WORKFORCE DEVELOPMENT PLAN

2025-2027

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE OF NEVADA**

NOVEMBER 2024

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EXECUTIVE SUMMARY

Our workforce is our greatest asset at the Division of Public and Behavioral Health (DPBH) of Nevada's Department of Health and Human Services (DHHS), and a highly qualified, skilled, and robust workforce is essential to achieving DPBH's mission of protecting, promoting, and improving the physical and behavioral health and safety of all people in Nevada, so all people can live the safest, longest, healthiest, and happiest lives possible.

However, in recent years, DPBH has experienced challenges recruiting and retaining a sufficient number of skilled and qualified staff—challenges exacerbated by the demands of the COVID-19 pandemic, which stretched public and behavioral health workforces across the nation.

In recognition that more work needs to be done to improve recruitment, retention, and workforce development opportunities, DPBH prioritized the issue by making it the topic of one of three goals outlined in its Three-Year Strategic Plan (January 1, 2024 – December 31, 2025).

This Workforce Development Plan 2025-2027 aligns with and works toward the Strategic Plan goal of "building and maintaining a strong, expert, and diverse workforce to achieve excellent public and behavioral health outcomes for Nevada."

This Plan profiles DPBH's current and future workforces, evaluates workforce development strengths and opportunities, reviews core competencies, identifies and prioritizes key training needs, and outlines five goals and numerous objectives to build and maintain the workforce it needs to serve all in the state. Goals relate to building DPBH's workforce pipeline; approaching recruitment strategically to enhance workforce diversity; expanding professional development, training, and educational opportunities for staff to upskill and progress in their careers; creating a culture of accountability and clarity through improved communication; and ensuring employees are recognized for their contributions.

Goals were informed by the Division's 2022 Workforce Development Survey—a modified version of the de Beaumont Foundation's 2021 Public Health Workforce Interests and Needs Survey (PHWINS). The Survey was completed by 713 DPBH employees in November and December of 2022 and provides baseline data to:

- Better understand whether staff skills match the skills needed for their specific role;
- Identify strengths and opportunities; and
- Inform future training and investment in workforce development.

Survey data is provided throughout this Plan and a summary of Survey results is in Appendix C.

In addition, DPBH is participating in the 2024 PHWINS in the fall of 2024, expects results in the summer of 2024, and will integrate the findings into future workforce development initiatives.

This Plan and progress toward implementing the outlined goals and objectives will be reviewed quarterly and updated annually, if necessary.

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

MISSION

The mission of DPBH is to protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

Preventable health and safety issues no longer impact the opportunity for all people to live in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.

VALUES

Accountability

We are transparent with and responsible to our team members, stakeholders, and the public we are honored to serve.

Health Equity

We ensure all Nevadans have an equal opportunity to live in good health through cultural competence and safety, respect, and accessibility.

Innovation

We are a continuously learning and improving organization that grows through experience, feedback, and evidence-informed practices.

Integrity

We do the right things for the right reasons to ensure public trust in our services.

Leadership

We provide accountability, inspiration, and a vision for sustainability for the entirety of the public and behavioral health systems in Nevada.

Partnership

We are a single team built on internal and external communication and collaboration.

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AGENCY PROFILE

Governance

The Division of Public and Behavioral Health (DPBH) is one of five divisions within the Department of Health and Human Services (DHHS), which is an office of the Executive Branch of Nevada State Government.

The Director of DHHS appoints the DPBH Administrator, who is responsible for directing the work of the Division, administering the Division, and performing other duties as prescribed by the Director, pursuant to *Nevada Revised Statutes* (NRS) 439.130.

Nevada's State Board of Health is responsible for supervising non-administrative health matters relating to the preservation of the health and lives of Nevadans. It also oversees the work of the state's Chief Medical Officer; all district, county, and city health departments; and local boards of health and health officers. The State Board of Health is also responsible for adopting, amending, and enforcing public health regulations.

In addition, the Public Health Resource Officer within the Office of the Governor serves in an advisory capacity to DPBH, identifying and making recommendations related to unmet needs for public health services, funding opportunities, and improved service coordination.

Organizational Structure

The Division is led by an administrator and consists of six branches, each led by a deputy administrator or agency manager. See Appendix A for DPBH's organizational chart.

Each branch is comprised of bureaus and/or programs that provide everything from grant funding to direct public and behavioral health services. These include:

- **Administrative Services**
  Administrative Services supports DPBH by providing fiscal, human resources, and information technology services. This unit is overseen by a Deputy Administrator (Andrea Rivers) and an Agency Manager (Annette Altman). Each of them reports directly to the Administrator.

- **Clinical Services**
  Clinical Services provides statewide inpatient, outpatient, and community-based behavioral health services. Clinical behavioral services are provided at various facilities throughout the state, including Lake's Crossing Center for Mentally Disordered Offenders, Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS), and numerous rural clinics. This unit is overseen by the Statewide Forensic Program Director (Drew Cross) and Deputy Administrator (Dr. Ronna Dillinger).

- **Community Health Services**
  The Community Health Services branch establishes and develops relationships with community partners, including collaborating on resources that improve public and behavioral health outcomes for all communities in Nevada. This branch also administers various programs and provides services such as Chronic Disease and Health Promotion; HIV Prevention and Ryan White Part B; Maternal, Child and Adolescent Health; Nevada Immunization Program; and the Women, Infants and Children program, among others. This section is overseen by a Deputy Administrator (Julia Peek).

- **Regulatory and Planning Services**
  Regulatory and Planning Services is responsible for numerous regulatory tasks, including licensing certain medical and health facilities and professionals through

the Bureau of Health Care Quality and Compliance. It also oversees emergency preparedness and response, as well as other key prevention activities through the Bureau of Health Protection and Preparedness; and works to safeguard life and promote health of Nevada residents and visitors by preventing avoidable death and disease through the Environmental Health Section. This section is overseen by a Deputy Administrator (Kyle Devine).

- **Office of State Epidemiology**
  The Office of State Epidemiology works to prevent and respond to a variety of public health issues through disease surveillance, standardized data collection, meaningful data interpretation, and developing statewide standards and providing centralized guidance in order to improve health outcomes for Nevada communities. This section is overseen by the State Medical Epidemiologist (Melissa Bullock).
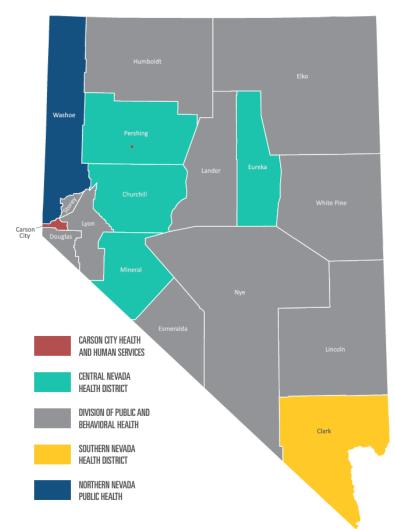
- **Public Health Infrastructure and Improvement**
  The Public Health Infrastructure and Improvement (PHII) section provides leadership and oversight of statewide improvement in public health infrastructure and quality. This includes workforce development, public health accreditation, and data modernization. This section is overseen by an Agency Manager (Mitch DeValliere).

Location and Population Served

Nevada is home to a rapidly growing and diversifying population of nearly 3.2 million people. While it is the seventh largest state by land mass-—covering a geographically diverse 109,860 square miles—it is the nation's 32nd most populous state. Of the state's 17 counties, three are designated as urban (Carson City, and Clark and Washoe Counties), three are rural (Douglas, Lyon, and Storey Counties), and the remaining 11 are designated as frontier.

There are three health districts in Nevada (Central Nevada Health District, Northern Nevada Public Health (formerly Washoe County Health District), and Southern Nevada Health District). Carson City also provides public health services in their city as well as surrounding counties through delegated authority from DPBH. Nevada is considered a largely de-centralized public health structure, which means that the districts provide most direct public health services in the state.

The DPBH provides certain public health services statewide and all public health services in the frontier counties not served by a health district or local health authority. In addition, DPBH provides technical assistance, funding support, and direct assistance to health authorities statewide. The Division's primary office is in Carson City, and it has additional offices throughout the state. Table 1 provides information regarding population demographics of the state of Nevada.

