existing CT DPH reports, surveys, and course materials, as well as key informant interviews of CT DPH staff members identified by the Commissioner's Office. Interviewees were asked about their past and present experience with training at CT DPH in order to gain a better sense of new employee onboarding experience, identified mandatory training, role specific and professional development training. Additionally, the interview focused on how and where trainings were identified and how/if completed trainings were tracked.

A more complete review of significant key findings and themes from the rapid needs assessment can be found in Appendix C, but some of the important common needs identified from these interviews included:

- more substantial and job-specific onboarding programs for new employees at CT DPH
- more role-specific training and continuing education offerings
- better tracking systems for training and continuing education

Likewise, commonly identified gaps included:

- lack of awareness of any type of career path training, which would be helpful in facilitating staff retention
- lack of centralized training on department processes; universally noted was lack of centralized training on the contracting process for the department
- perceived lack of consistency on who, how, and when employees receive/are offered training

- an appropriate balance of training time vs. workload; the need for dedicated training time
- training on working in a union environment – what it means for staff and for supervisors

Finally, key informants were asked to share their ideas on what types of trainings/content they would like to see in both a core training program for all staff and/or professional development training tracks for CT DPH employees. These topics were separated into suggested core training and professional development topics, and common themes included:

- Cultural Awareness/ Health Equity (consistent definitions used across the Department)
- Conflict Resolution/Emotional Intelligence/Trauma-Informed Leadership
- Budgeting and Finance
- Communication and Community Engagement
- First Time Supervisor Training/Team Leadership/Managing a Team/Delegation
- Coaching/Mentoring and Employee Development/Career Development
- Individual Performance Management/Performance Reviews
- Data-Driven Decision Making/Systems Thinking/Operational Thinking

Public Health 'Hope, Equity, Resilience and Opportunity' (PH-HERO) Workshop (2022)

The Association of State and Territorial Health Officials (ASTHO) developed the Public Health 'Hope, Equity, Resilience, and Opportunity' (PH-HERO) pilot program to support public health agencies to address workforce burnout, moral injury, and mental wellbeing by supporting those agencies in creating a culture of wellbeing and resilience using a trauma informed approach and equity framework. CT DPH is one of five states (in addition to ID, NM, SC, and WA) selected to participate in this pilot program, and CT DPH leadership has committed to investing staff time and resources to do the work to disseminate the program within our agency.

A small group of CT DPH leadership staff traveled to ASTHO's Headquarters in 2022 to participate with the other pilot states in an initial conference and training through Lodestar's *Trauma-Responsive Leadership Program*, which has been designed specifically for public health leaders. Following that conference, ASTHO staff and their training partners were on-site at CT DPH to facilitate two half-day workshop sessions with 25 of the agency's staff, with the stated goals of:

- thinking about the issue of mental and emotional health for the public health workforce in CT,
- identifying potential actions to build resiliency/address burnout for individuals, supervisors, teams and through agency policy and structure, and
- setting priorities and goals for the pilot program period and beyond.

Following the workshop, ASTHO provided our agency with a summary of findings from the workshop, and a proposal of services and resources that they can provide to support implementation through July 2023, including assessment and planning support, trainings, staffing supports, coaching, pilot site community calls to share ideas and resources, and other support activities. A complete set of notes

and summary proposal can be found in Appendix D. Priority Actions that emerged from the CT DPH workshop include:

Priority Action 1: Provide ongoing leadership development at all levels.

- Provide leadership training for everyone.
- Create a resource bank with trainings, "how to" documents, who to contact for specific items.

Priority Action 2: Create regular opportunities for community.

- Encourage non-work gatherings, e.g., potlucks, lunches, social events, book clubs, knitting circles, peer groups.

Priority Action 3: Elevate care in our work culture.

- Implement a department-wide meeting policy (e.g., 25/50 min meetings vs. 30/60)
- Attitude and moral shift to include: set strong boundaries; saying "no"; culture that supports collaboration and individual autonomy; being a team player; "Mindfulness Mondays"; Leadership/Commissioner sets the stage.

Priority Action 4: Create a foundation for success.

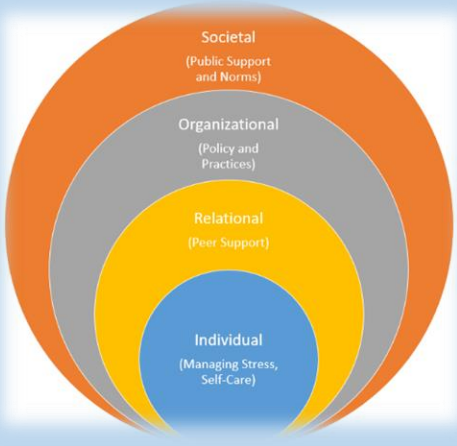
- Substantive onboarding experience.
- Create a Roles and Responsibilities List to ensure that staff have a clear understanding of minimal responsibilities. Maximum is limitless.

Priority Action 5: Support staff as individuals.

- Practical tools for meaningful recognition and reward.

Building Workplace Wellbeing

"Individual-directed efforts are more effective if combined with organization-level approaches to address and mitigate underlying stressors."



GOALS AND KEY ACTIVITIES OF THE FIVE-YEAR PLAN TO ADDRESS GAPS, NEEDS, AND COMPETENCIES

Summary Table of Activities and Related Competencies, Gaps, and Needs

Key Activities and Sub-Activities	Outcomes to address Needs/Gaps/Competencies
1. Recruit and hire new public health staff.	
a. General recruitment campaigns	Increase pipeline of future public health workers; Reduce vacancy percentages at state and local health agencies
b. Equity-targeted recruitment campaigns	Increase the diversity of the public health workforce; Increase the number of individuals from high SVI communities seeking public health training and degree programs
c. Improving processes for experiential learning	Increase the number of available internship sites available to public health students; Standardize expectations for preceptors and students; Increase equity in the student/host site matching process
d. Improving pay structures for credentialed staff to compete with the private-sector	Increase the applicant pool for postings requiring clinical or other credentials; Retain current credentialed staff
2. Support and sustain the public health workforce.	
a. Reestablishing the DPH Health and Safety Committee with more focus on wellness	Increase wellness/self-care activities available to public health staff; Increase awareness of the importance of worker physical and mental health and safety
b. Implementing the ASTHO PH-HERO framework and "Culture of CARE"	Reduce the percentage of CT DPH and local health department staff reporting persistent stress or trauma related to their work; Elevate a culture of care in the public health workplace
c. Assessing/improving staff job satisfaction	Increase the frequency/continuity of job satisfaction/wellness assessments for rapid identification of problem areas; Identify actions to build resiliency/ address burnout for individuals, supervisors, and teams
d. Enhancing foundational agency supports for grants and contracts management, fiscal services, recruitment and hiring, and other operational support services.	Decrease the percentage of CT DPH employees identifying budget and financial management, and systems and strategic thinking as areas of need for training and support; Reduce the overall time spent by scientific and program staff on operational support functions that are outside their area of expertise
3. Improve and expand access to academic and continuing training programs in public health.	
a. Coordinating public health continuing education and training through the CT Public Health Training Academy	Increase the availability and ease of tracking of training offerings; Increase the quality of training offerings; Increase the number and awareness of career path continuing education and training plans
b. Maintaining standards for academic degree programs in public health offered through Institutions of Higher Education	Improve the quality and consistency of academic programs in public health in CT; Increase the number of degree programs with significant equity and mental health content; Increase academic program accreditation

c. Developing new Associate's in Public Health degree and certificate programs with the CT Community College system	Increase the availability of academic training in public health in CT; Increase the diversity of the public health workforce; Increase the size of the entry level workforce pipeline; Increase the community-focused workforce
d. Improving equity and organizational competencies addressing leadership, governance, and strategic planning	Increase the diversity of the public health workforce and leadership; Increase the availability of leadership/ management training; Increase workforce proficiency related to core competencies
4. Strengthen evaluation and stakeholder feedback processes to ensure that the agency is meeting its workforce development programmatic and equity goals.	
a. Developing/implementing an Evaluation and Performance Measurement Plan	Increase the number and quality of performance indicators; Increase the frequency and utility of evaluations across all activities and partner sites
b. Utilizing the *CT Partnership for Public Health Workforce Development* as an advisory group	Improve/streamline processes for collecting and applying stakeholder feedback related to workforce development; Increase the opportunities for various stakeholder groups to share workforce development ideas
c. Convene regular individual stakeholder group meetings with CT DPH leadership	Increase the availability of CT DPH leadership to hear and respond to stakeholder input related to workforce development; Increase outreach to individual partner organizations and partner groups

Overarching Goals for the Five-Year Plan

The overarching public health workforce development goal of the Department over the next five years is to ensure that the residents of Connecticut who are in need of either routine or emergency public health services are met where they are with timely, high-quality, and equitable response by public health professionals. We propose to do this through statewide process improvement, modernizing data and service delivery systems, and strengthening external partnerships to:

- build and sustain a public health workforce that is sufficiently sized to perform the work of public health in our state,
- strengthen supporting infrastructure and processes to ensure that the public health workforce is well-trained and prepared to respond to new public health threats as they emerge, and
- develop new processes and pathways into the public health workforce, with a focus on diversity and equity, to ensure that high quality and culturally appropriate services can be consistently delivered to those individuals and communities most in need.

The overarching long-term outcome goal the Department hopes to achieve through this work is a more equitable distribution of high-quality public health services, good overall health outcomes, and high measures of wellbeing throughout all communities in Connecticut in order to significantly reduce health disparities and ensure a high level of resilience in the face of emerging public health challenges.

Building a right-sized, well-trained, more diverse, and equity-focused public health workforce to meet the challenges of a post-pandemic world.

Key Activity 1: ***Recruit and hire new public health staff.***

Finding new and innovative ways to attract young people and mid-career professionals to public health careers is perhaps the most important step toward building a public health workforce that is sufficiently sized to perform the work of public health in our state and appropriately diverse to deliver public health services to individuals in need across all communities.

a. General recruitment campaigns.

The process of building the next generation of the public health workforce starts with bringing awareness to young people interested in the health field of public health work as a rewarding career path. In addition, diversity strengthens any workforce and so targeted recruitment of young people from historically underserved communities into the public health field is critical to building the most effective workforce we can in Connecticut.

During Year 1, we plan to work in coordination with external academic partners, sister state agencies, and a marketing consultant to develop a general awareness and recruiting campaign that will help encourage future high school graduates, current college students pursuing degree programs in public health adjacent fields (e.g., engineering, nursing, social work), job seekers, and mid-career professionals to pursue training and work in the public health field. Initial deployment of the recruiting campaign will be targeted to begin during Year 1, with evaluation, revision, and continuation planned for the remainder of the plan period.

Year 1 Target Achievement:

Begin deployment of public health careers recruiting campaign strategies in Connecticut high schools with graduating seniors.

b. Equity-targeted recruitment campaigns.

In addition to general awareness of available public health careers for those individuals seeking career paths, as part of a broader recruitment strategy, the Department will work with our partners at the Connecticut State Department of Education (CSDE), while also leveraging existing resources through the Governor's Office of Workforce Strategy (OWS), to begin mobilizing targeted recruitment activities for future high school graduates in all of Connecticut's 36 Alliance School Districts.[23]

Alliance Districts are school districts with among the lowest Accountability Index measures[24] in the state and Connecticut State Law establishes a process for identifying Alliance Districts and allocating increased Education Cost Sharing (ECS) funding to support district strategies to dramatically increase student outcomes and close achievement gaps by pursuing bold and innovative reforms. Alliance Districts serve over 200,000 students and over 410 schools in our state and CSDE's goal with this program is to transform the educational experiences and outcomes of thousands of traditionally underserved students and families across the state.

CT DPH will assist CSDE with its mission in these school districts and add the prospect of career training and employment in the public health field to the transformative work in these districts. Similar to the

[23] https://portal.ct.gov/SDE/Alliance-Districts/Alliance-and-Opportunity-Districts
[24] https://portal.ct.gov/SDE/Services/K-12-Education/Accountability-Assessment-Data

general awareness and recruiting activities, these more targeted activities will be planned for deployment during Year 1 and evaluation, revision, and continuation in subsequent years of the plan period.

c. Process improvements with experiential learning.

While attracting new and eager individuals toward pursuing training and employment in public health is a crucial first step in the process of recruiting and hiring new public health staff, a natural corollary is finding a willing partner or mentoring agency with whom interested individuals will have the opportunity to explore the scope of public health practice more fully and gain valuable hands-on experience to better prepare them to begin public health work. Traditionally in our state, however, there has not been a well-coordinated process for developing experiential learning opportunities in public health and subsequently successfully placing students in these available slots.

> ***Year 1 Target Achievement:***
>
> *Work with IHEs, local health departments, and non-profits to develop an accurate accounting of current experiential learning offerings and programs for public health students.*

During Year 1 of this plan period, CT DPH will work with our academic and local health partners to perform a comprehensive review of current paid and unpaid public health experiential learning opportunities in Connecticut (e.g., internships, fellowships, apprenticeships), including at CT DPH and other state agencies, local health departments and districts, and non-profit public health agencies. Using the information gathered from that review, CT DPH and our partners will work in subsequent years to develop an integrated plan for the expansion and central coordination of opportunities for experiential learning in the public health field. An integrated plan includes, but is not limited to, programmatic guidelines for developing attractive and rewarding opportunities, best practices for ensuring that opportunities provide a standardized experience with the core components of public health experiential learning across the state, and resources available to state, local, and non-profit agencies seeking to offer public health experiential learning at their sites.

d. Improving pay structures for clinical/credentialed staff to compete with the private-sector.

In addition to recruitment of individuals new to the public health field, Connecticut's overall public health workforce strategy must include attracting individuals with high level clinical training and credentials to work not only at CT DPH, but also at sister state agencies who provide public health and social services. Compared to other states' public health workers across the country, the CT DPH workforce reports being generally content with their level of compensation and that compensation tends to be fairly competitive with work in the private-sector in most professional areas when the entire package of pay and benefits is considered.[25] However, as the healthcare system overall continues to experience very high turnover in their workforce due to extreme burnout from pandemic response, hospitals, care facilities, and other private-sector healthcare settings are compelled to increase compensation packages to attract the clinical staff they need to continue operations. As a

[25] Connecticut Department of Public Health, 2017 PH WINS summary data, Unpublished.

result, high demand for clinically-trained, private sector workers has caused an increasing disparity between the pay and benefits packages that state agencies can offer versus those being offered by private-sector employers.

