Saint Louis County Department of Public Health

STRATEGIC PLAN 2020 – 2025

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Letter from the Director

Dear Colleagues,

Since we released our 2014 – 2019 Strategic Plan, the Saint Louis County Department of Public Health has grown in its capacity and commitment to address health inequities and create environments where people can thrive. We continue to strengthen our ties with regional partners, and together we are committed to looking at health from a broad perspective that considers structural and social determinants.

As we began work on this plan in 2018, continuing to address structural and social inequalities was a priority. Since 2020, the dual pandemics of COVID and racism have challenged our community and our department and further exposed how far we have to go to making our vision of healthy people, healthy environment, and equitable communities a reality.

This strategic plan outlines how we can move towards a more equitable and healthier St. Louis region. Over the next five years, we will put equity at the forefront of our work, strengthen our internal operations, improve the quality and accessibility of our data, and invest in our most valuable asset—our staff. These priorities will enable us to grow our capacities and better serve the community and its ever-evolving needs.

Whether you are a community member, a community partner, or a member of DPH staff, we appreciate your interest in learning more about our 2020 – 2025 Strategic Plan. We hope you see yourself in this plan and we invite you all to join us in its implementation.

Faisal Khan, MBBS, MPH
Director, Department of Public Health

Our Department of Public Health
Mission • Vision • Values

Our Mission

To promote, protect, and improve the health and environment of the community.

Our Vision

Healthy people, healthy environment, equitable communities.

Our Values

We believe in:

- Being a public health leader in the community
- Providing equitable access to services and resources
- Being responsive to the changing needs of our community
- Operating in an ethical, transparent, and fiscally responsible manner
- Serving our community with dignity and respect

Saint Louis COUNTY PUBLIC HEALTH

Introduction and Purpose

The 2020 – 2025 Strategic Plan outlines a bold path for the Saint Louis County Department of Public Health (DPH) to advance its mission and work toward achieving its vision of healthy people, a healthy environment, and equitable communities.

DPH serves a diverse community of about one million residents. With more than 500 dedicated staff and a budget of over $76 million as of fiscal year 2021, DPH has immense capacity to impact the County community for the better. Staff across divisions including Communicable Disease Prevention, Communicable Disease Response, Health Promotion and Public Health Research, Environmental Health, Public Health and Primary Care Clinical Services, Corrections Medicine, and the Office of the Medical Examiner work together to provide quality public health services. See **Appendix 1** for a full organizational chart.

The plan is aligned with critical local, regional, and national plans to ensure cross-sector collaboration to increase our impact. Community partners such as Forward Through Ferguson[1] are paving the way for us to reimagine how we approach this work. DPH is building partnerships among organizations in the local public health system to address the structural barriers that prevent individuals from achieving optimal health.

The priorities, goals, and objectives outlined in this plan reflect steps DPH can take to be a model public health department and delineate how to move forward after an unprecedented pandemic. These steps will strengthen today's DPH and position the Department to tackle future challenges faced by St. Louis County and the region.

1. For more information see Forward Through Ferguson's #2039 Action Plan.

Strategic Planning Committee Spotlight

The Strategic Planning Committee included representatives from across all DPH divisions, Saint Louis County government, and the Health Advisory Board. Committee members met for monthly planning meetings from November of 2018 to October of 2019 and for retreats as needed. Members served as liaisons between the Strategic Planning Committee and their divisions. The development of the plan would not have been possible without their hard work and dedication. Members are as follows:

- Humair Ahmad
- Chris Elliot
- Natalie Fiala
- Lori Fiegel
- Shannon Franklin
- Shameka Davis
- Carrie Dickhans
- Kate Donaldson
- Kathrina Donegan
- Jayme Hillmer
- Hannah Kramer
- Tyrunne Johnson
- Jenelle Leighton
- Rikki Maus
- Dr. Jay Meyer
- Sara Mohamed
- Sarah Mueller
- Arletta Place
- Victoria Reed
- Ntasiah Shaw
- James Sayers
- Aimee Snavely
- Keith Street
- Joyce Theard
- Gena Traver
- Emily Varner
- Nancy Vincent
- Brenda Wessel
- Jennifer Western
- Andrea Zeilman

Planning Process

DPH began a comprehensive, staff-led strategic planning process in November 2018. Senior leadership appointed 30 members to a staff-facilitated Strategic Planning Committee (SPC), which met on a monthly basis. The committee has broad representation from all DPH divisions, DPH's Health Advisory Board, and Saint Louis County government.

The initial SPC meetings focused on updating the Department's Mission, Vision, and Values statements. After an all-staff survey in which staff were able to vote on options for the new Mission, Vision, and Values, the final options were presented to and affirmed by the DPH acting co-directors.

Next, the committee began compiling quantitative and qualitative data to inform our Strengths, Weaknesses, Opportunities, and Threats (SWOT) matrix. The SWOT took into consideration internal and external constraints that would impede successful strategic plan implementation. Specific external considerations included local, state, and federal politics; funding; and emerging public health issues. Internally, the Committee looked at the Department's infrastructure, work culture, and quality service and assurance. For further details, see **Figure 1**.

To complete the SWOT, the committee formed two workgroups: Existing Data and Staff Voice. At a one-day retreat, the Existing Data Workgroup reviewed critical internal and external documents to ensure that the SWOT was data-informed. A list of core documents reviewed can be found in **Appendix 2**.

The Staff Voice Workgroup focused on collecting robust qualitative input from staff across all DPH sites. To do this, the committee developed an online survey and open-ended prompts to understand what's been done well at DPH, where there are areas for improvement, and where we have opportunities for innovation moving forward. One-hundred and eighty responses were collected via the online survey and around 200 individuals responded to the open-ended prompts. For an executive summary of the survey results, see **Appendix 3**.

Figure 1: SWOT Matrix

The SWOT matrix was created in 2019 during the initial strategic planning process. In the summer of 2021, the Office of Strategy and Planning worked with staff to understand how the Covid-19 pandemic has changed the landscape. Elements whose importance has increased are in bold. Footnotes detail key changes in the landscape.

Strengths

Operational Priorities
- Institutionalization of PM, QI, and Health Equity

Quality Service and Assurance
- Promote safe and healthier environment
- Enforce regulations
- Provide quality services to community

Data Management
- Disaggregated data
- Data collection and reporting informed decision-making
- HIPAA compliance
- Paperless patient communication system

Partnership and Collaboration
- Regional collaboration
- Partnering with community[2]
- Generate funding

Work Culture
- Good coworkers and supervisors
- Mission-driven
- Diverse workforce
- Work-life balance

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Opportunities

Focus on Health and Racial Equity
- Targeted Programs
  - Increase screening treatment and prevention opportunities
  - Increase provider and public education
  - Services needed for growing populations (e.g., aging, Latino/a, foreign-born)
  - Investment in children and youth
  - Increased employment and educational opportunities in North County
- Workforce development/training
  - Address social determinants of health
  - Increase department focus on health and racial equity (e.g. more health and racial equity training)
  - Increase trauma-informed staff and services

Collaboration
- Increased partner collaboration (e.g., regional, inter-agency)
- Collaboration across DPH division lines
- Collaborate more with community
- Collaborate around funding opportunities

Data Innovation
- Data visualization (e.g. increase use of GIS, add content and interpretations to data)
- Consolidate and coordinate assessments (e.g. CHA/CHNA)
- Upgrade data sharing processes and agreements

Workforce Development
- Increase staff development opportunities

Strengthen IT Capabilities
- Upgrade IT infrastructure and capacity

Policy
- Educate policymakers and public
- Revise and update ordinances
- Medicaid expansion[3]

Institutionalizing Quality Improvement
- Use QI throughout planning processes
- Offer employee incentives for QI
- Data-informed and data-driven decision-making

Accountability and Transparency
- Implement accountability/transparency measures at all levels
- Clarify policies and procedures to increase staff understanding and adherence

Employee Benefits and Incentives
- Increase employee appreciation/recognition
- Professional development opportunities (ex: more CEUs)
- More incentives (ex: counseling for employees, wellness programs)
- Improved benefits

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Weaknesses

Staff Challenges
- Recruitment and retention
- **Strain on staff**
- Pay (e.g., pay equity, competitive wages, regular raises)
- Limited budget
- Low engagement (e.g., trauma-informed care)
- **Internal communication (e.g., across divisions/levels, lack of all staff meeting, alignment of programs/strategies, outdated ordinance)**
- Low support from leadership

Data Innovation
- Data with limited content or meaning in reports
- Data sharing, access, and security
- Data stored in multiple software systems

Limited Community-driven Processes
- **Limited role of community in decision-making**
- Distrust of health system by marginalized groups
- Burden of requirements for services on community

Outdated Infrastructure
- IT
- Slow processes (lengthy and antiquated, paper-heavy)
- Lack of innovative processes (e.g., inability to provide online payment services)
- Outdated facilities

Threats

Inequity
- Barriers to access services and coverage for healthcare
- Racial inequity
- Health disparities
- Social determinants of health (e.g., neighborhood climate/safety, transportation)
- **Mistrust by community of health system**

Emerging Public Health Issues and Diseases
- Areas with decreasing population
- Increasing burden of disease

Health Communication and Education
- Health misinformation and low health literacy
- Misinterpretation or misuse of data/findings
- Noncompliance with regulations

Lack of 21st Century Government
- New data system needed (data management system will no longer be sustained in 2 years)
- IT infrastructure
- Lack of control over underlying technological infrastructure (e.g., DHSS controlled)
- Lack of data availability and performance mapping

Funding
- County budget cuts
- Dependent on grant funding
- Competing priorities for funding
- Reduction in resources

Politics
- Local, state and federal
- Taxes

2. During the 2021 review, staff identified that COVID-19 has caused serious discussion of responsibilities and the role of DPH and our partners in many partnerships.
3. A Medicaid expansion constitutional amendment was established via ballot initiative in 2020. Implementation was legally contested, but the Missouri Supreme Court ruled in favor of expansion in July 2021.