Table 1. Nevada Population Demographics, July 1, 2023

Demographics	Nevada (as of July 1, 2023)
Total Population	3, 194,176
Female	49.5%
Male	50.5%
Race and Hispanic Origin	
White	72.1%
Black or African American	10.8%
Asian	9.4%
Two or More Races	5.1%
American Indian and Alaska Native	1.7%
Native Hawaiian and Other Pacific Islander	0.9%
White alone, not Hispanic or Latino	45.7%
Hispanic or Latino	30.3%
Age	
Persons Under 5 Years of Age	5.5%
Persons Under 18 Years of Age	21.7%
Persons 19-64 Years of Age	55.9%
Persons 65 Years of Age and Older	16.9%

Sources: QuickFacts Nevada, United States Census Bureau

Funding

The public health activities provided by the Division of Public and Behavioral Health are largely funded by federal categorical grants, which fund services for specific issues or populations. A smaller portion of the Division's budget comes from fees and private insurance.

Funding influences DPBH's workforce. Most staff are funded through grants and contracts, and this short-term approach to funding personnel contributes to workforce challenges such as increased turnover, lost institutional knowledge, and issues related to retaining qualified staff.

However, in 2023, the Nevada State Legislature took a significant step toward strengthening Nevada's public health system by passing Senate Bill 118 and appropriating $15 million to DPBH to distribute to local public health authorities and counties for local priorities not otherwise funded. While this represents one-time funding for FY 2024-2025,

the bill requires funding not committed for expenditure by June 30, 2025, to be carried forward to FY 2025-2026, for the same purpose. In addition, though the bill does not provide ongoing funding, or any funding to support DPBH's statewide efforts and infrastructure, it represents the state's first non-categorical, flexible investment in Nevada's public health system.

WORKFORCE PROFILE

The Division of Public and Behavioral Health's workforce is unique in many ways. First, DPBH is designed to serve the entire state, including the unevenly distributed population. The vast majority of Nevada residents are concentrated in a few urban areas and a small portion of the population is stretched across broad geographic areas.

Second, the Division is different than most other public health agencies in that it provides both traditional public health services to communities and clinical behavioral health services to individuals. The Clinical Services branch represents around 63 percent of DPBH's nearly 1,800-person workforce and significantly expands the workforce beyond that of most traditional public health agencies.

Additionally, while around 1,550 DPBH staff are state employees, another 215—or about 12 percent of the workforce—are contracted through various contracting agencies, which has implications for the workforce. For example, employees and contractors receive different benefits, have different holidays, and are subject to different internal policies and onboarding practices.

Table 3. DPBH Workforce, Dec. 2024

Category	Clinical Services	All Other DPBH Staff	Total DPBH
Total Staff	1,119 (63.5% of DPBH workforce)	644 (36.5% of DPBH workforce)	1,763
Permanent State Employees	981 (88% of Clinical Services staff)	567 (88% of Other DPBH staff)	1,548
Temporary and Contract Staff	138 (12% of Clinical Services staff)	77 (12% of Other DPBH staff)	215
Vacant Positions	179	102	281
Vacancy Rate (Dec. 2024)	13.8%	15.8%	13.7%

In addition, demographic data is only collected for state employees, not contractors. As shown in Table 4 on page 7, DPBH's state employee workforce has a higher proportion of females (64.5 percent) than the general population (49.5%). It is also fairly diverse, with a higher proportion of employees who identify as Asian, Black, and Native Hawaiian/Pacific Islander compared to Nevada's overall population. Outreach and recruitment efforts could be targeted to increase the number of state employees who identify as male, American Indian/Alaska Native, or Hispanic/Latino.

In addition, nearly 50 percent of the workforce is between 31 and 50 years of age; approximately 39 percent is 51 or older, and just 13-14 percent is younger than 31 years of age—meaning opportunity exists to enhance recruitment and retention of younger people.

Table 4. DPBH State Employee Demographics, 2024

	DPBH – Number	DPBH – Percent	Nevada Population
Gender			
Female	1,080	64.5%	49.5%
Male	595	35.5%	50.5%
Race/Ethnicity			
White	828	49.4%	72.1%
Asian	293	17.5%	9.4%
Black	224	13.4%	10.8%
Hispanic/Latino	220	13.1%	30.3%
Two or More Races	60	3.6%	5.1%
Native Hawaiian/ Pacific Islander	22	1.3%	0.9%
Other	15	0.9%	N/A
American Indian/Alaska Native	13	0.8%	1.7%
Age			
18-20	6	0.4%	
21-30	195	12.7%	
31-40	376	24.6%	
41-50	359	23.4%	
51-60	383	25.0%	
61+	212	13.8%	

Table 5. DPBH State Employee Supervisory Status, Dec. 2024

	Clinical Services	All Other DPBH Staff
Non-Supervisor	42.2%	50%
Supervisor	27.4%	33.2%
Manager	28.5%	15.7%
Executive/Unclassified	1.8%	1.1%

Table 6. DPBH State Employee Turnover

State Fiscal Year	State Employees Who Left DPBH
FY 2021	358
FY 2022	304
FY 2023	233
FY 2024 (as of Dec. 6, 2024)	175
Average Years at DPBH	5.38

WORKFORCE DEVELOPMENT AT DPBH

Background

The workforce is DPBH's greatest asset and robust workforce development is essential to achieving our mission of protecting, promoting, and improving the physical and behavioral health and safety of all people in Nevada, so all people can live the safest, longest, healthiest, and happiest lives possible.

In recent years, DPBH has experienced challenges recruiting and retaining a sufficient number of skilled and qualified staff, though progress has been made as the Division's vacancy rate decreased from approximately 24 percent during the pandemic to less than 14 percent in 2025. These challenges were likely exacerbated by the demands of the COVID-19 pandemic, which stretched public and behavioral health workforces across the nation.

Building and maintaining a strong, expert, and diverse workforce is a priority identified by both DPBH leadership and staff, and the subject of one of three goals outlined in the Division's Three-Year Strategic Plan (January 1, 2024 – December 31, 2025). This Workforce Development Plan builds on the Strategic Plan goal, objectives, and strategies.

Table 7. DPBH 2023-2025 Strategic Plan Workforce Development Goal

Goal 1: Build and maintain a strong, expert, and diverse workforce to achieve excellent public and behavioral health outcomes for Nevada.	
Objectives	**Strategies**
Objective 1: Create a culture of teamwork, trust, and accountability within DPBH.	1. Administer an anonymous climate survey for all employees on an annual basis to identify challenges and opportunities. 2. Administer the Core Values Assessment annually to determine progress in attitudes toward equity and diversity. 3. Hold leaders accountable for aligning work performance standards with the DPBH strategic plan and evaluate team members annually.
Objective 2: Be the leader for recruiting innovation, including recruiting a diverse and qualified workforce, among state agencies.	1. Develop and implement a division-specific workforce development plan and update it annually. 2. Develop a monthly report on agency vacancies, hiring, retention, and for assessing diversity of the staff in order to track progress over time. 3. Track and increase opportunities for interns, externs, underfills, and other opportunities to build critical on-the-job experience for potential team members. 4. Pursue the establishment of an Academic Health Department model with Nevada's two universities.
Objective 3: Reduce turnover of DPBH workforce by developing incentives to remain a part of the team.	1. Develop an internal mentorship initiative to develop internal candidates for supervisory and management positions. 2. Work with Nevada higher education partners to develop a workforce certification for both public employees and public health employees. 3. Formalize efforts to recognize excellent work of DPBH team members on a monthly basis. 4. Develop a five-year advocacy plan for pay and benefit parity for employees.

Workforce development is closely related to DPBH's quality improvement and performance management plans and systems. Quality improvement is at the core of workforce development, and building and maintaining a strong, expert, and diverse workforce at DPBH is necessary to achieve high quality public and behavioral health outcomes in Nevada.

In 2024, the Division published its Quality Improvement Plan 2024-2026, which establishes the framework, systems, and processes necessary to cultivate a culture of quality improvement at DPBH. Identifying and implementing quality improvement initiatives around recruitment, retention, and general workforce development has the potential to improve staff satisfaction, agency culture, and the services DPBH provides to everyone in Nevada.

Workforce development is also an essential component of organizational performance management and a key piece of DPBH's Performance Management Plan and system. The performance management system monitors progress of workforce development initiatives, including the workforce development goals, objectives, and strategies outlined in this Plan and the Strategic Plan.

Workforce Development Strengths and Opportunities

Strengths

The Division of Public and Behavioral Health is actively working to develop its workforce; ongoing initiatives range from developing an internship program and bolstering the workforce pipeline into DPBH through stronger partnerships with academia, to improving and targeting recruitment efforts, to leveraging statewide human resources (HR) policies that allow staff to promote into stretch roles if they have a plan to meet minimum job requirements. A few of these are summarized below.