Year 1 Target Achievement:

Complete a comprehensive review of pay scales for licensed clinical staff (e.g., MD, PA, APRN, RN) and a similar broad review of typical compensation packages for the private-sector workforce for similarly credentialed individuals.

In order to address the need to attract more highly-trained and credentialed clinical staff at CT DPH and other state agencies in Connecticut, this plan includes performing a comprehensive review of pay scales for licensed clinical professional staff (e.g., MD, PA, APRN, RN) and to complete a similar broad review of typical compensation packages for the private-sector workforce for similarly credentialed individuals. The work of these reviews will begin during Year 1 and, upon completion of those reviews, CT DPH will work in subsequent years with our sister agencies including the Department of Administrative Services, which houses the state's central human resources division, the Office of Policy and Management, which is tasked with oversight of compensation policies, and the state legislature to propose any necessary and appropriate revisions to the compensation packages for public-sector licensed professional staff to bring them closer to, and competitive with, compensation packages being offered by private-sector employers.

Key Activity 2: ***Support and sustain the public health workforce.***

Building a sufficiently sized pipeline of new public health workers is a critical component of an overall workforce development strategy, but as important, if not more is retaining the workforce currently in place to preserve the institutional knowledge that will accelerate learning for new staff.

Whether through direct work on the COVID-19 pandemic response or bearing a higher residual workload to maintain routine public health services in the absence of usual staff, the public health workforce in Connecticut as in the rest of the country has experienced extreme stress and high levels of burnout over the past two years.[26] This high stress level for existing staff at CT DPH is exacerbated by a recent retirement wave that saw many highly trained and experienced career public health staff leave the agency, with those staff remaining needing to fill the void.

This problem is not unique to one agency, however, as other state agencies, local health departments, and non-profit public health service providers have also experienced loss of experienced staff, whether due to the mental and physical impacts of the pandemic, undesirable work-life balance, or retirement.

a. Rebuild the CT DPH Health and Safety Committee to focus more broadly on wellness.

Connecticut State Law (CGS 31-40v)[27] requires most employers to have an active joint labor-management health and safety committee. CT DPH has continuously had such a committee in place; however, the activities of this committee were generally limited to those prescribed in statute, which focus mainly on physical injury prevention, accident reporting, safety inspections, and the physical security of the facility. As part of this workforce development plan, the CT DPH Health and Safety Committee will be retasked to incorporate more broad dimensions of workplace wellness, including mental health supports, into their directive. Significant work supporting this expansion into workplace wellness has already begun thanks to a partnership with the Association of State and Territorial Health Officials (ASTHO).

Year 1 Target Achievement:

Develop an initial plan for the structuring of a Workforce Health, Safety, and Wellness program that brings workplace wellness and worker health and safety under one structure.

During Year 1 of this plan, CT DPH will work closely with the Department of Administrative Services (DAS) Central Human Resources staff to perform a comprehensive review of current offerings for workplace wellness programming across all state agencies. A similar assessment of workplace wellness content specific to public health workers available in other states will be completed. Also beginning in Year 1, the agency will work with external partners to develop new, or source existing health and wellness program offerings designed specifically with the post-pandemic public health workforce in mind. In addition, agency-specific and statewide workplace policies will be reviewed through the lens of wellness and work-life balance and plans for revising and implementing improved or new policies will be developed and executed, as needed.

[26] https://debeaumont.org/wp-content/uploads/dlm_uploads/2022/03/Stress-and-Burnout-Brief_final.pdf

[27] Connecticut General Statutes, Chapter 557 § 31-40v. https://www.cga.ct.gov/current/pub/chap_557.htm# sec_31-40v

b. Implement the ASTHO Public Health Hope, Equity, Resilience, and Opportunity (PH-HERO) framework at state and local public health.

In September 2022, CT DPH agreed to be one of five state health departments (in addition to ID, NM, SC, and WA) to participate in the Association of State and Territorial Health Official's (ASTHO) new *Public Health 'Hope, Equity, Resilience, and Opportunity'* (PH-HERO) pilot program. The program is designed to support public health agencies to address workforce burnout, moral injury, and mental wellbeing by supporting those agencies in creating a culture of wellbeing and resilience using a trauma informed approach and equity framework.

ASTHO staff and their training partners facilitated an on-site workshop spanning 2 half-day sessions with 25 of our agency's staff to prepare them as 'champions' for this program within the agency, to think about the issues of mental and emotional health for the public health workforce in CT, to identify potential actions to build resiliency/address burnout for individuals, supervisors, teams and through agency policy and structure, and to set priorities and goals for the pilot program period and beyond. During that workshop, 5 key areas were identified as the most important for action in the short-term and/or within the timeframe of this plan. Those key areas included:

Year 1 Target Achievement:

Complete a review of current employee health and wellness offerings at CT DPH, other state agencies, and other public health departments across the country and determine their applicability to the PH-HERO model and "Culture of CARE".

- Creating regular opportunities for community *(in-person connections)*
- Providing ongoing leadership development at all levels *(training/mentorship, resource bank)*
- Supporting staff as individuals *(check-ins, practical tools, recognition/reward mechanisms)*
- Elevating "care" in our work culture *(supportive meeting policies, setting boundaries)*
- Creating foundations for success *(substantive onboarding)*

Given the high turnover and stress on the public health workforce in our state, it is imperative to begin immediately supporting and sustaining the workforce that remains, and to build a structure to do the same for new staff as they join the public health workforce in the future. On February 22, 2023, in coordination with an ASTHO-sponsored event focused on trauma-informed leadership, the CT DPH Office of Public Health Workforce Development launched the agency's *Culture of CARE* initiative. This initiative is intended to develop and implement principles of a supportive and thoroughly inclusive workplace culture at CT DPH, to encourage worker health and wellness, and to elevate work-life balance as a core component of our agency's operational values. In the context of this initiate, "CARE" refers to a set of expectations and core values for how we interact with our colleagues and those we serve as representatives of CT DPH. They include *Communication* that is open, clear, responsive, frequent and appropriate; *Assistance* by doing all we can to get others what they need; *Respect* by recognizing value in ourselves and others, and honoring boundaries; *Empathy* by approaching interactions with compassion and understanding.

As part of this five-year plan, the Department's reimagined Workplace Health and Wellness Committee, with guidance and support from the Office of Public Health Workforce Development, will

continue this important work under the PH-HERO framework while also maintaining its statutory mandate addressing physical worker and site safety.

c. Assess and improve staff job satisfaction.

In addition to improving mental and physical health, worker satisfaction with their specific jobs, their organization, and their compensation are measures that can indicate success with other efforts to support and sustain the public health workforce. During the five-year plan period, CT DPH will develop or source a comprehensive plan, an ongoing mechanism, and a standardized tool for surveys of health, wellness, job satisfaction, and other measures of well-being for the public health workforce. As part of an overall work plan for workforce development, standardized wellness and job satisfaction surveys will be conducted on a routine cadence at both state and local public health agencies.

By recognizing and rewarding employees, organizations can foster a sense of job satisfaction and trust that will benefit both the employee and the agency. During the first year of this five-year plan, the CT DPH Office of Public Health Workforce Development will partner with senior management and the Commissioner's Office to develop and implement new mechanisms for employee recognition and/or to reimplement selected mechanisms that have been put on hold during the COVID-19 pandemic. Examples of employee recognition initiatives include:

- Years of Service Events – employees reaching progressive 5-year milestones in state service are invited to an event where they are congratulated by the Commissioner and Deputy Commissioners, and awarded a pin that indicates their current milestone.
- *Inside DPH* Newsletter – new employees are welcomed each month by name, job title, and program area in the agency's monthly newsletter. The newsletter also includes feature pieces that highlight individual and program level accomplishments and awards.
- *CAREing Colleague* Recognition – providing an opportunity for CT DPH staff to recognize their colleagues for specific interactions that embody the core principles of CT DPH's *Culture of CARE*.

Year 1 Target Achievement:

Develop and implement new mechanisms for employee recognition and/or reimplement selected mechanisms for recognition that have been put on hold during the COVID-19 pandemic.

As the work of the CT DPH Office of Public Health Workforce Development continues to grow and evolve over the course of this 5-year plan, input will be sought from CT DPH staff regarding employee recognition to ensure that any programs that are developed and implemented are well-received.

d. Enhance foundational agency supports for grants and contracts management, fiscal services, recruitment and hiring, and other operational support services.

The number one area of training need identified by CT DPH staff as part of the de Beaumont 2021 PH-WINS Summary Report for Connecticut was budget and financial management, with 56% of staff indicating this as a need. This finding is not unique to the 2021 PH-WINS survey however, as "financial analysis" (42%) and "sustainable funding models" (45%) were also the most highly ranked needs for non-management and management staff in the 2017 PH-WINS survey and have been prominently mentioned in recent agency needs assessments and proficiency gap analyses.

In 2021, the CT DPH Commissioner's Office added an experienced senior management official (Michelle Schott) to serve as the agency's Chief Operating Officer (COO) to coordinate the entirety of the work of the agency's fiscal office, contracts and grants management, project management, information technologies, labor relations, and human resources under the umbrella of the Operational and Support Services organizational group. Since that time, the COO has made several changes to the operating principles of the program areas under Operational and Support Services including reorganizing and restructuring Units within OSS to improve operational effectiveness and efficiencies in service delivery to key stakeholders. This helps to ensure that the organization is able to provide the highest level of service to its customers and stakeholders. Additional planned organizational improvements under OSS include such things as:

- Developing a Grants Unit to act as a liaison between program staff and stakeholders to ensure that grant provisions are met and aligned with the agency's strategic vision.
- Re-establishing a Management Assurance Unit (Internal Auditing) to provide independent, unbiased, and objective audits and reviews on the operations of the agency to protect against waste, fraud, and abuse.
- Establishing a Project Management Office to provide guidance to programs and ensuring that project plans are on schedule, within scope, and budget.

During the five-year period covered by this plan, many more similar changes are planned within Operational and Support Services and, to the extent those changes impact public health workforce development and supports, the Office of Public Health Workforce Development will continue to connect and collaborate with internal and partner agencies to serve as an agency resource partner and subject matter expert related to public health workforce and practice standards. This work will include partnering with program leads and the Office of Support Services to support internal and external stakeholders as they make improvements to recruitment pathways, agency hiring processes, and new staff onboarding at state, local, and non-profit public health agencies.



Key Activity 3: ***Improve and expand access to academic and continuing education training programs in public health.***

The ability to successfully train new and existing public health staff with a focus on equity requires investments in at least three key areas – ensuring that the current workforce has access to high quality upskilling training and continuing education content; ensuring that existing degree programs at Institutions of Higher Education (IHEs) are in line with national standards for public health education and kept up to date in light of emerging areas of public health practice; ensuring that adequate post-secondary training programs that are accessible to all individuals and communities exist outside of traditional full-time baccalaureate and post-baccalaureate programs.

a. Coordinate public health continuing education and training through the CT Public Health Training Academy.

Cross-training, upskilling, and continuing education are foundations for continuous improvement in any workforce, and the public health workforce is no exception. Yet despite the presence of continuing education offerings and training programs for public health workers widely available to the public health workforce in Connecticut, to the extent they are voluntary the number of workers taking advantage of these opportunities is small and the awareness of funding opportunities to support continuing education and training within the CT DPH workforce is low.[28] Conversely, there are several trainings for CT DPH employees that are mandated as a condition of continued employment, including such topics as workplace violence, ethics, diversity and inclusion, sexual harassment, confidentiality, and incident command systems. For these mandated trainings, uptake is at or near 100% within CT DPH.

Year 1 Target Achievement:

Perform a needs assessment with local health departments and non-profit public health agencies to identify high priority training content areas and complete a comprehensive review of existing training plans that are designed for the continuing education/ upskilling of the public health workforce.

During Year 1 of the 5-year plan, CT DPH will perform a comprehensive review of existing national and state-based standards and recommendations for continuing education of the public health workforce at various professional levels and in various areas of public health practice. In addition, CT DPH will perform a rudimentary needs assessment by reaching out to local health districts and non-profit agencies to determine what content areas for training are needed most by their workforces that they have trouble accessing. Upon completion of the initial review and needs assessment, CT DPH will work with external local health and academic partners to develop a recommended set of minimum standards for continuing education of the public health workforce in Connecticut. CT DPH will source existing comprehensive training plans designed for the continuing education and upskilling of the public health workforce and will utilize those and other materials to develop and implement a comprehensive training and continuing education strategy for the public health workforce in our state. CT DPH will then work with external partners and employee unions to develop and implement recommended policies for continuing education of public health professionals working in specific scientific and managerial job

[28] 2020 Public Health Employee Satisfaction Survey, Connecticut Department of Public Health, Unpublished.

classifications and provide similar policy recommendations for voluntary use at local and non-profit public health agencies in Connecticut.

Throughout the five-year plan timeframe, CT DPH will work with external partners at the New England Public Health Training Center (NEPHTC) through the Yale University School of Public Health (YSPH) to build the *Public Health Training Academy of Connecticut*. CT DPH will work with Training Academy partners to conduct a complete review of existing digital training content offered through the Public Health Foundation's TRAIN Learning Network. CT DPH will continue and build upon work plans and contracts developed and executed using CDC Crisis Cooperative Agreement funding with NEPHTC YSPH partners, as well as partners from the Program in Applied Public Health Sciences at the University of Connecticut, to develop and deliver supplementary and/or complementary public health continuing education and training content, where needed.