Following data collection, the committee compiled results from the data review and staff survey into a final SWOT matrix in September 2019. The committee then participated in two all-day retreats to identify priorities, goals, and objectives using a series of interactive activities. The committee referenced PHAB standards and measures and other strategic plans to ensure our process included all necessary components.

In November 2019, members of the committee presented and collected feedback on the proposed priorities, goals, and objectives to DPH senior leadership. The Strategic Plan was approved in February 2020.

In early 2020, as preparations were underway to publish the plan and begin implementation, the Covid-19 pandemic hit. Over the course of 2020 and the beginning of 2021, many Strategic Plan efforts moved forward informally as staff juggled emergency response and regular duties. In recognition of the drastically changed landscape, a newly formed Office of Strategy and Planning (OSP) re-engaged DPH staff in a review of the plan during Summer 2021 to ensure that its contents reflected where we were as a department after the unprecedented events of the past 16 months. This review involved re-engaging the Strategic Planning Committee around the SWOT and common themes across divisions, consulting with executive leadership, and administering a new survey to collect the feedback of all DPH staff around areas of opportunity and improvement in the Department. For more details on this survey, see **Appendix 4**. Input collected during the initial planning and re-engagement processes is reflected in the final version of the plan and will be incorporated into action plans.

Throughout the process, the committee has posted updates to a shared web page to keep staff informed and involved in the process. Regular all-staff emails from the committee, senior leadership, the director, and the Office of Strategy and Planning have encouraged this staff-led and staff-driven approach to strategic planning.

Alignment

The 2020 – 2025 Strategic Plan was developed with alignment and collaboration at the forefront. It is guided by national standards and intentionally aligned with other regional and national plans.

Community Health Improvement Plan

DPH's Strategic Plan is aligned with the 2019-2024 St. Louis Region Community Health Improvement Plan (CHIP). The Department is a convening member of the Saint Louis Partnership for a Healthy Community, which was formed to undertake the first joint Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) for the City of St. Louis and St. Louis County. This innovative partnership aims to achieve the benefits of broad partnership around a regional CHA and CHIP, including deeper engagement of community partners; enhanced alignment of defined priorities and strategies; and coordination of implementation strategies for greater impact and a healthier, more equitable St. Louis region.

The Strategic Plan priorities include objective and strategy-level alignment with the CHIP's priorities:

- Address the social determinants of health as root causes of community health.
- Eliminate disparities in health and promote health and racial equity.
- Improve the local public health system to be able to collectively address the needs of the region.

One of the priority areas of the Strategic Plan is to *Champion Equity*. This aligns with two CHIP priorities: to eliminate disparities and to address the social determinants of health.

St. Louis County

The overarching St. Louis County Strategic Plan's priority areas include:

- Health and Safety—Protecting the Health and Safety of All St. Louis County Residents
- Opportunity—Building an Inclusive and Equitable St. Louis County
- Good Government—Creating a Customer-Centered St. Louis County Government

These priorities align closely with DPH's plan. Our work is centered on protecting and enhancing the health and safety of all St. Louis County residents. We are committed to providing equitable, accessible, and customer-centered service to our community. Our plan commits us to transform our operations and work collaboratively to break down health inequalities in our communities.

Regional and National Plans

This Strategic Plan aligns with priorities and recommendations outlined in other critical work, such as "Forward Through Ferguson: A Path Toward Racial Equity." We are committed to enhancing the customer-facing work of our clinical facilities and the County Jail as well as reviewing policies and practices to ensure that we are centering health equity.

Drawing on national leadership, the plan was informed by national priorities set out in the Public Health 3.0 framework and Healthy People 2030. We are committed to transforming our public health infrastructure through greater use of technology and new tools to collect, analyze, and promote public health information.

10 Essential Public Health Services

DPH is committed to providing the 10 Essential Public Health Services, which describe the core functions that public health systems across the country should provide to their communities. Our commitment to these services is reflected throughout many of the plan's strategies and objectives and will inform action planning. The revised 10 Essential Public Health Services, released in 2020, center equity, a value that is fundamental to DPH's strategic plan.

Accreditation

In August 2018, DPH achieved national accreditation through the Public Health Accreditation Board (PHAB). The national accreditation program works to improve and protect the health of the public by advancing, and ultimately transforming, the quality and performance of the nation's public health departments. DPH is one of eight health departments in Missouri and 276 health departments nationwide that have achieved accreditation through PHAB since its launch in 2011. The Strategic Plan's priorities, goals and objectives will support continued conformity with PHAB standards and measures and be monitored through the Performance Management System.

Structure of the Plan

DPH will use this plan to work towards achieving and executing our updated mission and vision. There are four priority areas: *Champion Equity, Workforce Investment, Transformational Operations, and Data Innovation*. These were created to inspire improvements in both the Department's internal operations and in our capacity to equitably serve our community. Under each priority area are goals, objectives, targets, and key strategies. **The key strategies listed have been identified by the Strategic Planning Committee or DPH leadership as important but are not intended to be comprehensive.** Additional strategies will be identified by the Work Groups during the action planning and implementation stages. The core elements of the plan are defined as follows:

- Priority—Key issue that provides a focus for planning
- Goal—Long-term outcome representing a change in the priority area
- Objective—Short-to-intermediate-term outcome that is concrete and tied to achievement of goals
- Target—Measurable performance threshold that indicates whether an objective has been achieved
- Key Strategy—High level approach to fulfilling objective

The four priority areas and their supporting goals, objectives, and strategies were carefully chosen to push the work of the Department forward and allow us to have the greatest impact on those we serve.

Additionally, staff identified three **cross-cutting themes** as critical for the success of initiatives in all priority areas: 1) equity, 2) communication, and 3) quality improvement. While implementing any strategy to progress towards the goals and objectives below, the Department will consider its impact on equity, ensure changes are communicated effectively, and institute performance management schema that prompt quality improvement efforts when needed. Themes are identified throughout with these symbols:

E Equity

C Communication

QI Quality Improvement

Priorities with Goals and Objectives

Priority #1 Champion Equity

Health equity means that everyone has the opportunity to live a long and healthy life that is not compromised or disadvantaged because of economic, demographic, or geographic differences such as race, ethnicity, gender, income, education, sexual orientation, neighborhood of residence, or any other social or environmental conditions.

Equity is at the core of every health issue the Department addresses. It is necessary to use data to track inequities in the region and be intentional in addressing those inequities. Equity, or lack thereof, and the structural factors that lead to it have an extensive impact on health outcomes. DPH strives to champion equity so that all individuals have the opportunity to achieve optimal health, regardless of their social status or identities.

This plan will advance our impact in this area by working collaboratively with the community to guide equitable practices, and by ensuring that the Department has practices in place to operate through an equity lens.

Goal: DPH operations are informed by an equity lens and community voice.

Objective 1: By 2025, DPH will increase incorporation of diverse community voices into its decision-making.

Target: At least two additional programs or initiatives will document inclusion of community input annually.

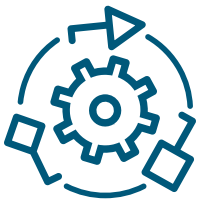
- Key Strategies:
  - Form a governing board comprised of community members who use DPH services.
  - Incorporate insights from participation in community coalitions into DPH policies and practices.
  - Collect and utilize customer feedback. QI C

Objective 2. By 2025, DPH will incorporate the principles and practices of a health equity framework as standard practice.

Target: By 2025, 75% of programs, policies, and initiatives reviewed via random audit have applied the health equity framework.

- Key Strategies:
  - Design a DPH health equity framework.
  - Implement a trauma-informed framework as outlined by the Missouri Model.

Priorities with Goals and Objectives



Priority #2
Data Innovation

Data is the basis of much of the work that is being done in the region. Data inform the Department of the region's highest needs and direct where our work should be focused. It is important, however, to consider not just how data is used internally, but also how data is shared with partners and community members. DPH is committed to sharing appropriate data with partners, clearly communicating data with the community, and building capacity among the community to be data owners. Encouraging data ownership among pertinent stakeholders will hold the Department accountable to the needs of our partners and community members. In order to accomplish this, DPH will take part in collaborative efforts to encourage data-sharing. The Department will work with Saint Louis County on the Open Government initiative to identify data sources that should be available and accessible to the public.

Goal: DPH's workforce and community partners have access to the data and skills to make data-driven decisions.

Objective 1: Public health data is collected, analyzed, shared, and utilized to inform policy and program decisions.

Target: By 2023, DPH will have reviewed all regularly published data sets to ensure they meet standards of comprehensiveness, timeliness, and disaggregation for equity action.