- **DHHS-UNR Academic Health Department**
  Students graduating from college are not always aware of the opportunities offered by careers in public and/or behavioral health. To bridge this gap and promote public and behavioral health as attractive career choices, DPBH initiated and continues to lead implementation of an academic health department between DHHS and the University of Nevada, Reno. This partnership strengthens ties between academia and DHHS (with numerous direct connections to DPBH) to create a clear pathway for public and behavioral health graduates to enter DPBH's workforce. In addition, DPBH is actively exploring opportunities to create a second academic health department with the University of Nevada, Las Vegas, to serve the southern region of the state.

- **Targeted Outreach and Recruitment**
  The vast majority (87 percent) of DPBH's workforce is 31 years of age or older: 48 percent are between 31 and 50 years of age; another 39 percent is older than 51; and just 13 percent is younger than 31 years of age. The Division is actively working to recruit younger people through targeted strategies such as attending high school career days and college career fairs to promote careers in public and behavioral health to younger audiences.

- **NVhealthforce.org**
  The Division's workforce development website provides information about career opportunities and career growth in the fields of public, primary, and behavioral health. It also provides resources about careers, training opportunities, and workforce development partners, and it is a tool for anyone interested in pursuing or transitioning to a career in public health or health care.

- **Statewide Succession Policies to Improve Retention**
  To improve retention, the Division is leveraging new Succession Plan regulations from the Division of Human Resource Management of Nevada's Department of Administration, that allow for:
    - An immediate fast-track appointment for an employee who may already be filling in for a hard-to fill position—but who do not meet minimum qualifications—as long as the individual completes an Individual Development Plan to demonstrate how he or she will achieve the required qualifications;
    - Candidates who might not meet minimum qualifications to be included in traditional recruitments for hard-to-fill positions; and
    - Long-term strategic talent development for known or predictable departures.

- **Evaluation and Professional Development**
  Employee evaluation and professional development policies and procedures are outlined in Human Resources Policy 5.08 Employee Performance Appraisals. Employees' performance is evaluated by their supervisor based on the standards outlined in the position's Work Performance Standards and documented in the Report on Performance. This report also outlines goals and objectives, including any relevant professional development or training, to be completed prior to the next scheduled evaluation. Human Resources maintains copies of all Reports on Performance, and individuals are responsible for completing and documenting completion of the recommended professional development or training.

- **Nevada Certified Public Manager (CPM) Program**
  The Division actively supports staff participation in the Nevada CPM program, a nationally recognized and accredited leadership development program for public managers and supervisors. The program is designed for public administrators who wish to learn both current management theory and useful techniques to improve their performance as managers in the public sector. Many managers at DPBH have completed this program.

- **Education Reimbursement Policy**
  The Division's Education Reimbursement Policy supports DPBH state employees' professional growth and development through pursuit of advanced academic or professional education by providing financial reimbursement for eligible education, professional development, and tuition costs when funding is available. Education reimbursement must be identified, described, and documented in an employee's performance assessment, professional development plan, or training plan, which must include a measurable link between the employee's increased competencies and DPBH's workforce planning efforts. As funding opportunities become available, DPBH distributes this information to staff through internal communications and information sessions. An example of available funding aligned with this policy is provided below.

- **Scholarships to Pursue Additional Education**
  Staff are eligible to apply for scholarships through the ARPA Nevada Health Workforce Pipeline Grant to pursue additional education at the UNR School of Public Health and progress in their careers at DPBH and in public health. A limited number of scholarships are available for DPBH staff to pursue:
    - A Master of Public Health (MPH) in Epidemiology or Biostatistics;
    - A Certificate in Epidemiology and Biostatistics;

- Coursework toward a Bachelor of Science in Public Health for those interested in pursuing an MPH in Epidemiology or Biostatistics;
- The Online MPH in Public Health Practice; and
- Online graduate certificates in public health practice, including:
  - Public health data management and analysis;
  - Public health management; and
  - Public health program development.

Opportunities

While DPBH is clearly committed to enhancing its workforce through a variety of initiatives, it also acknowledges more can be done to increase workforce diversity, enhance targeted recruitment, provide additional opportunities for professional development, and improve efforts to retain skilled and qualified staff.

These efforts should consider the results off the 2022 Workforce Development Survey in which staff indicated the most common reasons for leaving DPBH were pay, lack of opportunities for advancement, work overload/burnout, stress, and better opportunities outside the agency. In addition, the most common reasons staff cited for staying at DPBH were flexibility, job stability, benefits, job satisfaction, and pride in the organization and its mission. The Division should address the factors over which it has authority to improve retention and maintain or expand on the factors that keep staff at DPBH to improve recruitment and retention.

Additional opportunities to improve workforce development include assessing and refining onboarding, mentoring, shadowing, and evaluation processes to improve internal pipelines and career advancement; enhancing employee recognition programs; improving communication to break down silos, and more. A few of these opportunities are summarized below.

- **Targeted Outreach and Recruitment**
  The Division's workforce is fairly diverse; however, additional effort can be made to increase diversity across certain racial and ethnic categories, to younger audiences, and to increase the number of males at DPBH. Intentional and targeted outreach and recruitment among underrepresented populations could help enhance diversity across age, gender, geographic location, ethnicity, and race, among others.
- **Policies, Practices, and Programs to Improve Retention**
  According to the 2022 Workforce Development Survey, 65 percent of DPBH staff have been with the Division for five years or less. Retaining a highly skilled and qualified workforce is essential as turnover results in loss of institutional knowledge and requires an often-lengthy hiring process during which other staff may have to fill vacant positions—increasing their workload and contributing to a cycle of over-work and turnover. A few opportunities to improve retention include:
  - *Evaluating and refining onboarding processes.* While certain standardized onboarding practices exist for state employees, contractors do not receive the same training, leading to what some have referred to as a "sink or swim" environment for new contractors.
  - *Supporting staff with career planning.* Staff would benefit from better understanding possible public and behavioral health career trajectories in order to pursue fulfilling careers and maximize the opportunities available through DPBH and the State of Nevada.

o *Enhancing opportunities for growth.* This Workforce Development Plan and the Strategic Plan 2023-2025 emphasize the need to strengthen growth opportunities for staff that are not role-specific such as through mentoring, shadowing, and coaching.

o *Developing and formalizing staff recognition programs.* Recognizing and acknowledging staff contributions, successes, and tenure at DPBH can enhance sense of belonging and dedication to the organization. Formalizing and expanding informal recognition efforts may help increase staff retention.

- **Continued Assessment, Communication, and Feedback**

  The Division conducted its first Workforce Development Survey in 2022, followed by a small Climate Survey in 2024, to identify actionable steps to improve workforce development for staff. It also participated in the national PHWINS in the fall of 2024. Moving forward, it is important to continue assessing staff satisfaction at regular intervals in alignment with the 2023-2025 Strategic Plan. Staff have expressed a desire for additional communication to understand how the feedback provided through surveys and assessments is used at DPBH.

In addition, DPBH is working with graduate students in Behavior Management and Consultation at the University of Nevada, Reno, to analyze workforce data and identify patterns that can inform workforce development efforts. The following preliminary findings and future recommendations will help inform DPBH's workforce development efforts.

- Most employees left state employment for a better paying job in the public or private sector. These employees worked primarily in the areas of accounting, administrative assistant/clerical support, or were program managers and mental health professionals, among others.
- A significant percentage of employees were dismissed during the probationary period of employment. Further investigation is needed to identify trends in reasons for dismissal (e.g. unsatisfactory performance, insufficient training to perform duties, etc.).
- The positions with the shortest duration of employment include those in the Radiation Control Unit, as well as entry-level positions such as Clinical Program Planner 2, Health Program Specialist 1 and 2, Program Officer 1, Management Analyst 3, and Administrative Assistant 3.

Future Workforce

According to the 2022 Workforce Development Survey, more than one-quarter (27%) of the Division's workforce plans to leave within one year and almost one-fifth (18%) plans to retire within 5 years—trends similar to national public health workforce as reported through PHWINS data, as shown in Figure 1 below. These figures are striking and demonstrate the urgent need to improve and invest in workforce development efforts.