The *Public Health Training Academy of Connecticut* will serve as the main clearinghouse for mandated and continuing education training for CT DPH staff. It will be made available to partners in local health departments and non-profit public health organizations for application to the broader public health workforce in the state. In addition to developing individualized programs of study based on agency needs that can be applied to particular skill sets or job categories (e.g., epidemiologists, public health nurses, health educators, etc.), the *Training Academy* will include two standardized training pathways. The Core Training pathway will focus primarily on those initial and recurring trainings that are mandated either by statute, by the Department of Administrative Services for Executive Branch employees, or by CT DPH as an agency. Examples of these training topics include sexual harassment training, ethics trainings, workplace violence prevention, and incident command structure trainings. The Professional Development pathway will focus on leadership development training for CT DPH staff who are interested in advancing toward leadership positions in the agency or who have been promoted into higher-level supervisory positions. The overall Professional Development pathway will be further divided progressively into three training tracks that include Basic, Intermediate, and Advanced modules. Examples of Basic modules include such things as transitioning from peer to supervisor, basic employment law, interviewing and hiring best practices, and emotional intelligence. Intermediate modules include topics related to mentoring and coaching, effective communication techniques, conflict resolution, and team building. Finally, more Advanced training modules included in the Professional Development pathway include program evaluation, strategic thinking and planning, continuity of operations/succession planning, and trauma-informed leadership.

In support of these continuing education and training plans and activities, CT DPH will continue to fund the operating and licensing costs of the Connecticut component of the TRAIN Learning Network (CT TRAIN) as well as the costs of the CT DPH Public Health Digital Library. The Network of the National Library of Medicine's (NNLM) Public Health Coordination Office provides access to evidence-based public health resources including journals, e-books, and databases through the Public Health Digital Library. The Office provides training and has partnered with local, health science libraries to provide document delivery services to members. Members collaboratively fund access to the resources with additional support from the NNLM.[29]

[29] https://nnlm.gov/about/offices/nphco

b. *Maintain standards for academic degree programs in public health offered through Institutions of Higher Education throughout the state.*

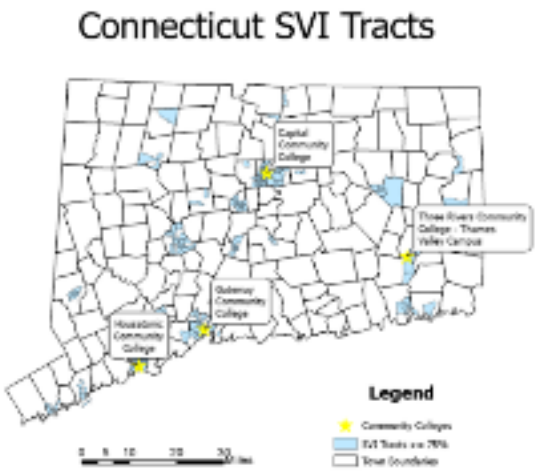
CT DPH will work with Institutions of Higher Education (IHEs) in our state offering public health degree programs to develop and maintain high quality degree and non-degree academic programs for public health, including experiential learning opportunities (e.g., internships, fellowships, apprenticeships) at state, local, and non-profit public health agencies. In Year 1 of the 5-year plan, CT DPH will work with academic partners through the Connecticut Conference of Independent Colleges (representing private IHEs) and the Connecticut State College and University System (representing state-run institutions except the University of Connecticut) to begin comprehensive audits of public health Bachelor's and Master's degree programs at their individual institutions to ensure that instructional content remains up-to-date, that programs align with the current standards for public health professional training (including significant content addressing health equity and mental health), that program training is appropriate for the current needs of public health agencies (including instructional content across all 10 Essential Public Health Services),[30] and that characteristics of enrolled and graduating student cohorts are appropriately diverse and equitable.

Year 1 Target Achievement:

Begin work with academic partners to perform comprehensive audits of public health Bachelor's and Master's degree program content at Connecticut IHEs.

c. *Develop new Associate's in Public Health degree and certificate programs with the CT Community College system.*

Although there are several IHEs in Connecticut that currently offer four-year, Master's, and Doctoral programs in public health, these programs are often difficult for many individuals in historically underserved communities to access due to cost, educational requirements for general entry into the institution offering the program, the need to pursue only part-time instruction, and other factors. These factors negatively impact the diversity of the population receiving high quality academic training in public health, but on a larger scale they negatively impact the ability of public health agencies in Connecticut to deliver public health services equitably and appropriately across all communities in our state.



In order to increase the accessibility of public health academic training to all interested individuals in our state, CT DPH will partner with the CT State College and University System (CSCU) to establish a new Associate's degree and Certificate programs in public health at CT Community Colleges, with the goal of developing a more robust and diverse entry-level public health workforce to deliver services at the community level.

Year 1 funding will be provided to CSCU to develop academic training content specific to the areas of Environmental Public Health and Community Public

[30] https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

Health, in order to enhance the ability of local health departments to find and hire much needed entry-level public health workers to support environmental public health management activities and community-level outreach activities. In subsequent years, CT DPH will coordinate with CSCU to implement Associate of Public Health degree academic tracks at four Community Colleges whose students generally reside in the state's highest Social Vulnerability Index (SVI) communities, including Bridgeport (Housatonic Community College), Hartford (Capitol Community College), New Haven (Gateway Community College), and New London/Norwich (Three Rivers Community College).

Year 1 Target Achievement:

Developing a plan with the CT State College and University System for the deployment and beginning of enrollment of students into Associate of Public Health and related certificate programs at CT Community Colleges.

To the extent individuals enrolled in Associate of Public Health degree programs can pursue focused full-time study during the final 30 hours of public health content-specific training, their overall preparation for entry into the workforce will be enhanced. Additionally, full-time experiential learning through internships is a critical step in providing a complete training program for these individuals. In many cases, however, individuals enrolled in Community Colleges cannot afford to give up full-time work to pursue full-time studies. The need for "wrap around" services and financial support for those pursuing post-secondary academic training is critical to student success in many communities, but especially so for those pursuing studies at Community Colleges in the US.[31] In order to make full-time academic experiences more accessible in Connecticut, CT DPH in coordination with CSCU and local health and non-profit partners will explore and support mechanisms to provide wrap-around services and financial support for 2nd year Associate of Public Health students at Connecticut Community Colleges, including such things as stipends for childcare reimbursement and other supplemental resource mechanisms to allow students to maintain full-time enrollment in these programs during their final 30 credit hours (1 year) of subject-specific work. In addition, similar funding mechanisms to expand and provide direct financial support for experiential learning opportunities (e.g., paid internships) for those enrolled in public health Associate degree programs will be developed and supported through grant funds and/or other support mechanisms.

d. Improve equity and organizational competencies addressing leadership, governance, and strategic planning.

The concept of meeting people where they are to deliver public health services requires a personal as well as professional understanding of the challenges that individuals who live in historically underserved communities face on a daily basis.

As program planning, implementation, funding decisions, and other high-level administrative and process decisions are made by executives and other leaders in public health agencies, diversification of public health leadership across state, local, and non-profit agencies to include more persons of color and individuals from historically underserved communities is a critical component of a comprehensive approach to improving health equity in Connecticut.

[31] https://www.ccdaily.com/2019/05/wraparound-services-student-success/

While offering leadership training is an important part of continuous improvement for public health agencies and other organizations at any time, there is a particular need to increase the availability of this training in Connecticut now, after a recent wave of retirements at the state and local health departments have left many leadership voids. To increase the number and diversity of individuals trained to assume leadership roles at public health agencies in our state, CT DPH will work with the Department of Administrative Services throughout the five-year plan period to review current leadership training offerings available to state agencies and to promote available trainings and programs to interested managerial and non-managerial staff at CT DPH, with a focus on equity and inclusion of individuals who will increase the diversity profile of CT DPH leadership. In addition, CT DPH staff will work with other state agencies and external public health entities, and the New England Public Health Training Center at the Yale University School of Public Health to develop a standardized plan for continuing leadership education for CT DPH management-level staff and offer the same training opportunities to public health managerial staff at the local and non-profit levels. An important component of these updated leadership training offerings will include management and supervision of a hybrid remote workforce, which includes such topics as time-management and accountability, project management, maintaining interpersonal connections and communication, and maintaining work-life balance through boundary setting with remote work.

Year 1 Target Achievement:

Develop training and continuing education packages for the public health workforce that target priority areas related to equity, diversity, and cultural competency as well as organizational priorities related to leadership, governance, and strategic planning.

Key Activity 4: ***Strengthen evaluation and stakeholder feedback processes to ensure that the agency is meeting its workforce development programmatic and equity goals.***

Evaluation and stakeholder feedback are critical components of process improvement as they help to inform the impact of current strategies on systems change and any necessary changes to current systems, processes, and policies that will increase the effectiveness of activities around process improvement.

a. Develop and Implement an Evaluation and Performance Measurement Plan.

With respect to the workforce development activities detailed in this work plan, there are several areas of process improvement that will require systematic evaluation, review, and reassessment throughout the five-year project period.

During Year 1 of the project period, CT DPH will develop comprehensive plans for the systematic collection and review of all data pertinent to workforce recruitment and training activities, process improvement measures, workforce demographics and worker satisfaction, and progress toward targeted outcomes listed in the Workforce Development Plan. Throughout the five-year plan, CT DPH will work closely with federal and state partner agencies to develop and execute an Evaluation and Performance Measurement Plan that is sufficiently comprehensive, sensitive enough to identify

meaningful change metrics, and standardized across various public health agency types and populations. Analysis of key impact metrics and indicators will be served back to stakeholder groups on a regular basis to inform local workforce development and process improvement activities. A set of draft performance metrics related to public health workforce development that were submitted by CT DPH to the CDC as part of the agency's application for grant funds in response to the Notice of Funding Opportunity for *Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems*[32] can be found in Appendix E.

Year 1 Target Achievement:

Draft a comprehensive plan for the systematic collection and review of data pertinent to the activities listed in the five-year workforce development plan.

b. Utilize the CT Partnership for Public Health Workforce Development as an advisory group.

In addition to local organizations, information related to evaluation and performance metrics will be important to the work of the *Connecticut Partnership for Public Health Workforce Development*, which will serve as an advisory group for the work of the Office of Public Health Workforce Development and the activities surrounding public health workforce development more broadly in our state. For over 20 years, the Office of Public Health Practice at the Yale School of Public Health has organized and maintained the *Connecticut Partnership for Public Health Workforce Development*, which has served both as an advisory body to the school's *New England Public Health Training Center* activities and as a structure that facilitates statewide networking and collaboration in public health workforce development activities. The *Partnership* group consists of the undergraduate and graduate programs in public health (academic partners), representatives from state health department programs and public health professional associations (practice partners), and organizations providing training to the workforce (training partners). The overall goal of this *Partnership* is to provide a forum for public health stakeholder agencies in Connecticut to discuss current and emerging workforce development needs as well as coordinated responses to identified needs.

Year 1 Target Achievement:

Review and update the stakeholder participants for the CT Partnership for Public Health Workforce Development and begin convening quarterly meetings of this advisory group.

The activity of the *Connecticut Partnership for Public Health Workforce Development* group has not been as robust or consistent during the COVID-19 pandemic as it had been in the years prior. As such, during Year 1 of the project period, CT DPH will work closely with our partners at the Yale School of Public Health to review and update as necessary the existing membership of the *Partnership* group and restart regular meetings of the group on a quarterly basis throughout the five-year project period. Several *Partnership* members also currently participate in the advisory bodies for the *State Health Improvement Plan* (SHIP) and the *Connecticut Healthy Homes Partnership*, both of which identify workforce development needs in the context of meeting health indicator goals for these key initiatives and can serve as a starting point for discussions regarding previous workforce planning and development activities in the state. The overarching tasks of the Partnership with respect to the

[32] https://www.cdc.gov/infrastructure/index.html

activities of this grant will be to assist and advise CT DPH in reviewing, developing, revising, and supporting implementation of strategies to ensure a post-pandemic public health workforce that is sufficiently sized, trained, and diverse in order to meet the needs of the most vulnerable communities and individuals in Connecticut.

c. Convene regular meetings of individual stakeholder groups with CT DPH leadership.

While the *Connecticut Partnership* group will provide a forum for stakeholders to provide feedback regarding public health workforce development activities more broadly, it is equally important to provide a more focused forum for stakeholder groups of various types to discuss specific thoughts, needs, and activities that directly impact those groups. Additionally, while the *Connecticut Partnership* will meet on a quarterly basis, more frequent individual stakeholder group meetings will help facilitate more robust and continuous discussions and result in more immediate actions and outcomes. Two individual stakeholder groups that will be vitally important to the overall work of public health workforce development throughout the five-year plan are local health departments and Institutions of Higher Education (IHEs) that offer public health degree programs.

The CT DPH Office of Local Health Administration hosts biweekly meetings between Local Health Directors/staff and staff from CT DPH. These meetings are scheduled for one hour and typically involve updates from various CT DPH program areas with the balance of the time reserved for questions and answers. The CT DPH Office of Public Health Workforce Development will secure a slot on the agenda for these meetings to give updates on current statewide workforce development activities and remain available to answer any questions from local health partners.

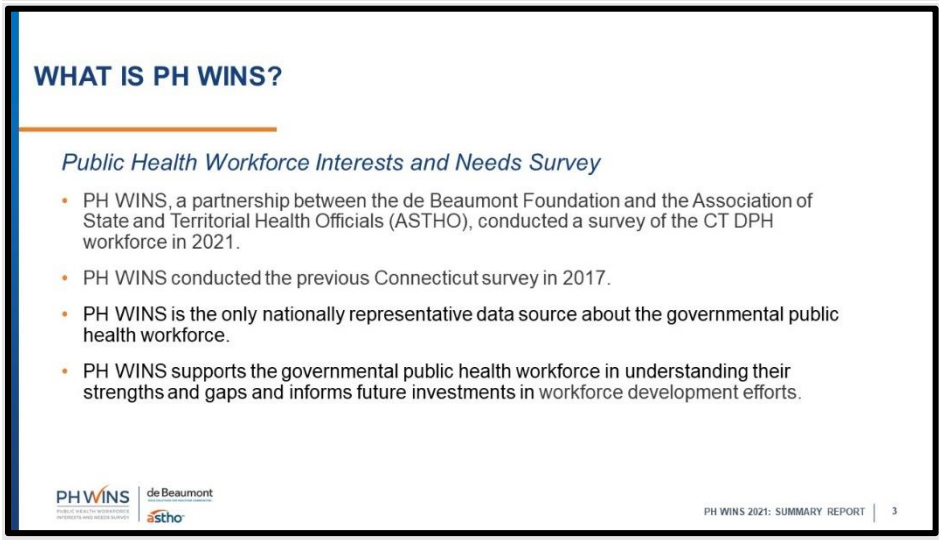
Currently, there is no established mechanism or regularly scheduled meeting cadence between CT DPH and IHEs with public health degree programs. However, during the COVID-19 pandemic weekly meetings between CT DPH representatives and COVID-19 coordinators at IHEs proved to be extremely helpful for information sharing, continuous assessment of emerging issues on college/university campuses, and assisting with mitigation strategies. Those meetings have been discontinued; however, the CT DPH Office of Public Health Workforce Development will work with the agency's IHE contacts developed during the COVID-19 pandemic to leverage their assistance with establishing a monthly stakeholder meeting between IHEs and CT DPH and inviting appropriate representatives to attend. This monthly meeting will bring together CT DPH leadership and a representative from each of the IHEs in the state conferring degrees in public health and will serve as a half-hour "check-in" briefing and open forum discussion among leadership of these agencies.