- Key Strategies:
  - Strengthen the internal feedback loop of data collection, evaluation, and decision-making. C
  - Develop standards to ensure that data analyses, visualization, and dissemination materials include appropriate disaggregation to represent health disparities. E
  - Identify and make available data sets that are appropriate for open government.

Objective 2: DPH will strengthen participation in collaborative data efforts by increasing data utility for community partners.

Target: Each year, DPH will engage in at least two data collection, analysis, or sharing projects in conjunction with external partners.

- Key Strategies:
  - DPH will develop a process for providing data and technical support to external stakeholders as requested.
  - DPH will institutionalize a cross-division work group to ensure internal data infrastructure and data-sharing processes meet the needs of regional networks of data practitioners and community members.

Priorities with Goals and Objectives

Priority #3 Transformational Operations

This priority area focuses on improving operations to support open communication, collaboration, and innovation in the Department. Creating and updating the internal and external policies that guide our work is crucial to ensuring accountability and transparency. This plan outlines methods by which DPH can create processes for reviewing and updating policies; standardize continuous quality improvement; and assess fiscal, human resources, information technology, and administrative needs.

Goal: DPH operations reflect innovation, accountability, transparency, and continuous quality improvement.

Objective 1: DPH systematically recommends adjustments to the health code to ensure alignment with evidence-based public health practice.

Target: Review 20% of the health code annually and recommend adjustments.

- Key Strategy:
  - Develop a process to review the health code.

Objective 2: DPH policies and procedures address current administrative and management considerations.

Target: All internal policies and procedures are reviewed every two years.

- Key Strategy:
  - Develop a process to review and update internal policies and procedures.

Objective 3: Implement new fiscal practices to support a financially healthy department by 2025.

Targets: Each year, at least one new funding source is secured that addresses a gap identified in the previous year's budget.

- Key Strategy:
  - Utilize revenue cycle management.

Objective 4: A culture of continuous quality improvement is integrated into all programs and processes by 2025.

Target: Move to Phase 6 of NACCHO's "Roadmap to a Culture of Quality Improvement".

- Key Strategy:
  - Develop system to collect and analyze customer feedback for quality improvement. QI

Objective 5: DPH has formal internal communication channels activated by 2025.

Target: 70% of DPH staff will report being satisfied with internal communication.

- Key Strategies:
  - Develop feedback loops for each Division. C
  - Establish set of principles for making and communicating agency decisions. C

Priorities with Goals and Objectives

Priority #4 Workforce Investment

Because a highly motivated and skilled workforce is the key to success, DPH is committed to investing in our existing and potential employees. Building up the public health system requires attracting talented and diverse candidates. DPH is committed to strengthening the public health pipeline to encourage these candidates to join our workforce. In order to achieve our current mission, however, it is also necessary to support existing staff and create space for them to thrive as public health professionals. Investing in our workforce means creating conditions in which staff can grow, have good work-life balance, and feel recognized for the work they are doing.

Goal: DPH supports a capable, adaptive, diverse, and mission-driven workforce.

Objective 1: By 2025, workplace culture and recruitment/promotion practices more intentionally foster diversity and inclusion.

Target: By 2025, at least 70% of staff indicate that DPH promotes diversity at all levels of the organization through hiring processes and that DPH is an inclusive work environment.

- Key Strategies:
  - Engage with a wider range of partners to foster a more diverse pipeline of job candidates. E
  - Implement internal community-building practices that promote inclusion.

Objective 2: By 2025, increase the percentage of staff who feel valued and engaged in how their teams' work contributes to DPH's mission.

Target: By 2025, at least 70% of staff indicate that they are recognized for the work that they do.

- Key Strategy:
  - Formalize employee recognition program and employee appreciation opportunities.

Objective 3: By 2025, DPH is a learning organization with a professional development infrastructure that strengthens public health competencies and affords opportunities for career advancement.

Targets: By 2025, at least 70% of staff meet or exceed expectations for core workforce competencies. By 2025, at least 70% of staff indicate that they have help identifying career development opportunities and training.

- Key Strategies:
  - Update and implement DPH's workforce development plan.
  - Strengthen academic health department collaboration.

Action Planning and Implementation

The DPH Strategic Plan requires sustained attention and effort to ensure successful implementation. It also requires each DPH division to contribute towards its success. Cross divisional, staff-led workgroups will develop action-oriented strategies for each of the four Strategic Plan priority areas. This work will be captured in a strategic action plan that's created and owned by staff. Workgroups will communicate implementation strategies, encourage division alignment with the Strategic Plan, and champion the priority areas among broader DPH staff. Progress in this work will be provided in DPH's annual reports.

To ensure the Strategic Plan is part of each program and division's everyday work, performance measures will be aligned with the strategic goals and objectives. This process will be facilitated by the performance management team, which will provide periodic updates on division goal alignment and improvement efforts to the DPH senior leadership team and the Quality Council.

This plan is a "living" document. OSP will lead a formal review of the plan annually to ensure it stays relevant to the division and the community as DPH responds to new priorities, changes in the environment, or emerging issues. Action plans will be actively monitored by the Work Groups and may be modified based on progress or to reflect changes in the Department's strategic priorities. Action plan modifications may include changes to strategies, completion dates, outputs, or responsible parties. An updated version of the strategic plan/action plans will be published annually. The DPH annual budget request will also be informed by the priorities outlined in the Strategic Plan.

Appendices

Appendix 1: DPH Organizational Chart

Appendix 2: Selected documents reviewed by SPC

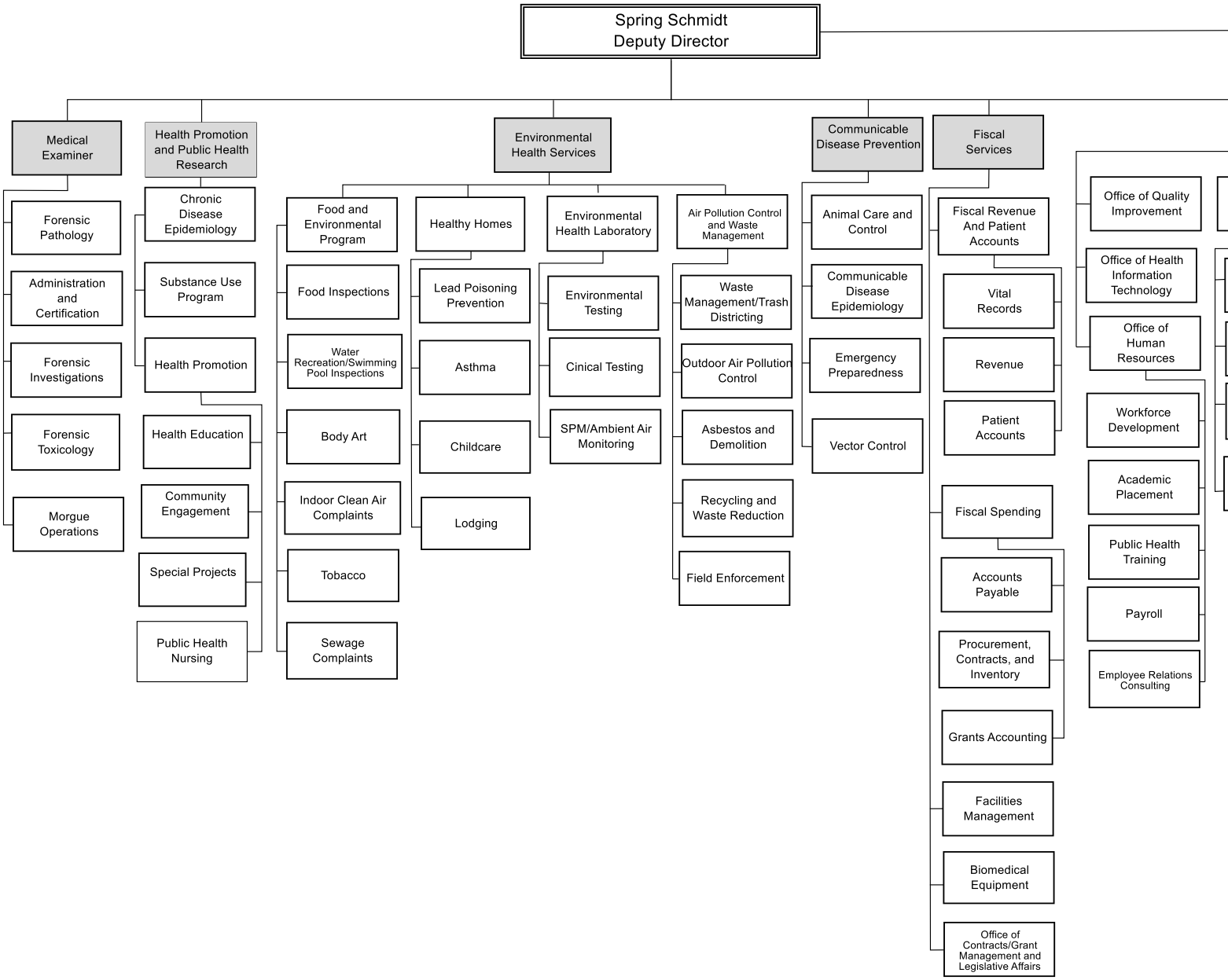
- Missouri Model: A Developmental Framework for Trauma-Informed Approaches
- Ferguson Commission Report
- Local Public Health System Assessment (LPHSA)
- State of the County
- St. Louis County Strategic Plan
- For the Sake of All, 2015
- CHA and CHIP Summary Report, 2018
- Health Equity Organizational Assessment