Figure 1. Intent to Leave DPBH

Within 1 year — PH WINS: 27%, DPBH Workforce Survey: 24%
Retiring within 5 years — PH WINS: 20%, DPBH Workforce Survey: 18%
Planning to stay — PH WINS: 69%, DPBH Workforce Survey: 72%

■ PH WINS ■ DPBH Workforce Survey

COMPETENCIES, TRAINING, AND EDUCATION REQUIREMENTS

Core Competencies

The Division uses the PHWINS core competencies, a set of 10 skill categories, to assess the workforce, as listed below.

- **Budget and Financial Management** – Adheres to, manages or implements policies and procedures of the governing body or administrative unit that oversees the organization and activities therein

- **Change Management** – Understands and/or contributes to the process of supporting people through changing their behaviors to achieve better health individually and as a community

- **Community Engagement** – Contributes to or develops relationships and structures for stakeholders to work together to promote well-being, achieve positive health outcomes, and empower communities to lead, plan, and implement initiatives as equal partners

- **Cross-Sectoral Partnerships** – Recognizes or establishes relationships in the community at all levels that may influence health in the community

- **Data-Based Decision-Making** – Identifies factors that affect the health of a community through quantitative and qualitative data and identifies gaps and community resources to alleviate gaps in services (e.g. equity, income, education, and environment)

- **Effective Communication** – Provides culturally competent information to the public to influence behavior and improve health

- **Justice, Equity, Diversity and Inclusion** – Recognizes and supports the diversity of individuals and populations addressed in policies, programs, and services that affect the health of a community

- **Policy Engagement** – Contributes to community health improvement through developing policy changes and/or program goals and objectives

- **Programmatic Expertise** – Understands and/or applies the use of public health sciences (e.g. epidemiology, biostatistics, environmental health science, health services administration, social and behavioral sciences, and public health informatics) in the delivery of public health

- **Systems and Strategic Thinking** – Understands and/or contributes to a larger inter-related system of organizations that influence the health of populations at the local, state, and national levels

Competencies are determined according to position requirements (e.g. front line, entry level/individual contributor, management/supervisor, and senior management/executive), as outlined in Table 8.

Table 8. Competency Levels

Tier	Competencies
Tier 1: **Front Line Staff /** **Entry Level**	Core competencies apply to non-management public health professionals who carry out the day-to-day tasks of public health organizations. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service and program support.
Tier 2: **Program** **Management /** **Supervisor Level**	Core competencies apply to the public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
Tier 3: **Senior** **Management /** **Executive Level**	Core competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Training Needs

Universal Training Needs

The top training needs across the Division, regardless of supervisory level, as identified in the 2022 Workforce Development Survey, include:

- Budget and financial management;

- Data-based decision-making;

- Effective communication; and

- Justice, equity, diversity, and inclusion (see below).

This Plan includes initiatives to address these universal training needs, and provides specific training opportunities in the Training Schedule on page 24.

Health Equity Training Needs

The 2022 Workforce Development Survey asked a series of questions about health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice. Less than half of all respondents reported they had heard "a lot" about most issue areas, though responses varied by branch and supervisory level. Additionally, around one-quarter of respondents indicated confidence in addressing these concepts in their work. The gap in staff knowledge of these issues and confidence in addressing them is shown in Figure 2 below.

The issues with the greatest gaps between knowledge and confidence include health equity (24 percentage points), structural racism (19 percentage points) and social determinants of health (17 percentage points). This Plan aims to address the gap between knowledge and confidence by providing training to all staff in these areas.
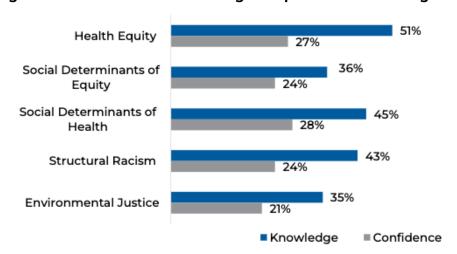
Figure 2. Public Health Issue Rating: Comparison of Knowledge and Confidence

A full list of equity terms and definitions is in Appendix B.

Continuing Education Requirements

Certain licensed professionals in the fields of public and behavioral health require regular participation in discipline-specific continuing education to ensure they have the latest evidence-based knowledge and skills to perform their duties. Continuing education (CE) requirements for a few of the most common licensed/certified professionals at DPBH are described in Table 9.

Table 9. Continuing Education Requirements by Profession

Profession	Nevada CE Requirements
Licensed Clinical Social Worker	36 hours every 2 years (NAC 641B.187)
Clinical Professional Counselor	40 hours every 2 years (NAC 641.131)
Psychiatric Nurse	30 hours every 2 years (NAC 632.340)
Psychologist	30 hours every 2 years (NAC 641.136)
Registered Environmental Health Specialist	24 units every 2 years (https://www.nvrehs.org/public/ceu.asp)

Profession	Nevada CE Requirements
Registered Nurse, Health Facilities Inspector	30 hours every 2 years (NAC 632.340)

DPBH Organizational Training

In preparation for applying for accreditation through the Public Health Accreditation Board (PHAB), DPBH has implemented numerous new plans and systems that necessitate training on organization-wide policies and procedures. This includes training on the:

- Strategic Plan;
- Brand Strategy;
- Communications Processes;
- Information Technology and Security; and
- Quality Improvement/Performance Management.

Providing systematic training on organization-wide policies helps ensure consistent and universal implementation of new systems that were established to improve the quality of DPBH services.

DPBH Training Priorities for 2025-2026

Top training priorities for 2025 and 2026 include those identified by a majority of staff at all supervisory levels and across all branches of the Division in the 2022 Workforce Development Survey, as well as continued training on organization-wide systems, plans and processes. These include (in no particular order):

1. Budget and financial management;
2. Data-based decision-making;
3. Effective communication;
4. Justice, equity, diversity, and inclusion (including health equity, social determinants of health, social determinants of equity, structural racism, and environmental justice); and
5. Organization-wide systems, plans, and processes (i.e. strategic plan, Brand Strategy, communications processes, information technology and security, and quality improvement/performance management).

The first three priorities are critical to ensuring DPBH has a trained, qualified workforce with the skills and competencies to meet public health needs. The fourth priority was selected because fewer than one in two staff report having "a lot" of knowledge about health equity and related topics; only one in four have confidence in addressing these issues in their work; and all of these issues are critical to understanding the social, historical, and environmental factors that influence the health of communities. These issues are also essential to developing and providing services in culturally effective way. In addition, these priorities were clearly identified by most DPBH staff as their top training needs.

The final priority aligns with the Division's Three-Year Strategic Plan, which focuses on the fundamentals—that is, building (and training staff to use and implement) the foundational systems, plans, and processes DPBH needs to be successful in achieving its mission.

These areas are the focus of DPBH training opportunities through 2025 and 2026 and will be revised when new PHWINS data becomes available.

WORKFORCE DEVELOPMENT GOALS

In 2024, a working group comprised of representatives from various units within DPBH reviewed workforce development strengths, needs, and opportunities at DPBH. The group analyzed the results of the 2022 Workforce Development Survey; identified and prioritized gaps in knowledge and training; compiled a list of existing workforce development initiatives and opportunities at DPBH, as well as those available to agencies of the Executive Branch of State Government; reviewed DPBH's Three-Year Strategic Plan; and used all of this information to create goals, objectives, and strategies to improve recruitment, retention and the agency's workforce overall.

The following workforce development goals aim to build DPBH's workforce pipeline; approach recruitment strategically to diversify the workforce; enhance professional development, training, and educational opportunities for staff to upskill and advance through the public health workforce pipeline; create a culture of accountability and clarity; and ensure employees are recognized for their contributions.

Each goal is supported by action-oriented measurable objectives and strategies within an achievable timeline.