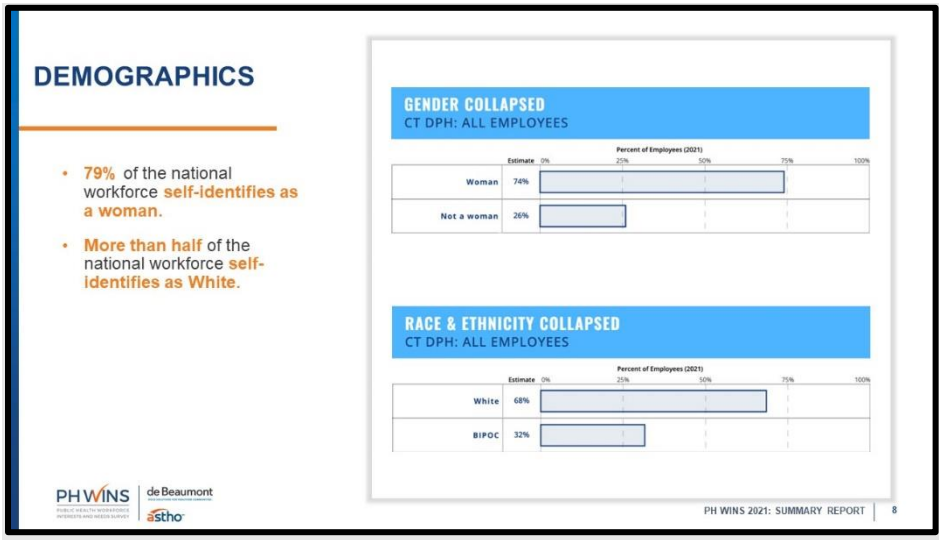
Year 1 Target Achievement:

Begin participating in CT DPH bi-weekly local health calls to give workforce development updates and work with CSCU and CCIC to identify an appropriate representative from each IHE public health program to attend a monthly academic partner forum.

APPENDIX A:

2021 Public Health Workforce Interests and Needs Survey (PH WINS) – CT Summary Results



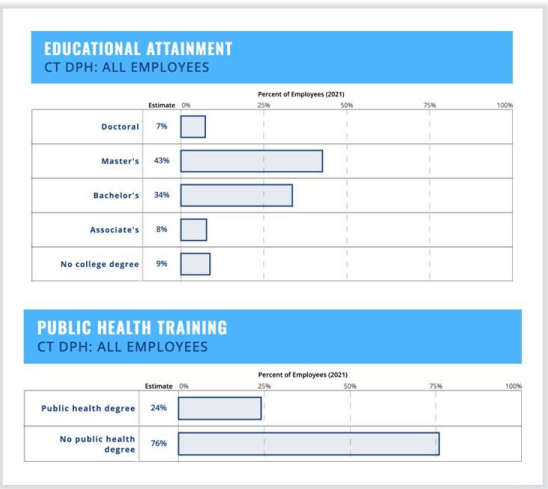


DEMOGRAPHICS

- **Nearly half** of the national workforce is between the **ages of 31 and 50 years.**

EDUCATIONAL ATTAINMENT

- **37%** of the national workforce **has an advanced degree.**
  - 31% has a Master's degree.
  - 6% has a Doctoral degree.
- **14%** has a specialized **degree in public health.**



2021 KEY FINDINGS: WORKFORCE CHARACTERISTICS

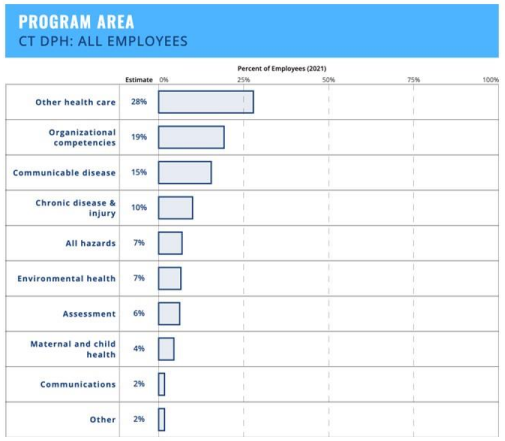
- PH WINS respondents were asked a series of questions related specifically to their job and the work they do, including:
  - Supervisory status
  - Job role
  - Primary program area
  - Tenure in public health overall, at their agency, and in their current job.
- Respondents also reported full-time/part-time status and salary information.

SUPERVISORY STATUS/JOB ROLE

- **Nearly 3 out of 4** national staff work in a **non-supervisory role**.
- **43%** of staff worked in a **public health sciences job role**, which includes program staff, epidemiologists, and contact tracers, among others.

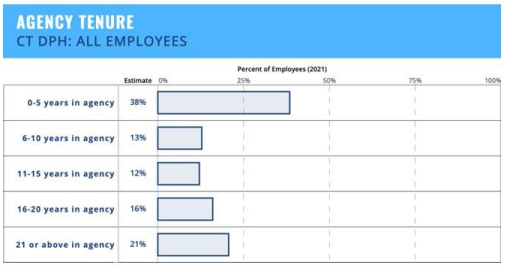
PROGRAM AREA

- Two-thirds of the national workforce is distributed across **three primary program areas**:
  - **Communicable Disease**
  - **Organizational Competencies**, including administrative support, workforce development, and other business services.
  - **Other Health Care**, including certain clinical services, immunizations, mental, oral, and school health, and substance misuse.



TENURE AT AGENCY

- **Half of the national workforce** in 2021 had served at their agency **for 5 years or less.**
- 13% had served 21 or more years.

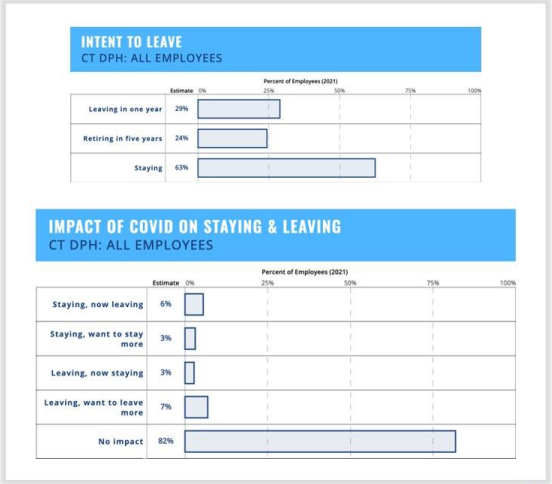


2021 KEY FINDINGS: STAYING & LEAVING

- PH WINS respondents were asked a series of questions related to their intent to leave or stay at their agency and whether the COVID-19 pandemic affected their decision.
- Respondents were also asked to select reasons why they intend to stay or leave.

INTENT TO LEAVE/STAY

- **More than a quarter** of national employees **are considering leaving** their organization within the next year.
- 24% reported that the **COVID-19 pandemic impacted their decision** to stay or leave.
  - Among those who intend to leave, 39% said the pandemic impacted their decision (*data not shown*).



REASONS FOR LEAVING/STAYING

- Understanding employees' reasons for leaving is critical for improving recruitment and retention.
- **Top reasons for leaving** among national staff who intend to leave include:
  - **Work overload/burnout** (reported by 41%)
  - **Stress** (reported by 37%).

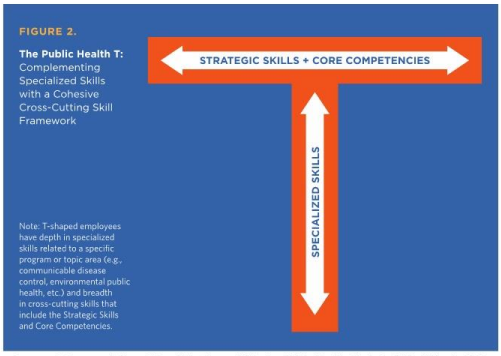
This slide is only included in the National Summary Reports. We recommend adding the top 5 reasons for staying/leaving among your agency's staff to give context to your staying/leaving data. **Here's how to add this information:**

1. Login to your agency's PH WINS dashboard at http://phwins.org/agency.
2. Click on the **Staying & Leaving Topic button** on the homepage.
3. Choose **Descending** from the Sort By menu in the control panel.
4. Scroll to the Reasons for Leaving and Reasons for Staying graphs. Click **Download This Image** below each graph.
5. Crop the images* to include only the top five graph bars and to remove the trend graphs and footnotes.
6. Paste them into this slide. You can add both graphs to this slide or add a new slide to split them up.
7. Edit the bullets on the left to reflect your agency's data.

**You can also take screenshots of the graphs from the dashboard instead of downloading and cropping them.*

2021 KEY FINDINGS: TRAINING NEEDS

- PH WINS respondents were asked to rate the day-to-day importance of and their own proficiency with 25-26 skill items, tailored for their supervisory level.
- Skills were collapsed into 10 strategic skill categories.
- A **training need** is a skill item reported as having **high importance, but low proficiency**.
- Identifying training needs can help support strategies to produce T-employees, or those who have depth in technical skills and breadth in strategic skills.

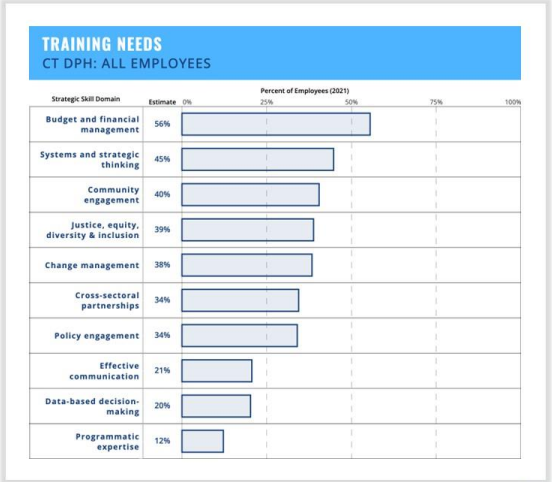


Source: de Beaumont Foundation. "Adapting and Aligning Public Health Strategic Skills,". March 2021.

TRAINING NEEDS: OVERALL

The top 5 areas of training needs nationally **across all supervisory levels** are:

- Budget and financial management
- Systems and strategic thinking
- Community engagement
- Change management
- Policy engagement



TRAINING NEEDS: NON-SUPERVISORS

The top 5 areas of training needs nationally **among non-supervisors** are:

- Budget and financial management
- Change management
- Systems and strategic thinking
- Community engagement
- Cross-sectoral partnerships

TRAINING NEEDS: SUPERVISORS, MANAGERS, & EXECUTIVES

The top 5 areas of training needs nationally **among supervisors, managers, & executives** are:

- Budget and financial management
- Systems and strategic thinking
- Community engagement
- Policy engagement
- Change management

2021 KEY FINDINGS: ENGAGEMENT & SATISFACTION

PH WINS respondents were asked to rate their agreement with several statements related to:

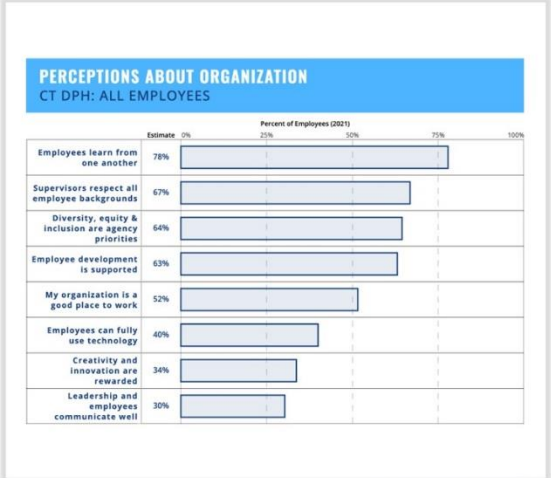
- Job, organizational, and pay satisfaction
- Perceptions about their workplace
- Perceptions about their supervisors
- Perceptions about their organization

SATISFACTION

- The national workforce is **largely satisfied** with their **job** (79%) and **organization** (68%).
- Less than half (49%) are satisfied with their pay.

PERCEPTIONS ABOUT ORGANIZATION

- The national workforce's **overall perceptions of their organizations are positive**.
- However, there is room for improvement:
  - Just half of the workforce agrees that leadership staff and employees communicate well.
  - 46% agree that creativity and innovation are rewarded.

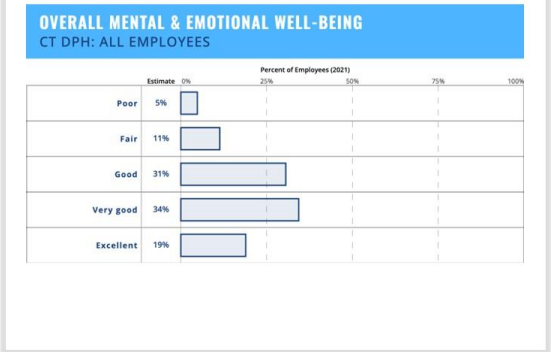


2021 KEY FINDINGS: WELL-BEING

- The 2021 PH WINS survey included questions specifically about employees' mental and emotional well-being.

WELL-BEING

- 1 in 5 national staff rate their mental health as either **"poor" or "fair."**
- Employees working in **big-city public health departments** reported **worse mental health** than employees in other types of public health departments (*data not shown*).
- Across all agency types, **executives reported worse mental health** than other employees (*data not shown*).



APPENDIX B: *2020 CT DPH Workforce Proficiency Gap Analysis Results*

Please rate your competency regarding the following statements.