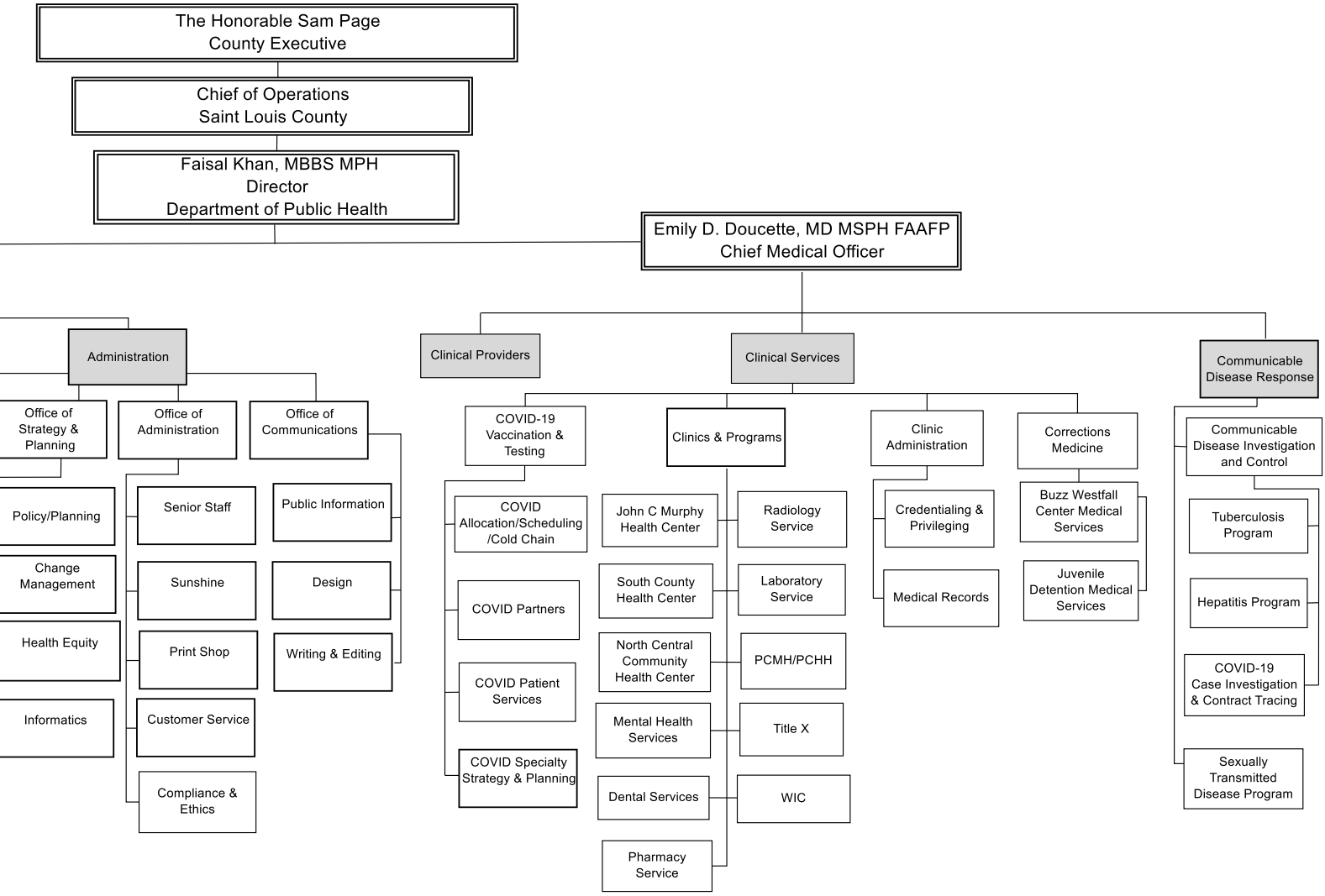
Appendix 3: Results from SPC Staff Voice Online Survey, 2019

Appendix 4: 2021 All Staff Survey– Strategic Planning Survey Tool

Appendix 1:

Organizational Chart for the Saint Louis County Department of Public Health September 2, 2021



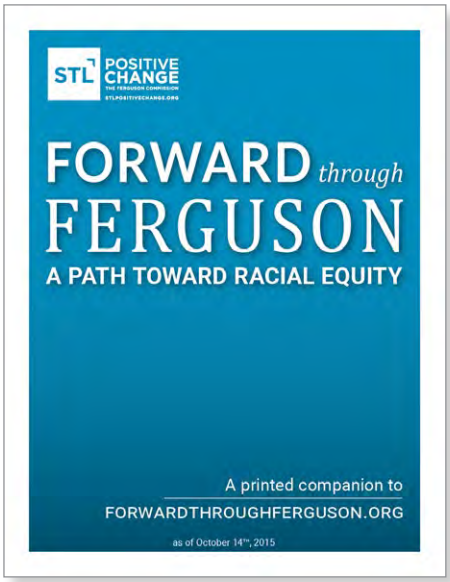

The Honorable Sam Page
County Executive
Chief of Operations
Saint Louis County
Faisal Khan, MBBS MPH
Director
Department of Public Health
Emily D. Doucette, MD MSPH FAAFP
Chief Medical Officer
Administration
Office of Strategy & Planning
Office of Administration
Office of Communications
Policy/Planning
Change Management
Health Equity
Informatics
Senior Staff
Sunshine
Print Shop
Customer Service
Compliance & Ethics
Public Information
Design
Writing & Editing
Clinical Providers
Clinical Services
COVID-19 Vaccination & Testing
COVID Allocation/Scheduling /Cold Chain
COVID Partners
COVID Patient Services
COVID Specialty Strategy & Planning
Clinics & Programs
John C Murphy Health Center
South County Health Center
North Central Community Health Center
Mental Health Services
Dental Services
Pharmacy Service
Radiology Service
Laboratory Service
PCMH/PCHH
Title X
WIC
Clinic Administration
Credentialing & Privileging
Medical Records
Corrections Medicine
Buzz Westfall Center Medical Services
Juvenile Detention Medical Services
Communicable Disease Response
Communicable Disease Investigation and Control
Tuberculosis Program
Hepatitis Program
COVID-19 Case Investigation & Contract Tracing
Sexually Transmitted Disease Program

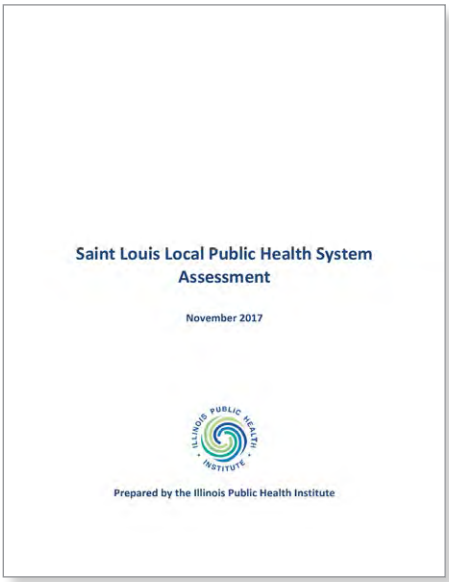
Appendix 2:

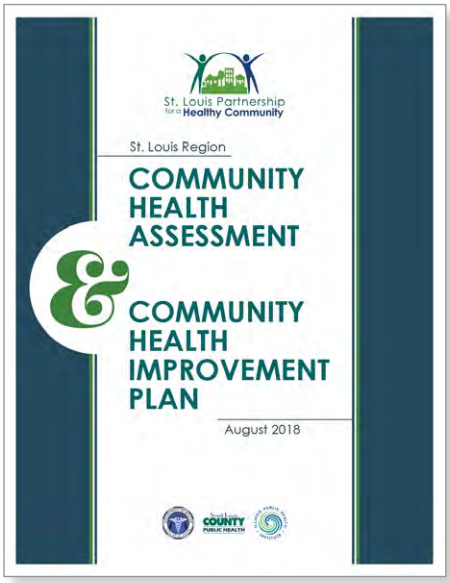
Selected documents reviewed by SPC

Click these links to view the full documents:

- Missouri Model: A Developmental Framework for Trauma-Informed Approaches
- Ferguson Commission Report
- Local Public Health System Assessment (LPHSA)
- State of the County
- St. Louis County Strategic Plan
- For the Sake of All, 2015
- CHA and CHIP Summary Report, 2018







SAINT LOUIS COUNTY DEPARTMENT OF PUBLIC HEALTH: HEALTH EQUITY ORGANIZATIONAL ASSESSMENT

2017 STAFF SURVEY RESULTS

Health Equity Staff Survey

Background:

The Health Equity Committee (HEC)—established in 2015—has been developing strategies to make health equity (HE) a focus in all departmental efforts. Before the 2017 Health Equity Staff Survey the Saint Louis County Department of Public Health (DPH) had never assessed skills and capacity at the organizational and individual levels that support DPH's ability to address the underlying causes of health inequities. Further, the HEC recommended conducting an agency-wide assessment prior to launching its HE Training Plan in April 2017.