Objective	Strategy	Timeframe	Responsibility
Goal 1: Enhance understanding of public health careers and opportunities to help grow DPBH's workforce pipeline			
1: Expand the public health workforce career resources on NVhealthforce.org by producing at least two new online resources	1: Map the public health workforce visually and publish an interactive pipeline map on the website to encourage exploration of career opportunities	January 2025	Public Health Infrastructure and Improvement Section (PHII)
	2: Create a career trajectory self-assessment on the website to enable students and professionals to assess their current skills and determine a path for career progression and upskilling	March 2025	PHII
2: Develop a Division-wide internship program using available data and best practices	1: Develop and formalize internship program operations, including agreements with universities and colleges across Nevada and other states	July 2025	PHII
	2: Educate DPBH staff about the benefits of interns; the internship program's expectations, processes, and timelines; and encourage DPBH programs to include funding for interns in grant applications	December 2025	PHII & Human Resources (HR)

Objective	Strategy	Timeframe	Responsibility
	3: Onboard / train preceptors and interns about the expectations of internships, including use of the resources in the Internship Toolkit	December 2025 and ongoing	PHII
3: Offer workshops and pre-application resume review opportunities for existing and prospective employees twice per year	1: Continue to offer resume review for DPBH employees interested in career progression	Starting in January 2025 – ongoing	HR
	2: Expand resume review opportunities to interns through workshops and access to the DPBH HR team	Starting in January 2025 – ongoing	PHII & HR
	3: Use Division-wide communication channels to publicize the availability of resume reviews and HR support for career planning	Starting in January 2025 – ongoing	PHII & HR
Goal 2: Use data, and innovative, creative strategies to enhance recruitment of a diverse, qualified public health workforce			
1: Increase visibility of public health career opportunities at DPBH through monthly social media posts, email newsletters, and youth-related events	1: Use social media to promote public health as a career and DPBH as a desirable employer, and engage with potential candidates	Starting in January 2025 – ongoing	HR & Public Information Officer (PIO)
	2: Maximize marketing strategies such as email marketing to maintain contact with potential new hires	March 2025	HR
	3: Identify and encourage Division-wide participation in activities/initiatives to reach youth and students through events such as Take Your Child to Work Day, presentations at schools, career fairs, etc.	Starting in January 2025 – ongoing	HR, PIO, & PHII
2: Use data to inform and conduct targeted outreach and recruitment activities quarterly	1: Use data from DPBH workforce and climate surveys, as well as HR data, to identify gaps and target outreach and recruitment activities to certain populations (e.g. young people, people of color, and/or individuals in rural Nevada)	Starting March 2025	PHII & HR
	2: Host workshops in collaboration with partners in higher education focused on	March, October 2025	PHII & HR

Objective	Strategy	Timeframe	Responsibility
	resume preparation and how to apply to DPBH (estimated timing: fall and spring; locations in southern and northern Nevada)		
3: Communicate the competitive advantage of working for the State of Nevada, including the benefits of state employment, consistently and at every opportunity	1: Highlight the benefits of working for the state using data from the Workforce Development Survey and the current workforce (e.g. commute time and/or flexibility to pursue higher education alongside employment)	January 2025 – ongoing	HR
	2: Emphasize and explain state employment benefit programs such as retirement, PERS, hourly wage equivalents, early retirement, etc., in outreach and recruitment efforts	January 2025 – ongoing	HR
	3: Use the forthcoming public health pipeline maps on NVhealthforce.org to show possible career progressions and how a career in public health at the state level is a rewarding career, with opportunities to grow	March 2025 – ongoing	PHII & HR
Goal 3: Cultivate a responsive, accountable culture to improve staff satisfaction and retention			
1: Produced monthly reports on the state of the workforce and use results to drive recruitment and retention strategies	1: Enhance transparency through regular reporting of HR data and contractor data (e.g. recruitment, vacancies, retention) to DPBH leadership and PHII in alignment with the Strategic Plan	Starting January 2025	HR
	2: Gather and use data through regular "stay interviews" and exit interviews to improve employee retention and satisfaction. Regularly remind and encourage programs about these interviews.	March 2025	HR & PHII lead; implementation by all programs
	3: Conduct annual staff surveys, including a climate survey and workforce development	Annually and/or per Strategic Plan	PHII

Objective	Strategy	Timeframe	Responsibility
	survey, in alignment with Strategic Plan (rotating each year, with one survey per year)		
2: Refine employee onboarding, training, evaluation, and mentorship policies and processes, and train all staff on these systems	1: Evaluate and strengthen existing onboarding processes and trainings and provide appropriate training to set all employees and contractors up for success, including training on organization-wide systems, plans, and processes, as well as job-specific training as needed based on work standards	July 2025	PHII / UNR School of Public Health Team (UNR) & HR
	2: Evaluate and improve employee appraisal processes to embed accountability for staff and supervisors, including training all staff on the process	July 2025	PHII / UNR & HR
	3: Create and implement a mentorship program, including a buddy program for new staff	March 2025	PHII / UNR & HR
	4: Explore and provide opportunities to coach staff on career progression	January 2025 – ongoing	PHII / UNR & HR
3: Use DPBH branding to create a culture of pride-in-the-workplace	1: Produce branded items for employees to show unity and create pride in working in public health for DPBH / create a menu of DPBH swag for employees to purchase (and consider using state prison swag shop)	July 2025	PHII
	2: Identify funding for DPBH swag and align with recognition program	July 2025	PHII
	3: Implement 'spirit wear' days on Fridays for employees to wear DPBH swag to work and/or include DPBH polo shirts as work-appropriate	July 2025 – ongoing	PHII
	4: Use internal communications and social media to highlight DPBH brand in the	January 2025 – ongoing	PHII & PIO

Objective	Strategy	Timeframe	Responsibility
	community (e.g. DPBH staff wearing swag at career fair)		
Goal 4: Create open channels of communication and informal learning opportunities across the Division			
1: Improve Division-wide communication (top down and bottom up) through monthly newsletter	1: Include in the DPBH Communications Plan a Division-wide newsletter that includes updates from leadership regarding events, training opportunities, recognition, and updates on the Division's strategic direction	January 2025 – ongoing	UNR / PHII
2: Identify and provide opportunities for continuing professional development	1: Identify, offer, and communicate the availability of various levels of training (e.g. for non-supervisors, supervisors, and leadership/executive-level staff) on DPBH training priorities, including updating the Professional Development Catalog	March 2025	PHII
	2: Offer two to four "Lunch and Learn" brown bag lunch sessions per year on priority training topics, workforce development topics, or upskilling (e.g. *Tailor Your Resume to Meet Minimum Qualifications s* or *How to Get the Most Out of Microsoft Office*). Consider hosting these sessions in conjunction with the QI Council.	January 2025 – ongoing	PHII
	3: Continue to offer monthly *Let's Dish* meetings with managers and supervisors to provide updates and training on priority topics, discuss issues, solve problems, etc.	November 2024 – ongoing	HR
	4: Seek partnerships and take advantage of opportunities that enable DPBH staff to access ongoing professional development (e.g. with the Larson Institute at the University of Nevada, Reno (UNR) School of Public Health, DHHS-UNR Academic Health Department) and the University of Nevada,	November 2024 – ongoing	PHII / UNR / DPBH Leadership Team

Objective	Strategy	Timeframe	Responsibility
	Las Vegas (UNLV) School of Public Health, and share information about opportunities Division-wide		
	5: Finalize NVhealthforce.org public health workforce pipeline map and promote it to staff as a resource to help employees explore career opportunities that align with their goals	January 2025	PHII
	6: Encourage DPBH programs/units to offer flexible work arrangements whenever possible to enable staff to participate in work-related ongoing professional development and/or complete additional education	January 2025 – ongoing	PHII & HR
Goal 5: Develop a sustainable and formal recognition program, including Division-wide communication and documentation of recognition			
1: Develop a sustainable, formal recognition program, in alignment with the DPBH Three-Year Strategic Plan	1: Document all recognition opportunities, informal and formal, external and internal, top-down and bottom-up; add additional opportunities for recognition, as appropriate; and develop a one-page overview of the Division-wide recognition program	March 2025	PHII / UNR & HR
	2: Share information on the recognition program, including providing examples of how recognition can be external, internal, top-down and bottom-up, informal and formal	April 2025	PHII / UNR
	3: Embed recognition in existing communication channels (e.g. Division-wide newsletters, manager's meetings, HR personnel files, etc.)	April 2025	PHII & HR

TRAINING SCHEDULE 2025

The Division of Public and Behavioral Health has implemented and continues to create a range of new required and optional trainings for staff.

All employees must complete required training. Goal 3, Strategy 2 of this Workforce Development Plan focuses on standardizing and streamlining training according to work standards for each type of role at DPBH.