	EXPERT	PROFICIENT	FUNCTIONAL	BEGINNER	UNAWARE	DOESN'T APPLY TO ME	TOTAL
1. Knowledge of quality/process improvement tools like Plan Do Study Act, Lean process, root cause analysis, etc.	7.69% 7	21.98% 20	35.16% 32	28.57% 26	4.40% 4	2.20% 2	91
2. Ability to describe common interests between Sections, Branches, and Units within DPH.	3.30% 3	25.27% 23	49.45% 45	15.38% 14	5.49% 5	1.10% 1	91
3. Ability to identify characteristics of a productive team.	13.33% 12	53.33% 48	30.00% 27	1.11% 1	1.11% 1	1.11% 1	90
4. Ability to encourage an environment that people feel comfortable sharing new and/or different ideas.	20.88% 19	52.75% 48	24.18% 22	2.20% 2	0.00% 0	0.00% 0	91
5. Ability to be accepting of others new and/or different ideas.	29.67% 27	58.24% 53	12.09% 11	0.00% 0	0.00% 0	0.00% 0	91
6. Knowledge of the expectations for customer service listed in the internal and external DPH customer service policies.	18.68% 17	41.76% 38	31.87% 29	5.49% 5	2.20% 2	0.00% 0	91
7. Ability to describe the essential steps to providing excellent customer service.	17.58% 16	36.26% 33	37.36% 34	5.49% 5	3.30% 3	0.00% 0	91
8. Ability to deliver clear and courteous written communications.	33.33% 30	54.44% 49	12.22% 11	0.00% 0	0.00% 0	0.00% 0	90
9. Ability to deliver clear and courteous verbal communications.	28.57% 26	51.65% 47	19.78% 18	0.00% 0	0.00% 0	0.00% 0	91
10. Knowledgeable of who DPH's customers are in my service delivery area and what those customers need/want.	26.37% 24	41.76% 38	30.77% 28	1.10% 1	0.00% 0	0.00% 0	91
11. Ability to manage my behavior when encountering emotional responses in self and others.	20.88% 19	57.14% 52	20.88% 19	1.10% 1	0.00% 0	0.00% 0	91
12. Ability to maintain a high level of internal motivation.	26.37% 24	47.25% 43	25.27% 23	1.10% 1	0.00% 0	0.00% 0	91
13. Time management skills.	29.21% 26	56.18% 50	14.61% 13	0.00% 0	0.00% 0	0.00% 0	89
14. Understanding of the internal DPH reporting structure shown on the organizational chart.	13.19% 12	47.25% 43	31.87% 29	5.49% 5	1.10% 1	1.10% 1	91
15. Understanding of the laws, regulations, and policies that apply to my job.	23.08% 21	42.86% 39	30.77% 28	2.20% 2	0.00% 0	1.10% 1	91
16. Understanding of the legislative process for promoting DPH priorities.	2.20% 2	14.29% 13	49.45% 45	23.08% 21	7.69% 7	3.30% 3	91
17. Competency level in using CORE for the requirements of my	10.00% 9	24.44% 22	36.67% 33	14.44% 13	3.33% 3	11.11% 10	90

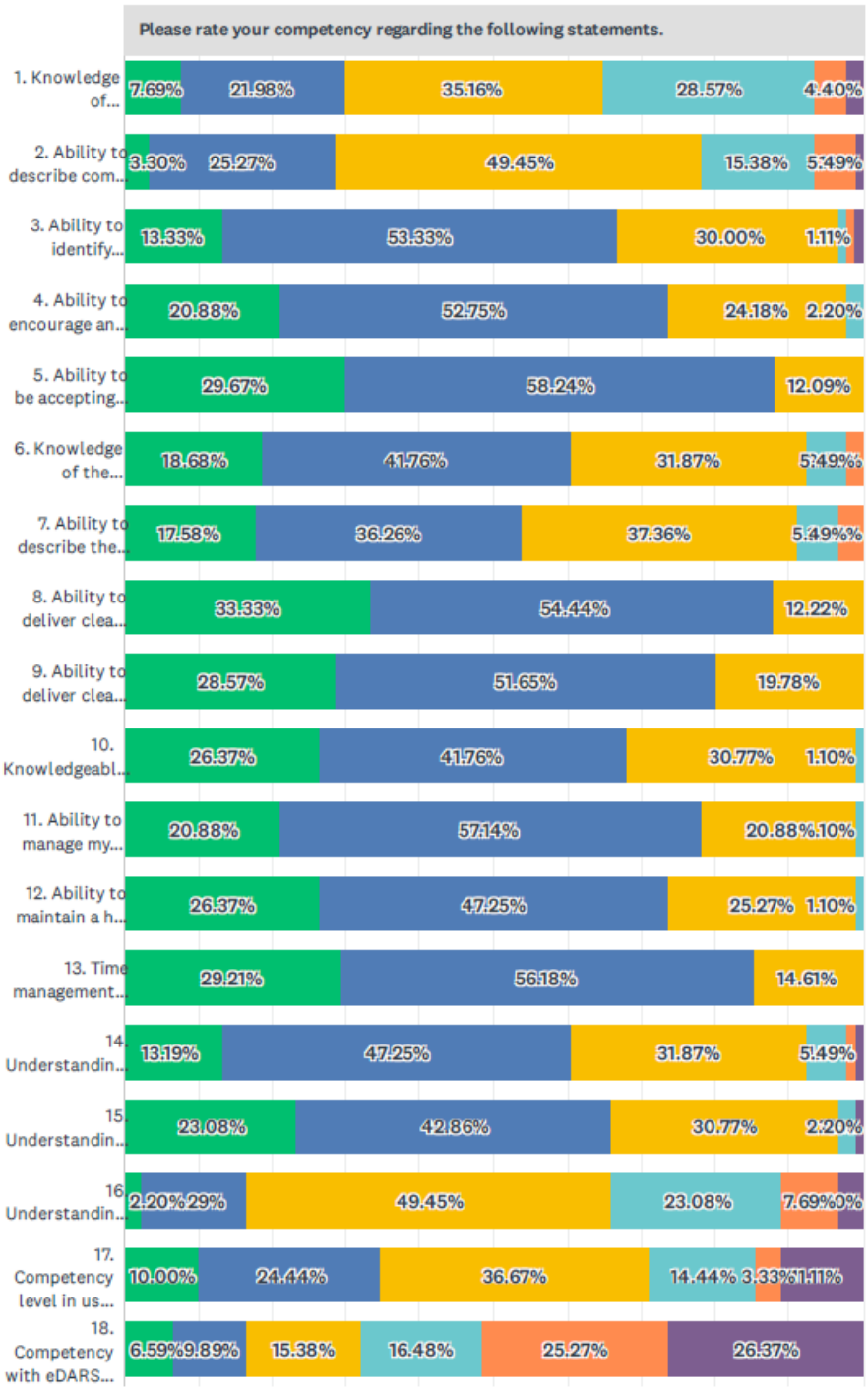
job.							
18. Competency with eDARS (Electronic Department Agreement Request).	6.59% 6	9.89% 9	15.38% 14	16.48% 15	25.27% 23	26.37% 24	91
19. Competency at submitting requisitions.	5.49% 5	14.29% 13	13.19% 12	20.88% 19	13.19% 12	32.97% 30	91
20. Ability to use the Personnel Action Form (PAF) in the hiring process.	1.10% 1	8.79% 8	10.99% 10	15.38% 14	15.38% 14	48.35% 44	91
21. Understanding of IT's role in the work of DPH.	5.56% 5	32.22% 29	50.00% 45	8.89% 8	3.33% 3	0.00% 0	90
22. Understanding of Cultural Competency and the role of the Culturally and Linguistically Appropriate Services (CLAS) standards in Public Health.	7.69% 7	31.87% 29	37.36% 34	10.99% 10	10.99% 10	1.10% 1	91
23. Knowledgeable about how health equity impacts the work in every area of DPH.	6.59% 6	31.87% 29	42.86% 39	14.29% 13	4.40% 4	0.00% 0	91
24. Understanding of the Language Access Policy (translation services).	5.49% 5	8.79% 8	20.88% 19	36.26% 33	24.18% 22	4.40% 4	91
25. Ability to provide consistent service to all internal and/or external customers.	20.22% 18	55.06% 49	24.72% 22	0.00% 0	0.00% 0	0.00% 0	89
26. Ability to engage internal and external partners across sectors.	23.08% 21	39.56% 36	20.88% 19	6.59% 6	2.20% 2	7.69% 7	91
27. Knowledgeable of how to utilize the DPH Individual Development Plan (IDP).	2.20% 2	7.69% 7	18.68% 17	24.18% 22	42.86% 39	4.40% 4	91
28. Motivated to pursue professional growth opportunities.	12.22% 11	42.22% 38	37.78% 34	5.56% 5	1.11% 1	1.11% 1	90
29. Knowledge of where to get training to advance my professional growth.	6.59% 6	30.77% 28	45.05% 41	10.99% 10	5.49% 5	1.10% 1	91
30. Ability to access training to advance my professional growth.	5.49% 5	31.87% 29	40.66% 37	14.29% 13	6.59% 6	1.10% 1	91
31. Knowledgeable of funding mechanisms to pay for professional growth opportunities.	1.11% 1	13.33% 12	33.33% 30	30.00% 27	21.11% 19	1.11% 1	90
32. Knowledgeable of workplace safety procedures (emergency meeting places, evacuation, first aid kit, location of AED, injury reporting, etc.).	9.89% 9	38.46% 35	43.96% 40	7.69% 7	0.00% 0	0.00% 0	91
33. Understanding of the basic email phishing avoidance techniques.	28.57% 26	47.25% 43	20.88% 19	1.10% 1	2.20% 2	0.00% 0	91
34. Willingness to call IT about suspected problems.	40.66% 37	49.45% 45	8.79% 8	1.10% 1	0.00% 0	0.00% 0	91
35. Knowledgeable of what can be shared and with whom, and how to maintain confidentiality (personal protected information, FOI request, legal inquiries, FMLA info etc.)	17.58% 16	43.96% 40	30.77% 28	7.69% 7	0.00% 0	0.00% 0	91

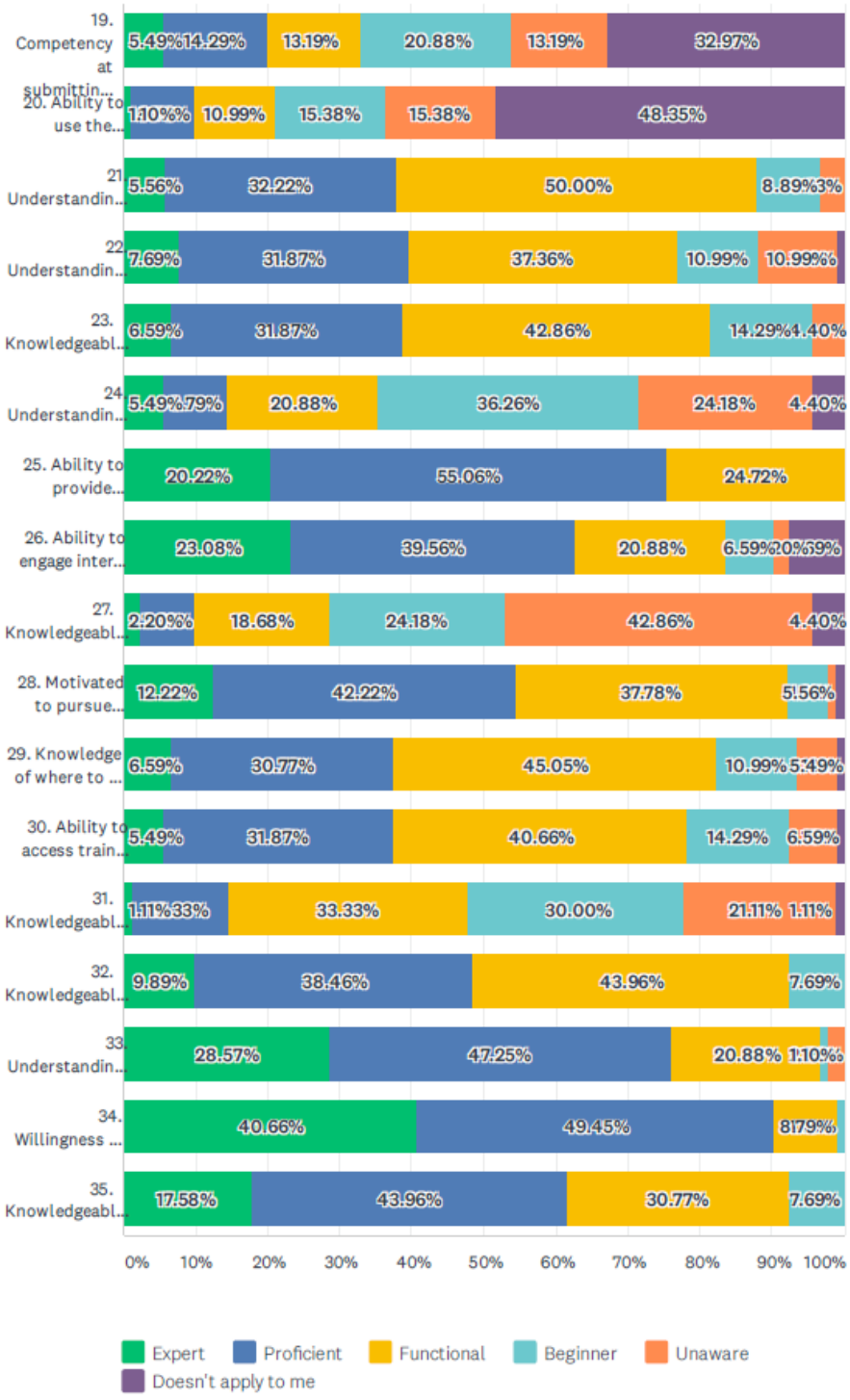
Please rate the importance of this item on a scale of 1 - 5 with 5 being the greatest importance.						
	1	2	3	4	5	TOTAL
1. Knowledge of quality/process improvement tools like Plan Do Study Act, Lean process, root cause analysis, etc.	4.71% 4	9.41% 8	29.41% 25	27.06% 23	29.41% 25	85
2. Ability to describe common interests between Sections, Branches, and Units within DPH.	1.15% 1	5.75% 5	21.84% 19	29.89% 26	41.38% 36	87
3. Ability to identify characteristics of a productive team.	2.33% 2	2.33% 2	16.28% 14	30.23% 26	48.84% 42	86
4. Ability to encourage an environment that people feel comfortable sharing new and/or different ideas.	2.27% 2	0.00% 0	5.68% 5	27.27% 24	64.77% 57	88
5. Ability to be accepting of others new and/or different ideas.	1.15% 1	0.00% 0	5.75% 5	31.03% 27	62.07% 54	87
6. Knowledge of the expectations for customer service listed in the internal and external DPH customer service policies.	0.00% 0	5.75% 5	12.64% 11	33.33% 29	48.28% 42	87
7. Ability to describe the essential steps to providing excellent customer service.	2.30% 2	2.30% 2	21.84% 19	28.74% 25	44.83% 39	87
8. Ability to deliver clear and courteous written communications.	1.16% 1	0.00% 0	5.81% 5	20.93% 18	72.09% 62	86
9. Ability to deliver clear and courteous verbal communications.	1.15% 1	0.00% 0	5.75% 5	24.14% 21	68.97% 60	87
10. Knowledgeable of who DPH's customers are in my service delivery area and what those customers need/want.	1.15% 1	1.15% 1	14.94% 13	33.33% 29	49.43% 43	87
11. Ability to manage my behavior when encountering emotional responses in self and others.	1.15% 1	0.00% 0	9.20% 8	31.03% 27	58.62% 51	87
12. Ability to maintain a high level of internal motivation.	0.00% 0	1.15% 1	14.94% 13	40.23% 35	43.68% 38	87
13. Time management skills.	0.00% 0	1.18% 1	12.94% 11	28.24% 24	57.65% 49	85
14. Understanding of the internal DPH reporting structure shown on the organizational chart.	0.00% 0	5.81% 5	32.56% 28	40.70% 35	20.93% 18	86
15. Understanding of the laws, regulations, and policies that apply to my job.	0.00% 0	0.00% 0	6.90% 6	33.33% 29	59.77% 52	87
16. Understanding of the legislative process for promoting DPH priorities.	1.16% 1	6.98% 6	37.21% 32	32.56% 28	22.09% 19	86
17. Competency level in using CORE for the requirements of my job.	4.94% 4	6.17% 5	30.86% 25	30.86% 25	27.16% 22	81
18. Competency with eDARS (Electronic Department Agreement Request).	16.44% 12	6.85% 5	36.99% 27	17.81% 13	21.92% 16	73
19. Competency at submitting requisitions.	13.51% 10	4.05% 3	35.14% 26	21.62% 16	25.68% 19	74
20. Ability to use the Personnel Action Form (PAF) in the hiring process.	12.50% 8	12.50% 8	39.06% 25	18.75% 12	17.19% 11	64
21. Understanding of IT's role in the work of DPH.	1.20% 1	2.41% 2	26.51% 22	32.53% 27	37.35% 31	83
22. Understanding of Cultural Competency and the role of the Culturally and Linguistically Appropriate Services (CLAS) standards in Public Health.	2.33% 2	3.49% 3	20.93% 18	29.07% 25	44.19% 38	86
23. Knowledgeable about how health equity impacts the work in every area of DPH.	3.49% 3	3.49% 3	22.09% 19	26.74% 23	44.19% 38	86