Purpose:

Provide information to guide the process of developing and implementing strategies that:

- improve awareness of health inequities in St. Louis County,
- improve skills to address the underlying causes of health inequities in St. Louis County, and
- cultivate a culture of Health Equity at DPH.

Goals:

- Identify the level of awareness and understanding of health inequities
- Identify DPH staff abilities to address the underlying causes of health inequities
- Baseline measure of perceptions towards supporting health equity focused activities
- Baseline measure of presence of organizational traits that support the ability to perform effective health equity-focused work
- Serve as an ongoing tool to assess progress towards cultivating a culture of HE at DPH

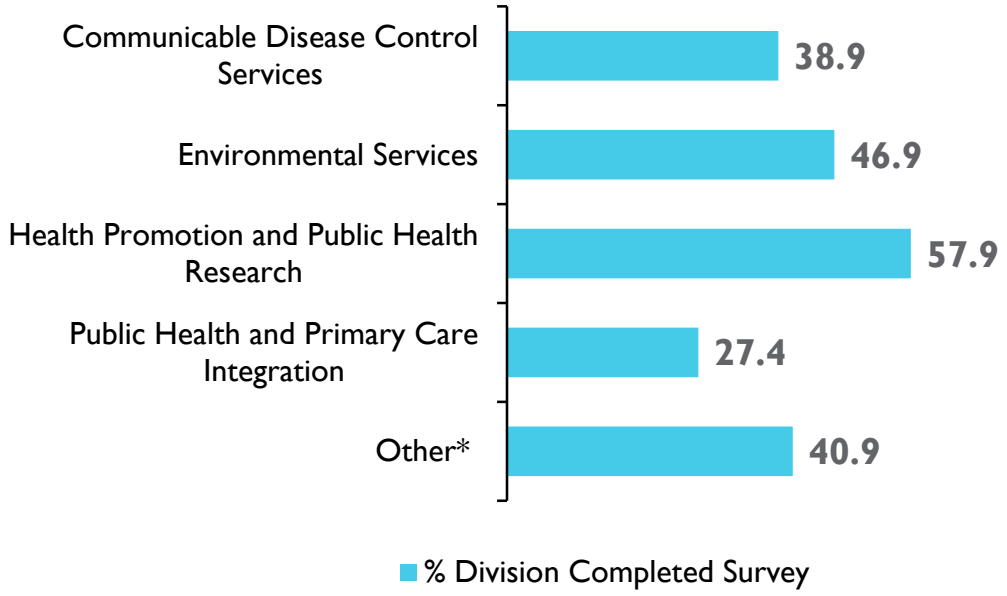
Methods:

The Staff Survey was conducted during March 22 – April 4, 2017. The survey was sent to all DPH staff via SurveyMonkey. The Staff Survey questions were from the Local Health Department Organizational Self-Assessment for Addressing Inequities developed by the Bay Area Regional Health Inequities Initiative (BARHII toolkit). A HEC subcommittee on organizational assessment reviewed the BARHII questions and selected 70 questions they felt were relevant and important to assess for DPH and then included 5 additional questions. The subcommittee eliminated questions from the BARHII toolkit by comparing with the *Core Competencies for Public Health Professionals,* which were assessed by DPH Personnel in 2015, to ensure the HE Staff Survey did not duplicate these prior efforts. The survey was designed to take participants about 10-20 minutes to complete. The questions assessed the department staff's skills and, as well as organizational characteristics needed to effectively address health inequities.

The HEC discussed preliminary survey results and determined key priority areas that should be included in this report. For example, staff's knowledge of the DPH Strategic Plan and general lack of internal communication at DPH are emphasized. The Staff Survey results in combination with other organizational assessments are intended to be used to revise current and develop new strategic priorities and objectives to address health inequities in the DPH Strategic Plan.

Survey Participants by Division

There were 144 of 213 surveys with completed responses, included in results presented in this report. At the time of the analysis, DPH employed approximately 432 staff, for a 33.3 percent response rate. Staff/employees from all DPH divisions completed the Staff Survey. Health Promotion and Public Health Research (HPPHR) and Environmental Services had the highest proportion of staff participation within the division (see figure below). The table provides information about the total number and percent of DPH employees (i.e., on May 1, 2017) and completed surveys by division.



*Other includes Medical Examiner, Administration, Fiscal, Personnel, QI, Animal Care/Control

Number (n) and Percent (%) of Staff and Survey Responses by DPH Division

DPH Division	Employees, n (%)	Survey Responses, n (%)
CDCS	36 (8.3)	14 (9.7)
Environmental Services	81 (18.8)	38 (26.4)
HPPHR	19 (4.4)	11 (7.6)
PHPCI	186 (43.1)	51 (35.4)
Other*	110 (25.5)	30 (20.8)
Total	432 (100.0)	144 (100.0)

Key Characteristics of Survey Participants

In the Staff Survey, responding to demographic questions was optional. Demographics of survey participants helps gain an understanding about the experiences and attitudes of different people and across DPH with respect to their work to address health inequities. It also ensures responses are representative of staff with different backgrounds and roles in DPH.

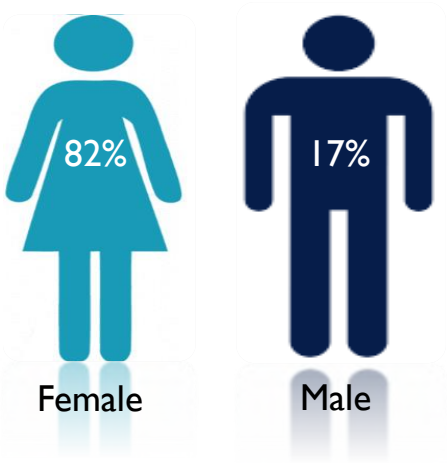
Years Worked at DPH

The number of years served at DPH was wide-ranging. About ¼ of respondents were relatively new (2 years or less), while about 1/3 were at DPH for over 10 years.

0 to 2 years	26%
>2 to 5 years	17%
>5 to 10 years	24%
>10 to 15 years	10%
>15 years	24%

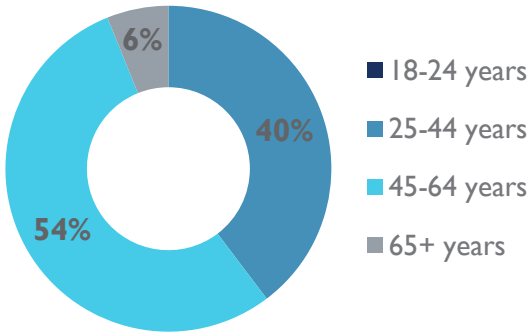
Sex

130 DPH employees (90% of respondents) from all divisions provided their sex.



Age

131 DPH employees (91% of respondents) from all divisions provided their age.



Race or Ethnicity

135 DPH employees (94% of respondents) from all divisions provided their race/ethnicity.

African American/ Black	45%
Asian	3%
Caucasian/White	62%
Latino/Hispanic	1%
Middle Eastern	1%
Native American/Alaska Native	0%
Pacific Islander/Native Hawaiian	1%
Biracial/Multiracial/Other	6%

Knowledge of Conditions that Impact Health

Participants rated their level of agreement or disagreement with statements on knowledge and experience related to various aspects of conditions that impact health (1-5 scale, with 5 being strong agreement). The percentage of participants who agreed or strongly agreed (4 or 5) are indicated below.

69.5%

Understand what environmental, social, and economic conditions that affect health are.

52.8%

Could explain the environmental, social, and economic conditions that affect health to co-workers.

The DPH Health Equity Training Module 1, *Intro to Health Equity,* includes similar questions about knowledge related to social determinants of health on pre- and post-evaluation surveys. Training evaluation continuously assesses staff's knowledge about health equity and conditions that impact health.

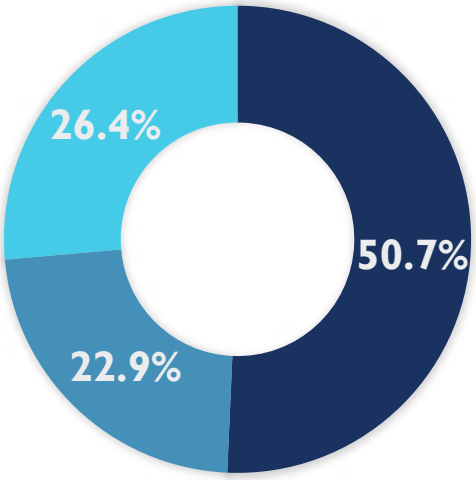
Participants shared their top 3 health issues that are disproportionately and unjustly distributed in populations DPH serves (i.e., diabetes, sexually transmitted infections (STIs), and mental health; left). Participants also listed the 3 most important environmental, social, and economic conditions that impact health in populations DPH serves (i.e., education, poverty, and income; right).

Top Health Issues

Conditions that Most Impact Health

Culture of Health Equity

Participants shared their impressions of how much DPH is focused on addressing health inequities; about 26% did not know and nearly 23% reported "about the right amount" or "too much."