Required Trainings

Training Topic	Description of Material	Schedule
Sexual Harassment Prevention (New Employee)	Overview of how to prevent sexual harassment in the workplace and what to do if sexual harassment is encountered.	Within 30 days then every 2 years
Whistleblower Protections – What, When & How?		Within 30 days then annually
Orientation to State Employment	Overview of the State of Nevada employment policies and procedures.	Within 30 days
NNAMHS New Hire Orientation	Orientation to Northern Nevada Adult Mental Health Services (NNAMHS).	Within 30 days
Online Information Security Training	Content includes how to work online safely and maintain the safety of all state property and data.	Within 30 days
DPBH HIPAA and Confidentiality Awareness	Content covers the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality standards to ensure the privacy and security of client information.	Within 30 days
DPBH Cultural Competency Training	Content aims to eliminate description in the admission of, or the provision of services to a patient or resident, and improve and enhance the patient-provider interaction by creating recognition and understanding of how discrimination can magnify barriers and bring harm to the patient. (Required by NRS 449.103, 449.101 and Nevada State Board of Health regulation R016.20)	Within 30 days
Crisis Non-Violent Intervention Training (CPI)	Content teaches staff the skills to recognize and respond to crises that may involve more challenging behaviors.	Within 60 days
Communications and Brand Guideline Training	Provides an overview of when and how to use the DPBH brand appropriately.	Within 30 days
Quality Improvement Training	Participants learn how to use DPBH Quality Improvement (QI) systems and processes to document individual, program-level, and	Within 90 days

Training Topic	Description of Material	Schedule
	Division-wide QI projects to cultivate a culture of quality improvement.	
Career Progression and Evaluation Processes (coming in 2025)	Overview of public and behavioral health career pipelines to help staff understand how to plan and progress in their public health career, including how to make the most of the evaluation process.	Coming soon
DPBH Orientation for State Employees and Contractors (coming in 2025)	Overview of the DPBH mission, vision and values, as well as the recognition program and mentorship opportunities, to help staff understand the culture of DPBH and how to grow with the agency.	Coming soon
Training Required for Supervisors and Managers		
Division of Human Resource Management (DHRM) Mandatory Supervisor Training	Topics include: • Equal Employment Opportunity Unit for Managers and Supervisors • Alcohol & Drugs in the Workplace • Developing Essential Functions • Evaluating Employee Performance • Handling Grievances • Interviewing & Hiring • Progressive Disciplinary Procedures • What Supervisors Need to Know about the ADA & Accommodation Requests • What Supervisors Need to Know about the FMLA • Work Performance Standards • Accident Investigations (completed once only) • Basic Office Ergonomics (completed once only) • Workers' Compensation Overview for Managers and Supervisors (completed once only) • Workplace Evaluation & Management Tools (completed once only) • Workplace Violence: Recognition & Prevention (completed once only) • Risk Management Unit for Managers and Supervisors	Frequency varies based on topic from within 30 days to within 12 months; most trainings must be completed every 3 years

Training Topic	Description of Material	Schedule
Job-Specific Training Requirements		
Defensive Driving	Required when necessary for performance of essential functions or as directed by supervisor	Within 1 year; refresher course required every 4 years
Internal Controls Class – Financial Management	Required for heads and employees who administer budgetary accounts	Within 90 days
ADVANTAGE Financial Training	Employees who job functions require access to the ADVANTAGE Financial program	Prior to receiving access; Recertification every 2 years
iHub Basic Navigation	Employees whose job functions require access to iHub	Prior to receiving access
Central Payroll Certification Training	Employees who prepare payroll forms	Within 6 months then every 2 years
Central Records Certification Training	Employees who prepare forms for Central Records	Within 6 months then every 2 years
Records Management – Retention of State Records	Employees whose duties include the management and retention and disposal of any official state records of the agency, board or commission	Once

Optional Training

Additional training and professional development opportunities are regularly published in the DPBH Professional Development Catalog, which will be updated in 2025.

The Division invests in employees through supporting professional development opportunities, as outlined in the Education Reimbursement Policy.
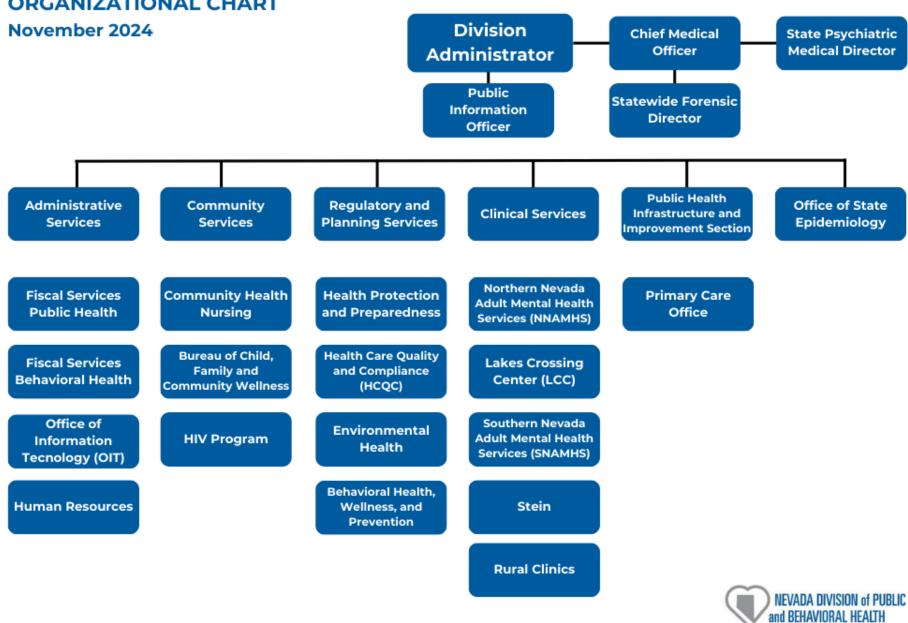
Topic	Description	Target Audience	Content	Schedule
General Development Courses	These courses offer the opportunity to enhance knowledge and skills in a variety of disciplines with the focus of enhancing both effectiveness	All State of Nevada Employees	Courses include the following topics: • Foundations of Professional Excellence • Communicating Effectively	Available throughout the year in a variety of formats

Topic	Description	Target Audience	Content	Schedule
	and efficiency in the workplace		- Collaborating with Others - Exhibiting Professionalism in the Workplace - Application Seminar - Working Effectively in a Multi-Generational Workforce - Deep Work Succeeding in a Distracted World	
Supervisory Skills Program	This program is a curated series of competency-based classes that provide front-line supervisors with the core skills necessary to lead teams within State agencies.	First time and experienced supervisors and leaders	Classes include: - Foundations of Supervisory Leadership - Temperaments and Emotional Intelligence - Accountability and Performance Management - Getting Things Done through Prioritization - Delegation Best Practices - Motivation and Engagement - Teams - Managing Up and Across - Application Seminar	Available throughout the year in a variety of formats
Larson Institute	DPBH has engaged the Larson Institute to address continuing education needs for staff.	DPBH staff	The Larson Institute will identify, organize, create, and track participation of DPBH in professional development activities related to public health.	Starting in 2025

Topic	Description	Target Audience	Content	Schedule
Justice, equity, diversity and inclusion	NOMHE's Cultivating a Culture of Inclusivity in the Workplace	All staff	Content includes the meaning of and intentions behind promoting diversity, equity and inclusion in the workplace, and recognize the advantages of fostering a diverse and inclusive workplace.	Offered in-person throughout the year
Grant Writing and Grant Management Training	This class teaches participants how to find funding sources and write winning grant proposals	Program staff	Content includes how to find funding, write successful grant applications, and manage awarded grants.	Offered in-person throughout the year
Lunch and Learns	Staff led trainings	Any interested staff	Topic varies depending on staff expertise e.g. how to use Microsoft Excel or Evaluating a Public Health Program.	Quarterly in-person and virtual
Coming Soon *DPBH and the Larson Institute are currently identifying opportunities and trainings on the topics listed below.* *A complete list will be available on the Health Information Portal (HIP) Share Point Site and distributed to all staff.*				
Internship/Preceptorship training	Overview of public and behavioral health internship program	Interns and preceptors	Expectations and requirements for internships	TBD
Budget and financial management	Managing finances in public health	All staff	Budget and financial management	TBD
Data-based decision making	Using data to make decisions in public health	All staff	Data-based decision making	TBD
Effective communication	Communicating effectively in public health	All staff	Effective communication	TBD

APPENDIX A: DPBH ORGANIZATIONAL CHART

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH ORGANIZATIONAL CHART
November 2024

Division Administrator

Chief Medical Officer

State Psychiatric Medical Director

Public Information Officer

Statewide Forensic Director

Reporting to the Division Administrator:

- **Administrative Services**
  - Fiscal Services Public Health
  - Fiscal Services Behavioral Health
  - Office of Information Tecnology (OIT)
  - Human Resources

- **Community Services**
  - Community Health Nursing
  - Bureau of Child, Family and Community Wellness
  - HIV Program

- **Regulatory and Planning Services**
  - Health Protection and Preparedness
  - Health Care Quality and Compliance (HCQC)
  - Environmental Health
  - Behavioral Health, Wellness, and Prevention

- **Clinical Services**
  - Northern Nevada Adult Mental Health Services (NNAMHS)
  - Lakes Crossing Center (LCC)
  - Southern Nevada Adult Mental Health Services (SNAMHS)
  - Stein
  - Rural Clinics

- **Public Health Infrastructure and Improvement Section**
  - Primary Care Office

- **Office of State Epidemiology**

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

APPENDIX B: EQUITY TERMS AND DEFINITIONS

EQUITY TERMS AND DEFINITIONS

ADOPTED OCTOBER 2024

Equity and health equity are critical to public health, and it is important to define key equity terms to help develop common language and understanding as these terms are used. Definitions below were adopted from the [Public Health Accreditation Board Acronyms and Glossary of Terms, 2022](#) (PHAB) and the 2021 Public Health Workforce Interest and Needs Survey (PHWINS).