24. Understanding of the Language Access Policy (translation services).	2.47% 2	8.64% 7	30.86% 25	25.93% 21	32.10% 26	81
25. Ability to provide consistent service to all internal and/or external customers.	0.00% 0	0.00% 0	12.94% 11	30.59% 26	56.47% 48	85
26. Ability to engage internal and external partners across sectors.	1.22% 1	1.22% 1	10.98% 9	34.15% 28	52.44% 43	82
27. Knowledgeable of how to utilize the DPH Individual Development Plan (IDP).	10.67% 8	5.33% 4	44.00% 33	20.00% 15	20.00% 15	75
28. Motivated to pursue professional growth opportunities.	1.18% 1	4.71% 4	22.35% 19	34.12% 29	37.65% 32	85
29. Knowledge of where to get training to advance my professional growth.	0.00% 0	3.53% 3	22.35% 19	41.18% 35	32.94% 28	85
30. Ability to access training to advance my professional growth.	1.16% 1	4.65% 4	23.26% 20	34.88% 30	36.05% 31	86
31. Knowledgeable of funding mechanisms to pay for professional growth opportunities.	1.20% 1	7.23% 6	26.51% 22	32.53% 27	32.53% 27	83
32. Knowledgeable of workplace safety procedures (emergency meeting places, evacuation, first aid kit, location of AED, injury reporting, etc.).	0.00% 0	2.30% 2	13.79% 12	32.18% 28	51.72% 45	87
33. Understanding of the basic email phishing avoidance techniques.	1.16% 1	5.81% 5	5.81% 5	29.07% 25	58.14% 50	86
34. Willingness to call IT about suspected problems.	1.16% 1	2.33% 2	13.95% 12	26.74% 23	55.81% 48	86
35. Knowledgeable of what can be shared and with whom, and how to maintain confidentiality (personal protected information, FOI request, legal inquiries, FMLA info etc.)	0.00% 0	0.00% 0	3.45% 3	25.29% 22	71.26% 62	87

Q1 Please complete the questions below

Answered: 91 Skipped: 0

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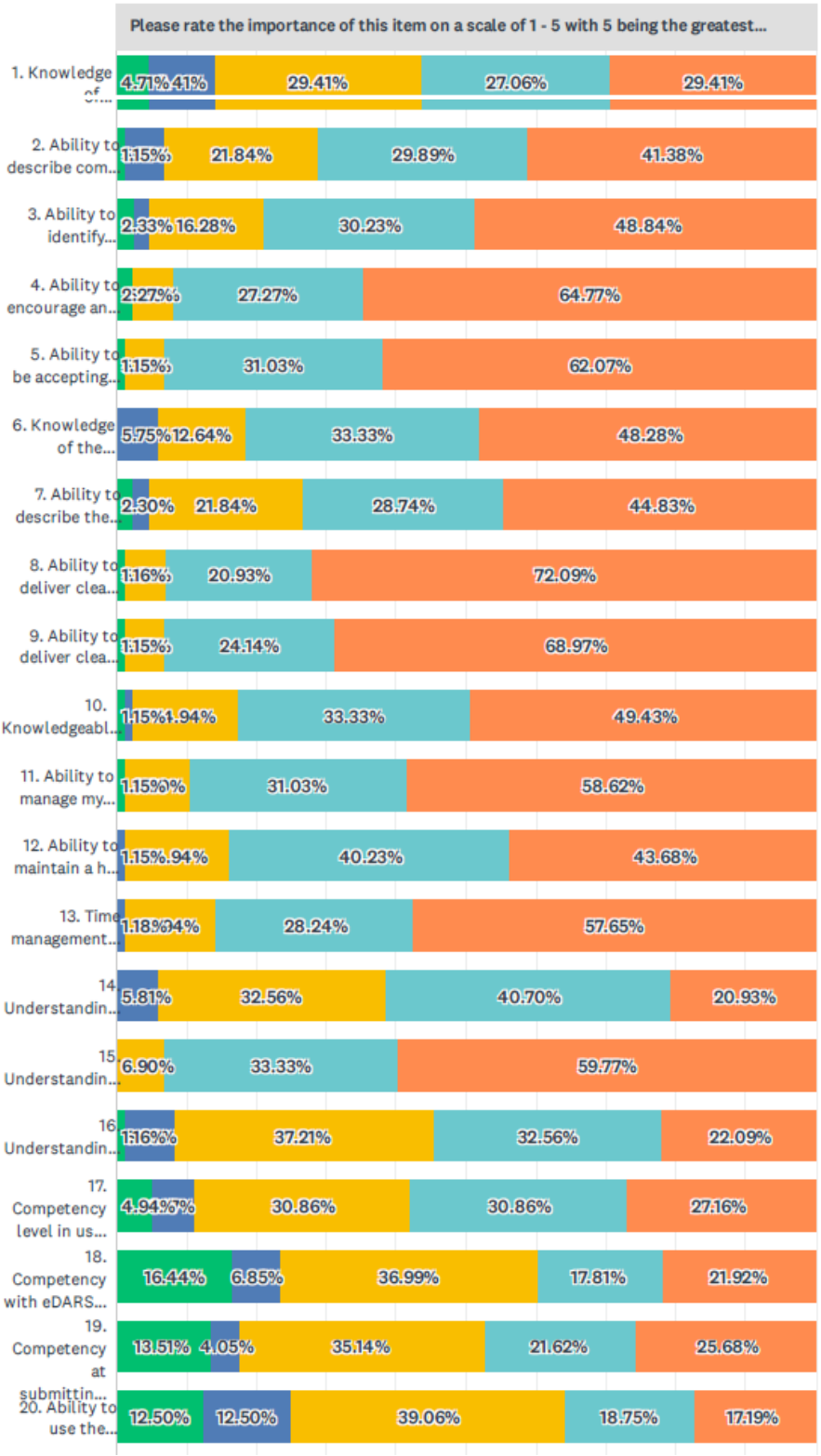
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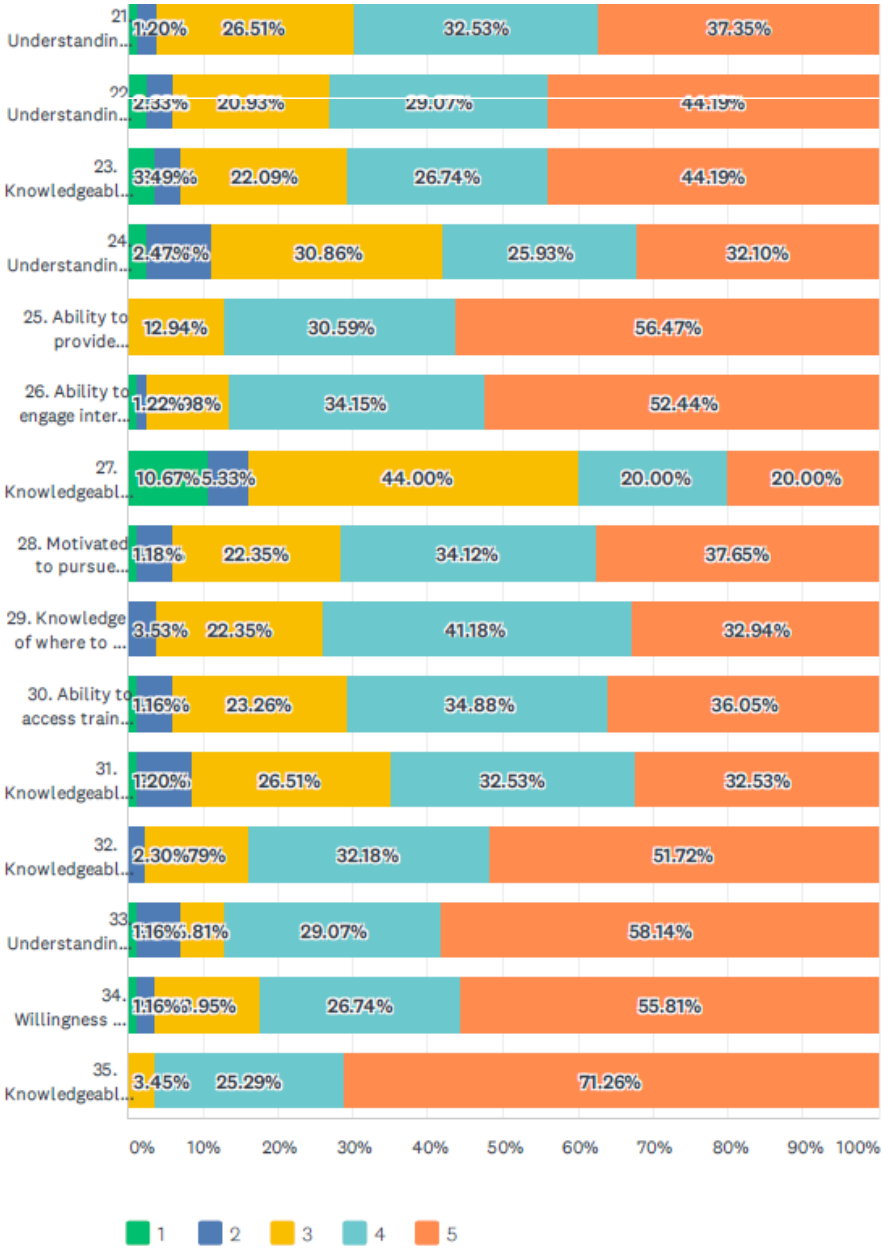
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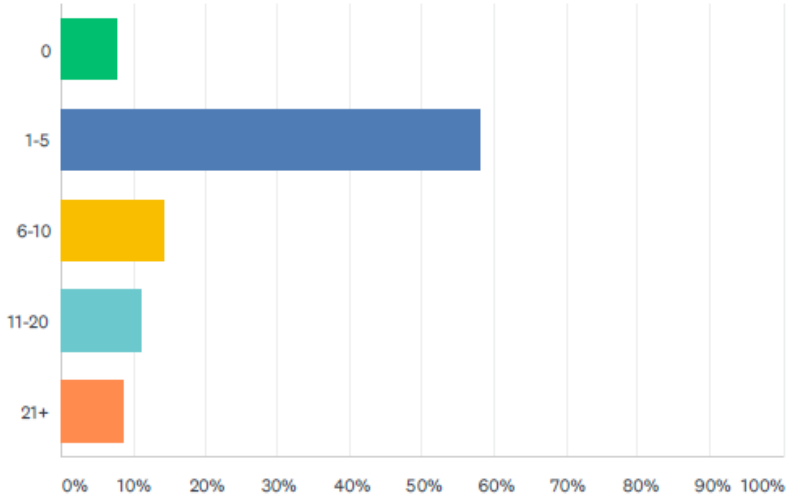
Q2 How many professional development trainings do you attend per year including: conferences, webinars (job related), in-service training, online training (job related), etc.?

