
PHAB Public Health System Workgroup

December 11, 2024



Agenda

Introductions

Update from PHAB

Review recommendations

Consensus on final recommendations

Planning for January PHAB presentation

Introductions

What is/was one "Rose bud" (pretty/nice) in the Workgroup's process?

What is/was one "Thorn"(sticky/prickly) in the Workgroup's process?

Update from PHAB

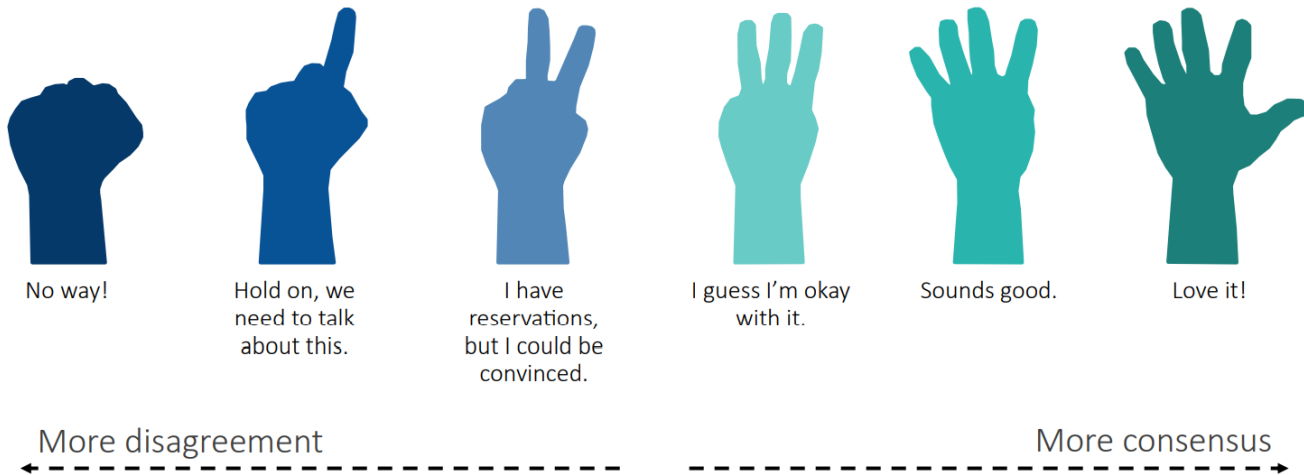
PHAB Members in the workgroup

Refresh on Workgroup Agreements

- Recommendations with high feasibility and high impact were moved into a workforce development outline
 - *See appendix slides in this presentation
- Workgroup will use consensus of fist to five method to confirm recommendations
- 2-3 volunteers to present recommendation to PHAB
 - January 9th from 3:00-5:30PM
 - 25-minute presentation

Consensus Decision Making

Which best describes your level of agreement?



- Whenever there is anything less than a 2 than the group will STOP and talk about the issue some more.
- After some time. The group will move to make a decision again.
- The idea is move towards agreement.

Consensus Activity

Appendix: Recommendations slides

Example: Consensus Activity in December

Workforce Theme: Recruitment

- **Recommendation 1** - Invest in communication and promotion strategies to introduce and invite students into the public health field.
- **Recommendation 2** - Support and integrate diverse professionals
- **Recommendation 3** – Invest in local pathways to public health ‘grow your own’ education, certification, training for public health jobs

Workforce Theme: Retention

- **Recommendation 1** - Address high turnover rates at OHA for positions engaging directly with CBOs and their supervisors.
- **Recommendation 2** - Expand emergency preparedness workforce training
- **Recommendation 3** – Invest in system-wide professional development opportunities

Break

Decisions for PHAB Presentation

- PHAB Presentation January 9th 3:00-5:30PM
 - Agenda will be shared soon, this workgroup has 20-30 min
- Confirm who is presenting

Next steps

OHA Project Team will connect workgroup members who volunteer with meeting information
Workgroup prepare for the presentation to PHAB

After the PHAB Presentation

- OHA-PHD will submit a workforce plan to legislature, as a Public Health Modernization deliverable, and make it publicly available.
- PHAB is one of the main recipients of this work.
- Recommendations are also intended for use by OHA, LPHA, CBO, Tribal Health and Academic to support planning for Public Health Modernization moving forward across the entire system.