Cultural Humility	The ability to continuously self-reflect, build knowledge, understand, appreciate, and appropriately and positively interact with people from cultures or belief systems different from one's own. It leverages institutional accountability to redress oppression, discrimination, and harm individually, interpersonally, institutionally, and structurally. (PHAB)
Diversity	The existence of differences and similarities among people including, race, gender, ability, and many other elements related to one's identity and experiences. Fully engaging and benefiting from diversity requires equitable conditions and a culture of inclusion. (PHAB)
Environmental Justice	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. This goal will be achieved when everyone enjoys:
	• The same degree of protection from environmental and health hazards, and
	• Equal access to the decision-making process to have a healthy environment in which to live, learn, and work
	(U.S. Environmental Protection Agency. Environmental Justice. 2017)
Equity	A fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression.

Everyone should have a fair and just opportunity to achieve optimal health and well-being. (PHAB)

Health Equity
Achieved when everyone has a just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (PHAB)

Health equity means all people, regardless of who they are, where they came from, how they identify, where they live, or the color of their skin, have a fair and just opportunity to live their healthiest possible lives - in body, mind, and community. Achieving health equity requires removing social, economic, contextual, and systemic barriers to health, and a continuous and explicit commitment to prioritize those affected by historical disadvantages. (City Health via PHWINS)

Health Inequity
Health inequity refers to differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill (Whitehead, MM. *The Concepts and Principles of Equity and Health*. International Journal of Health Services. 22(3):429-445.1992 via PHAB)

Implicit Bias
The underlying attitudes that people unconsciously attribute to another person or group of people that affect how they understand and engage with a person or group
(Mitchell, G. *An implicit bias primer*. Virginia Journal of Social Policy & the Law, 25, 27–59. 2018 via PHAB).

Inclusion, Diversity, Equity or Anti-Racism (IDEA)
IDEA is an acronym for Inclusion, Diversity, Equity, and Anti-racism. IDEA highlights efforts toward underserved communities by addressing structural inequities. Organizations that embrace IDEA are able to foster cultures that minimize bias and recognize and address systemic inequities, which, if unaddressed, create disadvantage for certain individuals or groups. (PHAB)

Inclusive
Addresses all people respectfully by adapting practices and approaches to specific cultural, linguistic, environmental, or historical situations of each population or audience of focus. (Adapted from: Centers for Disease Control and Prevention. *CDC's Health Equity Guiding Principles for Inclusive Communication*. Atlanta, GA. December 7, 2021 via PHAB).

Racism as a Public Health Crisis
States, cities, and counties have increasingly declared racism to be a public health crisis or emergency. These declarations are driven by a recognition that systemic, institutional, and other forms of racism drive disparities across employment, housing, education, the justice system, healthcare, and other determinants of health. The declarations also reflect a growing acknowledgment that state and local governments must anchor efforts to eradicate the impacts of racism in order to truly achieve the conditions that create optimal health for all. (Network for Public Health Law via PHWINS)

Social Determinants of Equity

The social determinants of equity are systems of power like racism, sexism, heterosexism, ableism, and economic systems like capitalism. The social determinants of equity determine the range of contexts available and who is found in which context. They govern the distribution of resources and populations through decision-making structures, policies, practices, norms, and values, and too often operate as social determinants of in-equity by differentially distributing resources and populations. (Jones via PHWINS)

Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Domains of the social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. (U.S. Department of Health and Human Services via PHWINS)

Structural Determinants of Health

Refer specifically to interplay between the socioeconomic-political context, structural mechanisms generating social stratification and the resulting socioeconomic position of individuals. These structural determinants are what we include when referring to the "social determinants of health inequities". Structural determinants are those that generate or reinforce social stratification in the society and that define individual socioeconomic position. These mechanisms configure the health opportunities of social groups based on their placement within hierarchies of power, prestige and access to resources (economic status) (World Health Organization. *Conceptual Framework for Action on Social Determinants of Health: Discussion Paper 2*. Geneva, Switzerland. 2010 via PHAB).

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. (Aspen Institute via PHWINS)

Vulnerable Population

A vulnerable population is a group of people with certain characteristics that cause them to be at greater risk of having poor health outcomes than the general population. These characteristics include, but are not limited to, age, culture, disability, education, ethnicity, health insurance, housing status, income, mental health, and race (Adapted from: Institute of Medicine. *Performance Measurement: Accelerating Improvement*. National Academies Press. Washington, DC. 2006 via PHAB).

APPENDIX C: 2022 WORKFORCE DEVELOPMENT SURVEY RESULTS

2022 WORKFORCE DEVELOPMENT SURVEY RESULTS

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

February 2023 | Updated August 2024

Prepared by:

School of Public Health
University of Nevada, Reno

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OVERVIEW

Purpose

In late 2022, as part of its efforts to pursue accreditation through the Public Health Accreditation Board (PHAB), the Division of Public and Behavioral Health (DPBH) of Nevada's Department of Health and Human Services (DHHS) conducted the 2022 DPBH Workforce Development Survey. The survey was conducted to:

- Better understand whether staff skills match the skills needed for their specific role;
- Identify strengths and opportunities; and
- Inform future training and investment in workforce development.

The resulting data will be used to inform and develop the Workforce Development Plan required for accreditation.

Accreditation Requirements

The survey met various accreditation requirements outlined in Domain 8 of the Public Health Accreditation Board's Standards and Measures (Version 2022), which focuses on building and supporting a diverse and skilled public health workforce. These include specific requirements in measures 8.2.1A, and 8.2.3A, which require organization-wide assessments of staff capabilities against an accepted set of skills or "core competencies;" equity and staff competence around cultural humility, diversity, or inclusion; and staff satisfaction.

Specifically, the survey met PHAB criteria with a check mark below:

- Measure 8.2.1A—A health department-specific workforce development plan than includes:
    - ✓ An organization-wide assessment of current staff capabilities against an accepted set of core competencies;
    - ✓ Findings from an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion;
    - ✓ A list of gaps identified in the assessments above and prioritization of gaps;
    - o Plans to address at least two gaps, including measurable objectives, strategies for improvement, and timeframes;
    - o Training curriculum or schedule that includes a list of available learning or educational opportunities, including to address gaps above, among other requirements.
- Measure 8.2.3A—Staff Satisfaction Assessment
    - ✓ Staff satisfaction assessment to collect feedback across the department and implement actions, whether department-wide or within sub-units
    - ✓ Draw conclusions and make recommendations based on the feedback
    - o Take action based on the conclusions drawn from the staff satisfaction assessment

Methods

The DPBH Leadership Team chose to use the core competencies outlined in the national [Public Health Workforce Interests and Needs Survey (PH WINS)](#)[2] in order to compare DPBH to other states and national data. These competencies and other assessments required in Domain 8 were conducted using a slightly modified version of the 2021 PH WINS. The 2022 DPBH Workforce Development Survey was conducted by the Center for Public Health Excellence within the School of Public Health at the University of Nevada, Reno.

The survey was created and distributed through the Qualtrics XM survey management software. It was distributed through unique respondent links via email to all DPBH state employees (not including contractors or other non-state employees). Reminders were emailed from both the survey platform and the DPBH leadership team. The survey was available from October 25, 2022, through November 4, 2022. A total of 713 DPBH employees, representing all four branches of the Division, responded—a response rate of just over 50 percent.

Survey results were stratified in multiple ways to best understand the needs of the Division, including by:

- Branches of the Division: Administrative Services, Community Health Services, Clinical Services, and Regulatory and Planning Services;
- Supervisory level: non-supervisor, supervisor/manager, and executive; and
- Individual budget account, a proxy for program area.