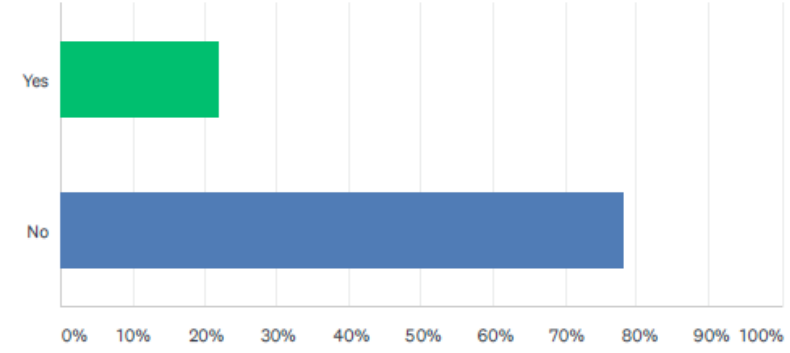
Answered: 91 Skipped: 0



ANSWER CHOICES	RESPONSES	
0	7.69%	7
1-5	58.24%	53
6-10	14.29%	13
11-20	10.99%	10
21+	8.79%	8
TOTAL		91

Q3 Do you supervise DPH employees?

Answered: 91 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	21.98%	20
No	78.02%	71
TOTAL		91

APPENDIX C:

Key Findings from Training Rapid Needs Assessment and Key Informant Interviews (2022)

CT DPH contracted with the Yale School of Public Health's Office of Public Health Practice to conduct a rapid needs assessment to identify priority training needs and content area gaps among CT DPH staff. The assessment utilized existing CT DPH reports, surveys, and course materials, as well as key informant interviews of CT DPH staff members identified by the Commissioner's Office. Interviewees were asked about their past and present experience with training at CT DPH in order to gain a better sense of new employee onboarding experience, identified mandatory training, role specific and professional development training. Additionally, the interview focused on how and where trainings were identified and how/if completed trainings were tracked.

Significant key findings and themes from the rapid needs assessment are presented below and are based on the most recent (2020 and later) primary and secondary data collected for the assessment.

Common training experience themes that emerged from these interviews were:

- there is a need to reinstate standardized mandatory onboarding/training for all new employees to the agency. In addition to the state required mandatory training, themes identified a need for an introduction to the scope of services offered within the agency; the relationship between the state agency and local health districts jurisdiction, collaboration, authority, and differences in operation; understanding how CT DPH relates to/works with other state agencies and the legislature.
- staff would be more likely to complete a training if it were made mandatory.
- staff would like to see more role specific training offered; right now, this type of training is either on the job or employee initiated, with the exception of training required to maintain certifications.
- there was an indication that different sections were creating their own trainings for staff on core department processes when they could not find any types of centralized training.
- mixed responses to how/if trainings were being tracked and if professional development was being discussed during annual performance reviews.
- few staff are utilizing the Individual Development Plan (IDP) tool adapted by the agency's past Workforce Development Committee in 2019.

Informants were also asked about strengths, weaknesses, gaps and barriers of current training available to either them or their staff. The intent of this question was to gain their perspective on what types of trainings were considered the most effective and necessary. Common strength and weakness themes that emerged were:

- a preference for longer initial trainings to convey consistent content early in employment, with shorter refresher training offered on annual basis to keep information fresh.
- trainings that include a mix of content and scenario demonstrations are most effective in helping participants apply the knowledge to their everyday work environment.
- training is often seen as a luxury use of time when so many areas are short staffed and the amount of work for the unit is in excess of current staffing hours; however, being short staffed

did not negate the perception that training should be a priority and that managers/supervisors may need guidance in finding a balance.

Commonly identified gaps included:

- lack of awareness of any type of career path training, which would be helpful in facilitating staff retention.
- lack of centralized training on department processes; universally noted was lack of centralized training on the contracting process for the department.
- perceived lack of consistency on who, how, and when employees receive/are offered training.
- an appropriate balance of training time vs. workload due to being short staffed.
- training on working in a union environment – what it means for staff and for supervisors.

Finally, key informants were asked to share their ideas on what types of trainings/content they would like to see in both a core training program for all staff and/or professional development training tracks for CT DPH employees. Suggested <u>core training</u> topics included:

- Cultural Awareness/ Health Equity (consistent definitions used across department)
- Mandatory State Trainings
- Conflict Resolution (personal skills and escalating process)
- Budgeting and Finance
    - Contracting Process
    - How to Manage a contract
    - Grant vs Contract
    - How Money Works in Government
- Working in a Union Environment
- Community Engagement/
- Communication (as it relates to agency standards and protocols)
- Personality/ Enneagram/ Working with Different Personalities/ Emotional Intelligence
- Department Orientation
    - Vision/Mission/Values
    - Department Strategic Plan
    - Inter departmental communications and mapping
- Quality Improvement (as it relates to agency goals)

Additional suggested <u>professional development</u> topics included:

- Team Leadership/Managing a Team/Delegation
- First Time Supervisor Training
    - Peer to supervisor training

- Managing in a union environment
- Coaching/Mentoring and Employee Development/Career Development
- Performance Management/Performance Reviews
- Data Driven Decision Making
- Managing in a Hybrid/Remote Work Environment
- Trauma in Workforce
- Position Specific Training/On-the-Job Training
- Emotional Intelligence
- Establishing Position Expectations
- Job or Job Class Specific Topic Training
- Career Development
- Time Management
- Policy Writing (as necessary)
- Systems Thinking
- Operational Thinking
- Process Improvement
- Cultural Awareness/ Health Equity

APPENDIX D:

Connecticut Dept. of Public Health
Public Health HERO Pilot Site Proposal

January 2023

The following proposal outlines recommendations and activities ASTHO can provide based on the November 14-15, 2022 workshop with 25 members of the implementation team at the Connecticut Dept. of Public Health. CT DPH identified five key actions to advance their commitment to building resiliency and mental wellbeing for individuals, supervisors, and agency leaders.

Priority Action 1: Provide ongoing leadership development at all levels.

- Provide leadership training for everyone.
- Create a resource bank with trainings, "how to" documents, who to contact for specific items.

Ideas for ASTHO Support

- Up to 30 registrations for supervisors to participate in the PH HERO Essentials of Leadership and Management supervisory program. Cohort discussions to focus on key needs/themes including communication strategies and best practices.
- Up to 5 registrations for the Center for Creative Leadership Burn Bright cohort program.
- Up to 10 registrations for the Middle Management Academy from the National Council for Mental Wellbeing focused on mental health and leadership development. The curriculum emphasizes both learning and applying skills related to employee engagement, staff supervision, change management, diversity/equity/inclusion, healthy conflict, teamwork, and trust.
- Provide Better Conversations Everyday (BCE) training for up to 8 staff.
- Suggested resource: Public Health Learning Navigator for peer reviewed trainings on a variety of leadership and other topics. Training Search | NNPHI (phlearningnavigator.org)

Priority Action 2: Create regular opportunities for community.

- Encourage non-work gatherings, e.g., potlucks, lunches, social events, book clubs, knitting circles, peer groups.

Ideas for ASTHO Support

- Provide a list of low cost/no cost activities and resources to foster connection in the workplace and encourage community-building and team-building.

Priority Action 3: Elevate care in our work culture.

- Implement a department-wide meeting policy (e.g., 25/50 min meetings vs. 30/60)
- Attitude and moral shift to include: set strong boundaries; saying "no"; culture that supports collaboration and individual autonomy; being a team player; "Mindfulness Mondays"; Leadership/Commissioner sets the stage.

Ideas for ASTHO Support

- Conduct a webinar with an expert for supervisors on strengthening their resilience and building strong, trusted relationships with staff.
- Regularly provide resources including articles, tips, and actions for supervisors to use in modeling personal resilience (e.g., defining norms around emails after hours and on weekends, using delay delivery for emails that are not urgent/emergency, scheduling (and keeping) lunch breaks, etc.) . Suggested resource: Blog series with resources for public health leaders on Building a Culture of Care | ASTHO.
- Continued support for CT DPH to implement identified changes and offer unlimited access to an asynchronous Change Management Module for leaders in governmental public health agencies.

Priority Action 4: Create a foundation for success.

- Substantive onboarding experience.
- Create a Roles and Responsibilities List to ensure that staff have a clear understanding of minimal responsibilities. Maximum is limitless.

Ideas for ASTHO Support

- Provide a package of resources to help standardize staff recruitment, onboarding, and retention.
- Support CT DPH's connections to other agencies through its peer networks to share strategies and systems for creating Roles and Responsibilities list or inventory.

Priority Action 5: Support staff as individuals.

- Practical tools for meaningful recognition and reward.

Ideas for ASTHO Support

- Provide models and sample tools for staff recognition and reward.
- Provide support for a small group to review existing policies and strategies.

Notes from Connecticut PH-HERO Pilot Site Visit and Planning Workshop

Date: November 14-15, 2022
Location: Connecticut Dept. of Public Health, 410 Capitol Avenue, Hartford, CT 06134

Introductions
Welcome remarks from Commissioner Manisha Juthani, MD

What the team is grateful for: family and friends, pets, health, surviving the pandemic, health, opportunities, healthy grandchildren, staff who are still here, children are growing up/going to college, life, vacation time to rest and recharge, time with family over the holidays, healthy parents, career swerve towards public health, everyone taking the time to participate in this work, steadfast and approachable leadership

What we appreciate about each other: warm, caring, willing to listen, empathetic, energetic, opportunity to meet for first time, grateful for help, kind spirit, supportive, gives credit to staff, collaborative, tenacious, resilient, wonderful and warm smile, sense of humor, creativity, intelligence, makes me feel like we can get stuff done, "yin to my yang": regulatory to relationship building, enthusiastic, can-do attitude

Visualizing Success – Images that speak of the success of CT as a PH-HERO pilot site

- Personal connection – face to face time
  - Trying to get back to feeling connected
  - Human connection gives us meaning
  - Technology is useful but remember how to spend time together in a simpler way.
- Safety/protection
  - People like work when they feel that they have (at least) one person who cares about them.
  - Staff will be trained, feel supported, and have the right tools to do their jobs.
- Hope/optimism/growth
  - We are all different people- how can we work together?
  - The work will always be hard, but we can do it together. Rebuild together.
  - Recognize what we lost (during the pandemic), but able to celebrate achievements and the future.
  - See challenges as adventures.
- Calm vs. chaos
  - New staff will find the agency working in a more organized way.
  - Will gain a larger perspective by having some distance (time).
  - Awareness that it's okay to slow down, pause and reflect, don't have to do things the same way that we've always been doing them.

Setting the Stage – Current State

- From PH WINS- CT
  - 16% reported fair or poor mental wellbeing = 125 staff
  - 16% reported feeling harassed/bullied, 29% reported being challenged on expertise (during Covid response)
  - 17% of PH workforce had 3 or more symptoms for PTSD, similar to 15-20% of war veterans from Iraq and Afghanistan
- Reasons for leaving DPH
  - 39% reported lack of support
  - 44% reported lack of recognition
- Caring for our Workforce is a huge responsibility, we are taking the work/challenge seriously.
  - Brave Leadership training:
    - A broken container can be put back together in a way that's more beautiful.
    - Stress-trauma continuum: stress in limited doses is central for growth, but toxic stress is harmful. Prolonged exposure can lead to trauma, which primes the system for threat. Harms growth and development.
  - Disrupting toxic stress at DPH:
    - Moving from management/supervisory concepts to leadership concepts; "flipping the script" not supervisor's job to fix problems but can help to move obstacles so that staff can find a clear path.
    - Staff have more control and agency; how to build resilience and not repeat mistakes from the past. Hear from others; have a willingness to share.
    - Physical and psychological safety; build trust especially between supervisors and direct reports.
    - Support, access, and resources for staff.
    - Certainty and clarity for staff- encourage and model rest, regular check-ins to maintain connection.
- Creation of the PH-HERO implementation team
  - Investment in wellbeing of the Department and its staff
  - Leaders who have enthusiasm for this work, can come up with a plan together
  - Understand that this is slow work- give ourselves a break, set expectations (ok to fail or make mistakes)
  - Having the language to talk about it
- Current DPH Assets/Building Blocks
  - Statutory requirement to have a wellness committee; now defunct, needs to be reinstated
  - HR business partner- new for the State, just started formal in person onboarding
    - What does DPH want from it?
  - Quiet room- new offering, need to promote it
  - WF Director position; will develop plan and look at internships and how do they want to grow the pipeline?
  - Health and safety programs
  - Training academy with Yale University; other fellowships and internships

- Possible challenges and opportunities
    - Will need operational support to achieve goals
    - Need to create a plan with support- don't want to do things behind the scenes with incremental progress… people won't see the investment
    - Need to communicate objectives and achievements
    - Opportunity in the next 4 years to build a "commissioner-proof"/"funding-proof" culture that will provide consistency to the entire department; not just another great initiative
    - Need to plan for how to get there, how to decelerate, understanding how to prioritize
    - Support for supervisors- connections must be deliberate
    - Recognition of each staff member's contribution; also, useful to demonstrate incremental work in policy change.

<u>World Café</u>

In one year, what would be the ideal employee experience related to resilience and mental wellbeing?

- Resilience and wellbeing are mentioned on your first day
- Required training during onboarding- need a comprehensive experience, include stress-awareness
- Ongoing training that is meaningful and interactive with follow-up and support across teams Start check-ins early
- People feel happy to come to work in person
- Create connections, even remotely; personal and fun exercises during check-in
- Knowing it's ok to make mistakes or not meet timelines
- Setting expectations = empowerment
- People take their 4 weeks' vacation (planned in advance, cooperating with team schedule)
- Staff feel that they can take lunch and breaks
- Staff can go to supervisors/managers for resources and guidance; receive orientations directly from other teams
- Have a training bank for refreshers
- Staff are aware of existing resources
- Systematic changes so that staff/new hires feel cared for
- Have reasons to come to work in person (feed people/renovate cafeteria, a place to connect)
- Chance to meet new people- events, activities, group volunteer
- Have flexibility as position/situation allows
- Employees get a full, welcoming onboarding- follow best practices, have resources, handbook
- Existing employees will have more resources, support with technology
- Clear understanding of processes, positions, organizational structure

In one year, what might supervisors and teams know or do differently that support their teams' and direct reports' resilience and mental wellbeing?