Public Comment

Thank you so much!

PHAB Workforce Workgroup Draft Recommendations

Training and Development

- 1. Expand access to emergency preparedness and response workforce training:** Provide access to emergency preparedness training, including FEMA, first aid, and disaster navigation across the public health system.
- 2. Develop culturally specific trainings and include public health specific components (offer remote) for CHW, THW, Doula certification programs.** Include continued education with focus on public health assessment and epidemiology related connections with these underutilized yet critical positions for epidemiology in rural and marginalized populations.
- 3. Provide trainings to build health equity and cultural competency capacity in existing governmental public health workforce.** Provide specialized training for staff in governmental public health to meet the diverse needs of communities, especially new immigrants and refugees.
- 4. Provide system-wide trainings to develop shared knowledge of public health system:** the workforce of the public health system does not have a shared understanding of the “public health system”.

Training and Development

- 5. Build workforce capacity for community engagement:** Build skills and provide resources to effectively engage with diverse communities, including trainings in data collection, partnership building, and cultural competency.
- 6. Provide tech trainings for improved health education and communication:** Address current challenges in adapting to new technologies and digital tools that could improve public health education, service delivery and data management.
- 7. Enhance data skills:** train and develop public health staff for advanced data analysis skills, including big data, small data, qualitative and quantitative methods, and data justice principles.
- 8. Address inadequate language and accessibility services and resources:** access to interpreters, appropriate language translations, reading level accessibility, physical accessibility.

Recruitment

- 1. Invest in emergency response workforce:** Increase staffing levels for critical emergency response positions, such as community health workers, community navigators, and call center staff.
- 2. Diversify the public health workforce:** Invest in programs and initiatives to increase the representation and perspectives of rural communities, tribal communities, people of color and other marginalized groups in the public health workforce.
- 3. Address workforce recruitment and retention barriers:** Collaborate with HR departments to remove organizational and institutional barriers to hiring and retaining public health staff.

Retention

- 1. Enhance workforce stability & retention:** Implement strategies to reduce turnover and promote long-term career paths in public health
- 2. Support and retain diverse professionals:** including those from immigrant and refugee backgrounds, to better reflect and serve the community in public health emergency work
- 3. Support diverse leadership development & retention:** Create mentorship and sponsorship programs for public health leaders from historically marginalized and underrepresented backgrounds and populations.

Leadership Development

- 1. Develop sustainable public health leadership:** Invest in leadership development programs to prepare the next generation of public health leaders and build sustainable organizational succession opportunities. (Leadership-and-Organizational, 2024)
- 2. Support diverse leadership development & retention:** Create mentorship and sponsorship programs for public health leaders from historically marginalized and underrepresented backgrounds and populations.

Organizational Strategy

- 1. Create a collaboration space for sharing tools that reduce workforce recruitment and retention barriers across the system:** create shared templates, language, and desired attributes for positions, hiring processes, interview questions, etc.
- 2. Build workforce partnerships across the system:** to strategize on diversifying the public health workforce at a system level.
- 3. Invest in workforce partnership development:** advocate for long-term funding to support community partnership initiatives.
- 4. Enhance Statewide and Regional Coalitions to address regional specific issues:** such as lack of public transportation; community can't get to the places to access services; workforce isn't supported by regional infrastructure. Extreme weather events like smoke from wildfires and extreme heat are displacing public health workforce.

Organizational Strategy

- 5. Invest in communication and promotion strategies with academic partners to introduce and invite students into the public health field.**
This includes expanding their understanding of public health beyond clinical public health positions.
- 6. Provide more frequent, consistent, and clear communications in technical assistance for Community-based Organizations.** Clear communications for CBOs reduce ambiguity and communication barriers.