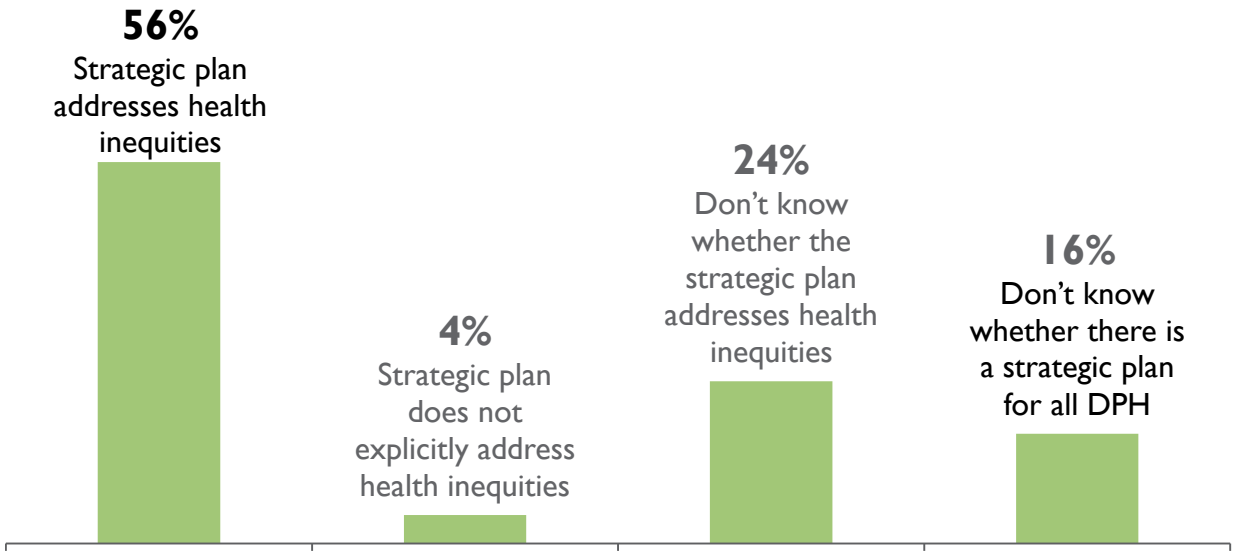
Of participants reported DPH focuses on health inequities not enough or at all.

Participants reported DPH is moving towards or currently demonstrates a commitment to:

88.2%
Addressing the environmental, social, and economic conditions that affect health.

84.7%
Working with external partners, policy-makers, and communities to address conditions that affect health inequities.

A **strategic plan** that addresses health equity is a characteristic of a department that can effectively address health inequities. Most respondents were aware the DPH strategic plan includes an **explicit commitment to addressing health inequities**. However, many reported they don't know whether health equity was included in the DPH strategic plan. Moreover, 16% were **unaware that DPH had a strategic plan**.



Knowledge of Public Health Framework

Ten Essential Services of Public Health provide a guiding framework for the responsibilities of local public health systems. Survey respondents rated the extent to which they agree or disagree that their work contributes to addressing health inequities in each of the essential service areas (1-5 scale, with 5 being strong agreement; "Not Applicable" and "Don't Know" were response options). These results indicate perceptions of institutional commitment to integrate public health and health equity into workforce and program development.

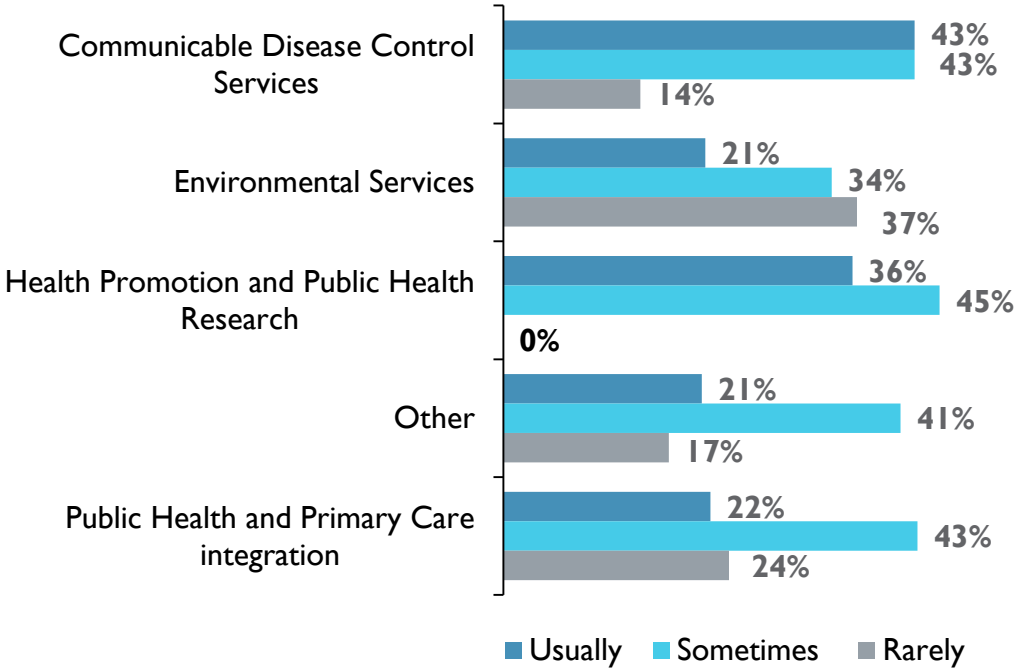
New employees at DPH are expected to complete an online course, *Public Health Essentials Online*, to ground their understanding of Core Public Health Functions and the Ten Essential Public Health Services and learn about social determinants of health.

Average Rating of Agreement = 1–5

Inform, Educate, and Empower Populations that disproportionately experience poor health outcomes to act collectively in improving their health.	3.8	**Linking to Needed Health Services** populations disproportionately experiencing poor health outcomes and assuring the provision of health care when otherwise unavailable.	3.3
Monitor Health Track conditions that influence health inequities.	3.8	**Developing Policies and Plans** Supporting individual and community health efforts to address the conditions that affect health inequities.	3.2
Diagnose, Investigate and Protect Health problems and health hazards that disproportionately impact vulnerable populations.	3.7	**Mobilize Community Partners** And action to identify and address the conditions that influence health inequities.	3.2
Assuring a competent, culturally sensitive, and diverse public health workforce Effectively address health inequities.	3.7	**Evaluate** Effectiveness, accessibility, and quality of health services provided to populations experiencing disproportionately poor health outcomes.	3.2
New insights, innovative solutions, and an evidence base Research - address health inequities and community conditions that influence health.	3.5	**Enforce Laws and Regulations** Protect health and ensure safety in order to reduce health inequities (e.g., environmental justice).	3.1

Inclusive Communication and Decision Making

Transparent and inclusive communication are organizational characteristics needed to effectively address health inequities. Respondents indicated that when **department-level** decisions are made that affect them or their job tasks, most "usually" or "sometimes" know why the decision was made.



Participants described, throughout DPH and within programs, feeling like they are left out of **decision-making roles**. Only 10% of participants responded they had an "active role in major decisions" at the department level, whereas 18% of participants had an "active role in major decisions" at the program level.

50%

No role in decisions affecting **department-wide** efforts to address health inequities

44%

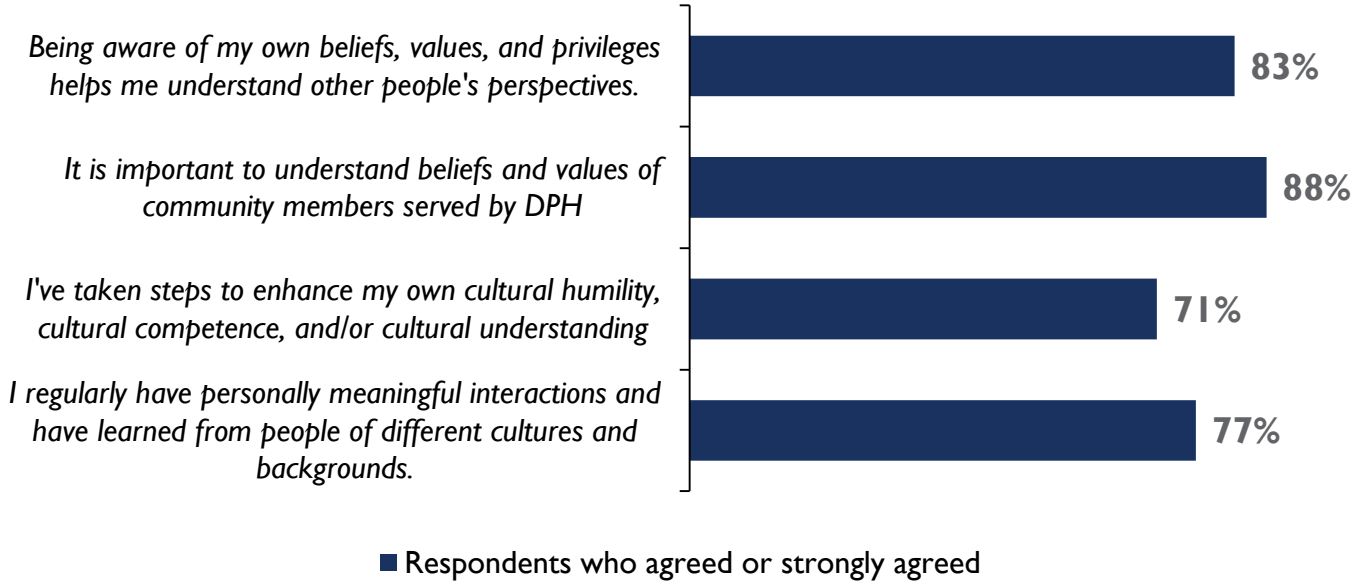
No role in decisions affecting **program-level** efforts to address health inequities

Hiring to Address Health Inequities

These results reflect staff knowledge about institutional commitments to promote diversity at all levels of the organization through hiring practices. The highest proportion of respondents agreed and strongly agreed that DPH recruits culturally-diverse staff members. However, many were unaware of strategies to recruit culturally-diverse staff for positions at all levels of DPH. Notably, 14% of respondents felt that staff from diverse backgrounds are not equitably promoted throughout DPH.