- Outline expectations- how long things should take

- Respect schedules and reasonable workloads and live up to them
- Improve onboarding
- Mentorship program for existing and new staff, so people are paired with someone other than their supervisor/manager
- Consistent supervisor training
- Know when face-to-face is better
- Set expectations for Teams/Zoom (when to be on camera, etc.)
- Supervisor peer group
- Communication expectations
- Everyone uses their vacation time
- DPH resilience team
- Supervisors take trauma-informed training
- Build staff confidence in themselves (role clarity, team ownership)
- Give credit where credit is due
- "Leadership" mindset vs. "boss" mindset
- Competencies around scope and responsibilities
- De-silo; value in everyone's role
- Supervisors knowing staff's strengths and talents
- Help people learn; coaching both ways
- Understanding people's humanity and being aware; know that people are going to have home/life things happen and it's ok
- Be transparent where you can; ok to say "don't know" or "will find out"
- Culture of teamwork
- Fostering collaborative spirit
- LISTEN!
- Everyone in the building counts and has a role; foster sense of community; "saying hello"
- Leaders to scope work appropriately
- Training/coaching for supervisors and managers to raise awareness of own skills
- 360 feedback
- Modeling for: communicating when to take time off, when you screw up, when taking time off, I am not all work, there are many opinions/stories
- Give autonomy to do jobs; build skills, but give people space
- Don't call people on weekends/off hours unless emergency, but define emergency
- Take a step back to assess resources and workload, then re-prioritize. Everything is not a fire.

In one year, what might the agency have done to support employee resilience and mental wellbeing (policy, practices, benefits, systems)?

- More effort/focus on mental wellbeing beyond EAP and update information and resources
- Quiet room, guided meditation/sessions at breaks
- Encourage lunch and breaks
- Schedule 25/50 min meetings (set as Outlook default) with breaks in between

- Review practices and etiquette at meetings, especially as back in person. Who has to attend? Is it a meeting or email?
- Look at how to hire/fill quickly (retirements, etc.)- QI opportunity?
- Leaders model work/life practices
- More role clarity, especially when people leave and need coverage
- Increase clarity around processes (hiring, etc.)
- Rebuild depth in coverage
- Clarify expectations around hybrid: fairness/equity? Roles that can't work from home?
- Food trucks on site (to replace cafeteria); other food access (and connections)
- Annual team building retreat
- Train people on "delay send"
- Reduce work after hours
- Clarify difference between crisis vs important
- Look at processes on administrative work; increase efficiency
- Policy/schedule for reviewing and updating processes- ensure it's documented (for institutional knowledge), keep "legacy binder" updated
- Look at policy for positions not eligible for flex (like breaks between meetings)
- Balance for union/non-union practices
- Strengthen orientation/onboarding; re-board everyone(?) with best practices

Reactions from World Café Gallery Walk

- 3 levels all addressed respecting schedules, onboarding, time between meetings, human connection (e.g., food sharing = camaraderie), how do things work (policies, procedures, position descriptions)
- Saying it out loud helps people recognize a principle "people should take lunch breaks"
- Demonstrated a need for support from the organization for individuals to feel empowered
- Staff are seeking a "place": food as a reason for gathering, onboarding is welcoming people to a team
- Building a resource pool
- Off-boarding: gather lessons learned in exit interviews, HR might be lean
- Need to do this foundational work to address turnover, especially since many started during the pandemic
- Strategic planning led into re-accreditation process; need to get back to a basic work plan but doesn't seem to be any time to do it
- How can we take care of ourselves and each other in order to serve the community/public?
- Realistic workloads? Coming out of Covid, mass retirements, what is the new normal?
- Language: my staff vs. my colleagues, sounds warmer and represents a team

Brainstorming Key Actions

1. Provide ongoing leadership development at all levels.

- **Provide leadership training for everyone.**
- **Create a Resource Bank with trainings, "how to" documents, etc., who to contact for specific items.**

- Mentorship at all levels.
- Training for leaders on employee wellbeing and team building.
- Training on meeting and check-in etiquette.
- Managers/staff taking trauma response and stress or resilience training.

2. Create regular opportunities for community.
   - **Encourage "non-work" gatherings (potlucks, lunches, book club, knitting circle, social events, peer groups).**
   - Encourage in-person meetings to help build connection.
   - Agency opportunities for gathering- virtual and in person.
   - Fun activities for all DPH staff- e.g., yoga, bunco tournament, hosted paint night in cafeteria, also advertise the DPH softball team.
   - Create opportunities for celebration, joy, and laughter.
   - Team building during work: team and self-reflection, mentor/resilience team.
   - Create employee resource groups within sections and across sections.
   - Reconstitute health and safety committee.

3. Elevate care in our work culture.
   - **Implement a department-wide meeting policy (e.g., 25/50 min meetings vs. 30/60)**
   - **Attitude and moral shift to include: set strong boundaries; saying "no"; culture that supports collaboration and individual autonomy; being a team player; "Mindfulness Mondays"; Leadership/Commissioner sets the stage.**
   - Visible leadership/accessibility
   - As a manager/Commissioner, develop a priority list for the entire Department and have meetings with staff to decide the priority.
   - Set priorities with clear 2-way communication.
   - No non-emergency weekend/after-hours work including emails.
   - Communication styles: set expectations.
   - Weekly notifications re: manager planned absences (with 2 alternate contacts)

4. Create a foundation for success.
   - **Substantive onboarding experience.**
   - **Roles and Responsibilities List to ensure that staff have a clear understanding of minimal responsibilities. Maximum is limitless.**
   - Refill positions before person leaves (when possible).
   - Review HR policies for those who are not allowed to telework.
   - Prioritize improving the hiring process.
   - Provide employee assistance beyond EAP.
   - Hear from staff regularly (make it comfortable).

5. Support staff as individuals.
   - **Practical tools for meaningful recognition and reward.**
   - Monthly parking space raffle.
   - Find ways to celebrate small victories (e.g., group snacks).
   - 15-minute chair massages bi-monthly. :)

Other ideas:

- Initiate DPH "forum" to engage all DPH programs/sections to share successes and challenges at least once a year.
- Have meeting with staff who are working on projects to gather how you can assist and provide the resources necessary.
- More access to legal guidance.
- Consider all staff as partners to create solutions for a better workplace and workforce.
- 1 hour break between meetings to gather notes and get a break. Stop scheduling meetings all through the day.
- Align resiliency and wellness into DPH SHIP/SHA PH workforce. Make it tangible.
- Create a Teams chat for DPH Supervisors/Managers to share resources, ideas, 911 help, monthly theme/topic.
- Re-evaluate our learning platform TRAIN.
- Encourage managers/supervisors to conduct monthly/quarterly team building exercises.
- Create forums for discussion that's open regarding policy, procedures, etc.
- Analyze staff retention and devise strategies to improve it.
- Meeting deadlines- work with staff to build capacity.
- Carefully consider grant opportunities.
- Provide wellness resources throughout employment.
- Practical relationship building in a virtual world.
- Improve food options.
- Leveraging internal SMEs of all skill sets for internal staff development.

What's missing?

- Managing workloads; need to fill vacancies
- Do we use new hires to provide relief for existing staff? Or give them new projects?
- Communication around leadership's priorities and decision-making for $1.6 billion budget. How do staff feel about priorities/decision-making process?
- What is the role of the supervisor? How do they best support staff?
- Staff doing the work know the job best and the resources needed. Leaders can facilitate and help identify a path to a solution.
- Need buy-in from all staff. How to assess?

What could we not do without ASTHO?

- Understanding of and access to other states' experiences, onboarding processes, models, best practices
- Mentorship program
- Survey results leading to promising practices
- Forum/space to contribute ideas
- Inventory of free/low-cost ideas for workforce
- Trainings
- Measurement around trauma-responsiveness benchmarks, how to reduce the baseline
- Support with infrastructure grant; creativity in assessing staff annually.

- Change management tools; some staff may not buy in.

Potential challenges

- Prioritizing this work among other responsibilities
- How to ensure consistency/continuity
- Need support from leadership/Commissioner
- Set the course, need to stay on it
- Supervisors can invite staff to hold them accountable.

What might you do differently as a result of this workshop?

- Delayed delivery email
- Use Praise button on Teams calls
- Personal check-in to say hello
- Walk around and say hi to others
- This implementation team can be a cohort; have a team to share ideas and resources.
- Recommit to not working on the weekends and encourage staff to do the same.
- Say no to certain requests.
- Send message to team- we will work together as a ream to accomplish our goals
- Empower staff to check in on me
- Shorten meetings
- Let my team know it's ok to make mistakes.
- Sharing the concepts from this meeting with my team.
- Model behaviors for my team.
- Think about who really needs to participate in meetings.
- Assign a timekeeper in meetings.

Next Steps

- ASTHO will share slides and notes from site visit.
- ASTHO will prepare proposal based on identified key actions.
- CT DPH may participate in upcoming training and other support offerings along with other PH-HERO pilot sites.

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APPENDIX E:

Draft evaluation and performance measurement plan.

The Connecticut Department of Public Health (CT DPH) participated in the PH-WINS survey in 2014, 2017, and 2021, and it is the intent of the agency to continue to participate in this important national survey of the public health workforce in future years. In addition to centralized national surveys and processes for evaluation and performance measurement, the following measures represent anticipated Process Improvement metrics, as well as Short-Term and Intermediate Outcomes to be included in the evaluation of the grantees success in the performance of activities and achieving the goals of the project work plan. The appropriateness of these metrics will be evaluated continuously and CT DPH will work with Component B grantees to develop a more comprehensive Evaluation and Performance Measurement Plan within the first six months of the project period.

Process Improvement

A1.PI1 Goal: *Streamlined hiring processes to fill vacancies quickly and successfully.*

Performance metrics:

A1.PI1.a. – Reduced number and type of current vacancies overall, as well as by Job Type/Classification and Program Area.

A1.PI1.b. – Increased number and type of hiring mechanisms and platforms used to recruit and hire new staff.

A1.PI1.c. – Increased number and type of improvements and innovations to workforce systems and process.

A1.PI2 Goal: *Improved workforce support and training mechanisms.*

Performance metrics:

A1.PI2.a. – Increased number and type of programs used to recognize and retain existing public health staff.

A1.PI2.b. – Increased number and type of workplace wellness programs and services available to staff.

A1.PI2.c. – Increased number of staff utilizing workplace wellness programs and mental health supports.

A1.PI2.d. – Increased number and type of workforce, training, and other assessments utilized to guide workforce development and related programs.

A2.PI1 Goal: *Advancement of streamlined and standardized processes for public health systems across agencies and local jurisdictions.*

Performance metrics:

A2.PI1.a – Increased number of local health jurisdictions that begin the process of applying for public health accreditation or re-accreditation.

A2.PI1.b – Increased number and type of improvements and innovations to infrastructure, foundational systems, and work process reported by state agencies and local public health jurisdictions.

A2.PI1.c – Increased documentation of successes and challenges to implementation of human resource, fiscal, regulatory, and other foundational processes at public health agencies.

Short-Term Outcomes

A1.ST1 Goal: *Increased diversity in the public health workforce pipeline and in hiring of public health staff.*

Performance metrics:

A1.ST1.a. – Increased racial and ethnic diversity of staff hired into the public health workforce overall in Connecticut and by organization type (state agencies, local health departments, non-profits, IHEs).

A1.ST1.b. - Increased diversity of individuals applying to public health training programs in Connecticut.

A1.ST1.c. - Increased number of high school students from Alliance District schools pursuing post-secondary public health education.

A1.ST2 Goal: *Increased retention of existing public health staff.*

Performance metrics:

A1.ST2.a. – Reduced percentage of the public health workforce leaving their agency each year for reasons other than retirement.

A1.ST2.b – Reduced percentage of the public health workforce choosing early retirement (before age 67).

A1.ST2.b. – Increased percentage of positions currently working or vacant at state public health agencies with a lower-bound salary range at or above the calculated living wage[33] for any given year.

A1.ST2.c. – Reduced gap in compensation packages between public-sector and private-sector clinical staff working in public health agencies.

A1.ST3 Goal: *Improved workforce systems and processes.*

Performance metrics:

A1.ST3.a. – Increased organizational administrative competency in local health jurisdictions demonstrated by meeting state-madated reporting deadlines.

A1.ST3.b. – Decreased mean position vacancy duration in working days.

A1.ST3.c. - Increased number of agencies/organizations participating in a centrally coordinated public health experiential learning program in Connecticut.

[33] https://livingwage.mit.edu/counties/09003

A2.ST1 Goal: *Improved organizational systems and processes.*

Performance metrics:

A2.ST1.a – Increased number and type of quality improvements to organizational systems and processes documented at public health agencies in Connecticut.

Intermediate Outcomes

A1.IT1 Goal: *Increased size of the public health workforce.*

Performance metrics:

A1.IT1.a. - Increased number of individuals applying to public health training programs in Connecticut.

A1.IT1.b. – Increased percentage of individuals beginning the Associate of Public Health program who enter the public health workforce within 3 years.

A1.IT1.c. – Increased number of staff employed overall and by job type or classification, program area, and hiring mechanism or employment status at state and local public health agencies.

A1.IT1.d. – Increased total size of the public health workforce in Connecticut, over time, by job type or classification, program area, and hiring mechanism or employment status.

A1.IT2 Goal: *Increased job satisfaction within the public health workforce.*

Performance metrics:

A1.IT2.a. – Increased percentage of public health staff who report being satisfied with their job, their organization, the workplace environment, their pay, and their job security on standardized evaluations (e.g., PH WINS).

A1.IT2.b. – Reduced percentage of public health workers experiencing post-traumatic stress symptoms or mental health impacts from their work.

A1.IT2.c. - Increased percentage of public health workers who report they have the skills and training supports necessary to do their current jobs effectively.

A1.IT2.d. – Increased percentage of public health workers who report they have the skills and training supports necessary to advance in their public health careers.

A2.IT1 Goal: *Stronger public health foundational capabilities.*

Performance metrics:

A2.IT1.a – Increased number of local health jurisdictions that apply for initial public health accreditation.

A2.IT1.b – Increased number of local health jurisdictions that meet or exceed accreditation standards and measures.

A2.IT1.c – Increased percentage of local health jurisdictions that report activities across all ten essential public health services in annual reports.