Cultural Respect and Humility

Participants rated their level of agreement or disagreement with statements on individual beliefs, awareness, and experiences related to continuous learning and self-reflection (1-5 scale, with 5 being strong agreement). These personal attributes support capacity to address health inequities and indicate DPH staff appreciate that diverse perspectives and roles are necessary to promote public health.



69%

Agreed or strongly agreed that they work with a culturally-diverse staff.

66%

Agreed or strongly agreed DPH environment supports many cultural perspectives.

Participants rated their level of agreement with statements about staff and managers comfort with talking about social and economic factors that impact health (1-5 scale; percentage agree/strongly agree below). All of these topics are covered in DPH Health Equity Training Modules 1-3.

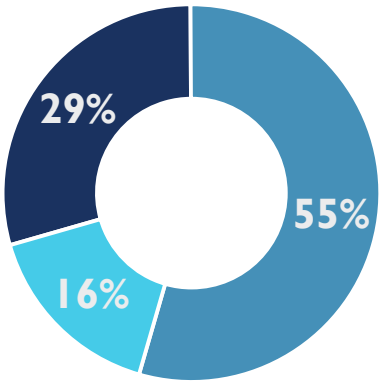
- **Age & Ageism (39.2%)**
- **Race & Racism (36.8%)**
- **Sex & Sexism (35.0%)**
- **LGBTQIA issues (32.6%)**
- **Class & Classism (32.4%)**

Training, Leadership, and Mentoring

Providing support for staff through training and mentoring are important organizational characteristics that reinforce addressing health inequities in practice. Prior to the launch of the DPH Health Equity Training Plan, 29% of respondents had not received training on the environmental, social, and economic conditions that affect health and 16% did not remember ever receiving training (figure on left, below).

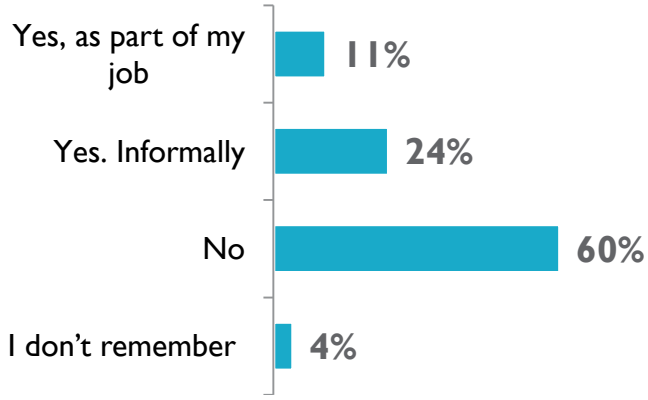
Individual skills in leadership are also important for addressing inequities; 35% of survey participants had mentored or coached other staff in addressing health inequities either in an official or informal capacity.

Training to Address Health Inequities



Of participants had been trained on the environmental, social, and economic conditions that affect health.

Provide Mentoring or Coaching



Participants rated their level of agreement or disagreement with statements on aspects of DPH that make internal collaboration possible and how different kinds of collaboration within the organization function to support addressing health inequities (1-5 scale). The percentage of participants who agreed or strongly agreed (4 or 5) are indicated below. These are indicators of capacity to engage with other staff about health equity concepts as well as leadership skills to mobilize DPH to adopt a culture of health equity.

37%

Staff at all levels have the opportunity to become leaders.

50%

Management supports collaboration between programs.

49%

Staff are encouraged to learn from each other about health inequities.

Appendix 1.1: Key Terms and Concepts for Health Equity

Many of these terms represent related ideas. The definitions and examples below will assist you to complete the HE Survey and understand Health Equity.

Health Equity means that everyone has "the opportunity to live a long and healthy life without that being compromised or disadvantaged because of economic, demographic, or geographic differences such as race, ethnicity, gender, income, education, sexual orientation, neighborhood of residence, or any other social or environmental conditions." [DPH HEC definition. November 2015]

Health Inequities: differences in health outcomes across population groups that are avoidable, unfair and unjust. These differences come from inequalities that exist in the social determinants of health.

Social Determinants of Health: the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. [Adapted from Healthy People. Determinants of Health]

Root Causes of Health Inequities: the underlying social inequalities that create different living conditions. Discrimination based on class, race/ethnicity, immigration status, gender, sexual orientation, disability and other "isms" influence the distribution of resources and power.

Structural Racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with "whiteness" and disadvantages associated with "color" to endure and adapt over time. [Adapted from Forward Through Ferguson Report]

Class refers to the level of wealth, power, and status of a person or group. A root cause of health inequities; some people do not have the same access to resources important for good health, such as well-paying jobs, health insurance, quality housing, healthy food and educational opportunities. [BARHII]

Social Justice refers to Equal rights and opportunities of members of society, particularly those members who are at a disadvantage due to societal factors beyond their control.

Ten Essential Services of Public Health: describe public health activities that all communities should undertake and serve as the framework for the National Public Health Performance Standards. [Adapted from CDC]

Environmental Justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. [Adapted from EPA]

Food Security means access by all people at all times to enough food for an active, healthy life. [Adapted from USDA]

Appendix 1.2: Examples of "…*Environmental, social, and economic conditions that impact health*"

Environmental/physical

- Access to resources (e.g., healthy food, transportation)
- Access to healthcare (i.e., primary care, specialty care, mental health, emergency services)
- Safe neighborhoods (e.g., traffic, street repair, recreational spaces,
- Good housing
- Air/water quality and other environmental hazards

Social

- Racism and other discrimination
- Good Education (e.g., teacher salaries/turnover rates, facilities, school enrollment/class size, segregation)

Economic

- Employment opportunity / Unemployment (also distance traveled to work, job quality)
- Income (e.g., median household income)
- Poverty
- Cost of living
- Financial services – availability of credit (home loans), banking, and check-cashing services
- Taxes
- Homeownership/ property values
- Good Education (e.g., teacher salaries/turnover rates, facilities, school enrollment/class size, segregation)
- Insurance coverage

Appendix 2.1: Matrix of Organizational Characteristics and Workforce Competencies

What are the characteristics of a local health department that can effectively address health inequities?		
Matrix Domain	**Matrix Element/ Indicator**	**SurveyMonkey Questions**
Institutional Commitment to Address Health Inequities	Integrate public health purpose and health equity into workforce and program development	12
	Decision making is inclusive	11; 15-16
	Institutional commitment to primary prevention	9 (part 3)
	Institutional commitment and practices address health inequities	9
	Strategic plan addresses health inequities	10; 11
Hiring to Address Health Inequities	HR develops and promotes job specifications and qualifications that reflect skills and characteristics needed to address health inequities	24 (part 4 & 6)
	HR policies incorporate social justice principles, seek diversity, reflect the populations served, expand language capacity, build workforce's capacity to address health inequities	24
	Diversity at all levels of organization	23 (part 15); 24 (part 1-3, & 7)
Structure that supports true community partnerships	Collaborates with other agencies and stakeholders to amplify health equities	17 (18)
Support Staff to Address Health Inequities	Mentor Staff	22
	Consistent supervision to reinforce practice	22
	Require training for all permanent staff	19-20
Transparent and Inclusive Communication	Transparent communication	14

Appendix 2.2: Matrix of Organizational Characteristics and Workforce Competencies

What are the skills and abilities needed by local health department staff to effectively address health inequities?		
Matrix Domain	Matrix Element/ Indicator	SurveyMonkey Questions
Personal Attributes	Wants to continuously learn	23 (part 5)
	Ability to self reflect	23 (part 3 & 5)
Knowledge of Public Health Framework	Prepares program plans	12 (part 5); 20
	Understands and uses data (Data for program planning)	6; 12 (part 1); 20
	Takes systems approach	13 (part 1); 17
	Understands PH Core functions and Essential services and can adapt them to addressing health inequities: Evaluation skills; Assessment; Policy; Advocacy; Community Organizing	12
Understand the Social, Environmental and Structural Determinants of Health	Understands and applies social justice principles	7; 23 (part 1-2 & 10-14)
	Understands underlying causes of health inequities	7
	Understands connection between race, class, gender, age, sexual orientation and health	23 (part 10-14); 24 (part 5)
Leadership	Works well within the LHD and in the community and serves as liaison between the two	18
	Can engage, mobilize, coach and mentor others	12 (part 3-6); 22
Community Knowledge	Works well and is comfortable with diversity	23 (part 6)
Collaboration skills	Good interpersonal skills Team player	23 (part 6) 13 (part 2)
	Knows how to share power/Trusts in partners/ Cross disciplinary communication skills	13 (part 2); 18
Cultural Competency Humility	Cultural respect and humility Appreciates that diverse perspectives and roles are necessary to promote public health	23 (part 3-6; 10-14) 23 (part 5); 24 (part 5)
	Effective cross cultural communication/ interprets data to diverse audiences	23 (part 6)

Appendix 3: References

1. Core Competencies for Public Health Professionals, Council on Linkages Between Academia and Public Health Practice.
2. Health Equity Procedures: Guidance for Implementing the Harris County Public Health (HCPH) Health Equity Policy (adopted July 21, 2015) Using Cross-Cutting Issues Version 1.0 Last Updated: December 28, 2015 Adopted: April 7, 2016
3. Local Health Department Organizational Self-Assessment for Addressing Inequities Toolkit developed by the Bay Area Regional Health Inequities Initiative (BARHII). Available online: http://barhii.org/resources/barhii-toolkit/
4. Personal correspondance with Harris County, TX Shameka Davis February 3, 2017.
5. Public Health Accreditation Board (PHAB). Standards and Measures v1.5 (Workforce development plan), December 2013.
6. Saint Louis County Department of Public Health. 2015-2019 Strategic Implementation Plan addendum: Priortiy 10: Creating a Departmental Focus on Health Equity. Available online at: http://www.stlouisco.com/Portals/8/docs/health/media%20center/2014-15_DPHBiennialReport-web.pdf
7. Saint Louis County Department of Public Health. Workforce Development Gap Analysis, 2015.
8. Shah, U., Hadayia, J., Chennisi, C., Five Steps to Health Equity Organizational Transformation, Harris County Public Health, presented at NACCHO Annual 2016, July 21, 2016.

Appendix 3:

Results from SPC Staff Voice Online Survey, 2019

An online survey was recently distributed to all DPH employees by the Strategic Planning Committee (SPC) in an effort to elicit staff input on what's been done well at DPH, what's not been done well and areas of opportunity moving forward. The SPC will be using the responses from this survey along with responses from open ended prompts to help inform the priorities, goals, and objectives that will define the work of the Department over the next 5 years. **180 responses** were received from staff which is a response rate of about 36%. The following is a summary of the responses which emerged from the survey:

Strengths and Weaknesses

The first question asked DPH staff to categorize a list of items as strengths or weaknesses. The items which stood out as strong strengths and the percentage of respondents who categorized it as strengths are as follows:

- Quality customer service (68%)
- Variety of services and programs offered to the public (92%)
- Education and outreach with the St. Louis community (65%)
- Diverse workforce (87%)
- Work-life balance (67%)

The items which stood out as strong weaknesses are:

- Communication between DPH leadership and staff (73%)
- Professional development opportunities (54%)
- Technological capacity (84%)
- Level of internal communication (opportunities to voice concerns and ideas (70%)
- Innovation in how DPH approaches work (70%)

Of these items, 4 of the 5 were seen as low effort, but high impact improvement efforts. These included all the above listed opportunities except technological capacity. These areas indicate a potential opportunity for improvement. These items also came out as weaknesses in the open-ended responses completed by staff.

Health Equity

On a 5 point Likert scale ranging from strongly disagree to strongly agree, about 45% of respondents somewhat agreed that DPH staff are encouraged to be creative in addressing new challenges or overcoming barriers to advancing health equity and that DPH supports partners in their efforts to advance health equity.

Job Satisfaction Factors

Respondents were generally satisfied with their relationships with the supervisors and coworkers. They also felt they had an inclusive work environment and flexible work conditions. Staff did feel, however, that they could have more opportunities for professional development and internal cross training opportunities.

Communication

Generally, respondents indicated that they believed that communication at multiple levels (generally at DPH and within divisions) is not effective. Around 50% of respondents either disagreed or strongly disagreed that "Communication at DPH is effective" and 0% strongly agreed with this statement.

Work Life Balance

Respondents had a generally positive view about work life balance at DPH. The majority of respondents agreed that management supports a balance between work and personal life and that DPH is understanding of their family and personal issues. However, respondents also agreed that they often feel overwhelmed by the amount of work they have to complete.

Roles and Responsibilities at DPH

About 38% of respondents agreed that roles and responsibilities at DPH are clear and 53% indicated that they know what is expected of them in their position.

Customer Service

Customer service was an area in which respondents highly rated DPH. Respondents agreed that DPH understands it's community and their needs and makes it a priority to serve them well.

Appendix 4:

2021 All Staff Survey—Strategic Planning Survey Tool: Released: 07/06/2021

The Office of Strategy and Planning wants to hear from you as we review and finalize our Strategic Plan.

The Strategic Plan is a playbook for strengthening DPH to advance our mission to "promote, protect, and improve the health and environment of the community."

Our plan, drafted just before the pandemic, focuses on four priority areas: *Champions for Equity, Workforce Investment, Transformation Operations, and Data Innovation*. Since the Department and the way in which we work have changed so much over the past year and a half, we want to make sure that the plan reflects where we are now. That's where you come in! Please share your reflections below with a focus on observations and experiences over the past 18 months. Your input may be reflected in the revised plan or inform plan implementation.

Q1: This is a transitional time for many of us as we shift out of an emergency response mindset. How can DPH support you and your colleagues during this transition?

Q2: What are the areas in which DPH can improve in order to make our vision of "healthy people, health environment, equitable communities" a reality?

Q3: What do you see as the most exciting opportunities for DPH in the next 1 – 2 years within each of the Strategic Plan priority areas:

Q3A: Champions for Equity (Goal: Using equity as a guide for our work)

Q3B: Data Innovation (Goal: Empowering staff and partners to make data-driven decisions)

Q3C: Transformational Operations (Goal: Strengthening operations, supporting innovation, making improvements, and promoting a culture of accountability and transparency)

Q3D: Workforce Investment (Goal: Fostering a diverse, mission-driven workforce)

Q4: How can the Strategic Plan be made more relevant for your job?

Q5: Other Miscellaneous?

Q6: Please describe any other suggestions you have for making DPH a stronger organization?

Q7: What is your division?

1) Administration, 2) Clinical Services, 3) Communicable Disease Prevention, 4) Communicable Disease Response, 5) Environmental, 6) Executive Leadership, 7) Fiscal, 8) Health Promotion and Public Health Research, 9) Medical Examiner

Q8: What is your position?

1) Senior Leadership/Executive Leadership, 2) Manager/Supervisor, 3) Front line employee/nonsupervisory role

Q9: How long have you worked at DPH?

1) Less than two years, 2) Two to five years, 3) More than five years

2021 All Staff Survey—Strategic Planning Survey Results

Survey responses were themed as follows:

Communication and Transparency

The need for better internal communication was one of the most common insights. Staff identified a variety of situations in which communication could be improved:

- Staff want to know about new initiatives, changes in public health orders, etc. so they are not caught off guard by news reports, press conferences, meetings with partners, etc.
- Clear expectations are needed, especially since roles are shifting, organizational structure has changed, many staff are remote, and there are many new staff.
- Transparency in decision-making (how are decisions made, why, by whom?) can build trust.
- Better mechanisms for programs sharing what they are working on could foster collaboration between programs/divisions and prevent duplication of work.
- Staff want more feedback loops/consistent ways to provide input.

"The issue that comes up time and again is communication within the organization. Far too many individuals within the system (and the culture as a whole) treats information as need-to-know and something to be guarded, rather than a resource to be shared to make each individual be able to work to their fullest potential."

"I think DPH could strongly benefit from more communication and transparency [. . .] There are so many operational issues and concerns, and staff are largely in the dark about what is going on. In my case, I'm not even made aware of changes to the program I am working for, even after bringing this issue up on more than one occasion."

Creating a Supportive, Equitable Work Environment: Training and Professional Development

Many employees described a desire for greater training and access to opportunity:

- Management and leadership are skill sets that need to be developed.
- Employees want to understand how they can progress in their careers—things like mentorship, training opportunities, insights into finding internal job postings, etc. may be helpful. This is especially requested by new temp/term staff who would like to know how they can continue to work at DPH.
- We should be more intentional about carving out time for training. In particular, many are eager to restart the health equity training curriculum.

"I think it's imperative to provide training to staff that are promoted into leadership positions. Management is its own skillset and unfortunately there is a belief that if someone is good at their job, it means they will be good as a supervisor for that job. […] Supervisors need to understand that their role is to help the success of the employees they supervise. […]. Untrained/inappropriate managers is a large factor in staff deciding to leave a job."

Supporting and Valuing Staff

Staff extensively described challenging nature of working during COVID. Many describe inconsistent practices around remote work as well as a sense of isolation and lack of support and recognition.

- Staff voiced that mental health support and a trauma-informed approach need to be taken with all staff. We can't expect staff to just "be back to normal" even if the most challenging part of the emergency is behind us.
- Recognizing the work that staff are doing and conveying they are valued is key. Comments emphasized this should apply to the way that all staff are treated, not just to recognizing the work of a couple of individuals who are deemed "exceptional".
- Several respondents feel that internal equity should be strengthened. Intentionality around hiring, promotion, mentorship, and training was recommended.

"It's essential that DPH take a trauma informed approach with staff. Folks are burned out and stressed and it's important not to assume that the transition out of an emergency response mindset will fix this."

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