All data was analyzed using SPSS data software, and results are presented with findings from the 2021 PH WINS survey to compare DPBH to the national public health workforce.

RESULTS

A total of 713 DPBH state employees completed the 2022 DPBH Workforce Development Survey. The data was analyzed in aggregate before being analyzed by branch within the Division.

Figure 1. Number and Percentage of All Survey Respondents, by Branch
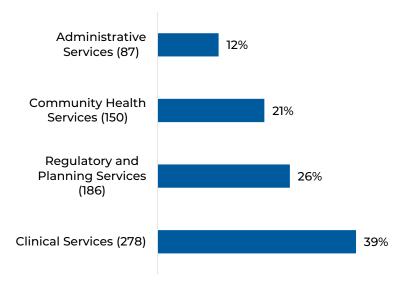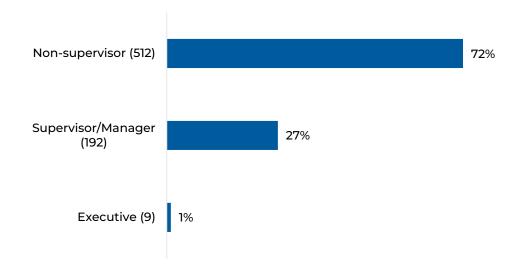
Figure 2. Respondents by Supervisory Level

Respondent data was stratified by supervisory level. Supervisors and managers were combined into one category to allow for comparison to the PH WINS survey data.

Demographics

Survey respondents self-reported demographic characteristics, including age, race/ethnicity, gender, and education, to better understand the workforce. For questions that might have multiple answers, respondents were asked to choose the one that was most applicable or that they most identified with. The demographics of DPBH's current workforce are compared to national workforce data below.

Figure 3. Respondents by Self-Reported Gender

The gender identity distribution at DPBH is very similar to that of the national workforce: a majority of workers identify as female.
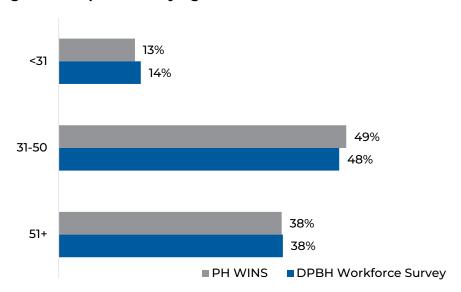
Figure 4. Respondents by Age

The age distribution of DPBH's workforce is very similar to that of the national workforce. Nearly half of the workforce is between 31 and 50 years of age, the next largest proportion is more than 51 years of age, and the smallest proportion is less than 31 years of age. The age categories above were used to allow for comparison to PH WINS data.

Figure 5. Respondents by Self-Reported Race/Ethnicity Among

American Indian or Alaska Native
- PH WINS: 1%
- DPBH Workforce Survey: 2%

Asian
- PH WINS: 7%
- DPBH Workforce Survey: 9%

Black or African American
- PH WINS: 15%
- DPBH Workforce Survey: 9%

Hispanic or Latino
- PH WINS: 18%
- DPBH Workforce Survey: 15%

Native Hawaiian or Pacific Islander
- PH WINS: 0%
- DPBH Workforce Survey: 1%

White
- PH WINS: 54%
- DPBH Workforce Survey: 68%

Two or more races
- PH WINS: 4%
- DPBH Workforce Survey: 8%

Other
- PH WINS: 0%
- DPBH Workforce Survey: 4%

■ PH WINS ■ DPBH Workforce Survey

The DPBH workforce identifies as slightly more white and slightly less diverse than the national workforce.
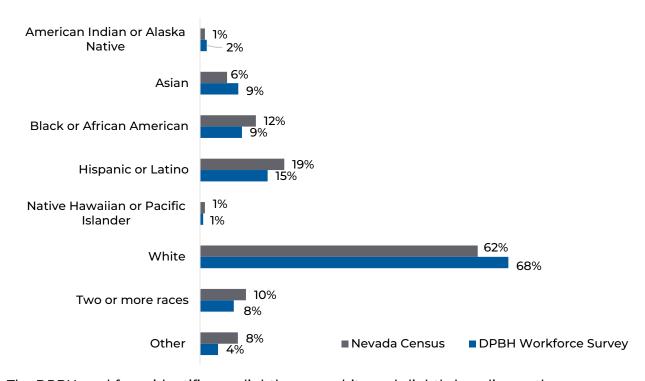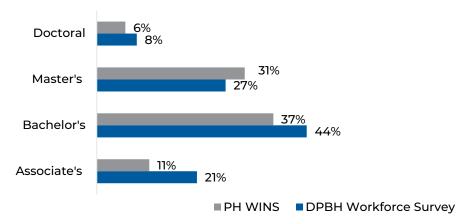
Figure 6. Race/Ethnicity Among all Respondents, Compared to the Nevada Census[3]

American Indian or Alaska Native
- Nevada Census: 1%
- DPBH Workforce Survey: 2%

Asian
- Nevada Census: 6%
- DPBH Workforce Survey: 9%

Black or African American
- Nevada Census: 12%
- DPBH Workforce Survey: 9%

Hispanic or Latino
- Nevada Census: 19%
- DPBH Workforce Survey: 15%

Native Hawaiian or Pacific Islander
- Nevada Census: 1%
- DPBH Workforce Survey: 1%

White
- Nevada Census: 62%
- DPBH Workforce Survey: 68%

Two or more races
- Nevada Census: 10%
- DPBH Workforce Survey: 8%

Other
- Nevada Census: 8%
- DPBH Workforce Survey: 4%

■ Nevada Census ■ DPBH Workforce Survey

The DPBH workforce identifies as slightly more white and slightly less diverse than Nevada's adult population.

Figure 7. Educational Degree Attainment Among all Respondents
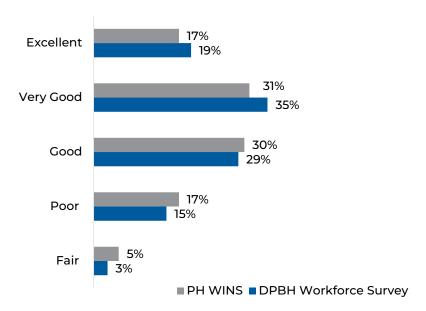
A higher proportion of DPBH respondents have an associate's, bachelor's, or doctoral degree than the national workforce; a slightly smaller proportion have a master's degree.

Figure 8. Interest in and Steps to Pursue Additional Education

Respondents were asked whether they recently took any steps to pursue additional education, as well as whether they are interested in pursuing additional education. At least 30% are interested in furthering their education. This data indicates staff interest in upskilling to help them advance to higher levels of responsibility or positions within the Division.

Figure 9. Self-Reported Mental Health Among all Respondents
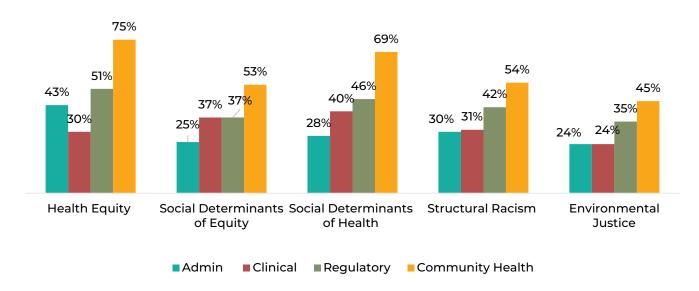
Staff were asked to rate their mental health at the time they took the survey. DPBH survey respondents rate their mental health as slightly better than that of the national workforce.

Public Health Issues
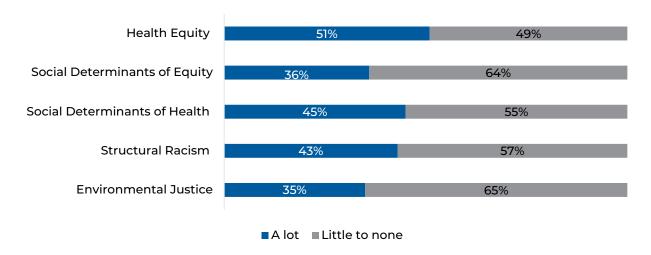
Staff were asked a series of questions about public health issues including health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice. The definition of each term was provided to ensure a common understanding (see Appendix A for definitions). Responses are stratified by branch and supervisory level below.

Figure 10. Public Health Issue Rating by Branch – Staff who Indicated "a lot" of Knowledge
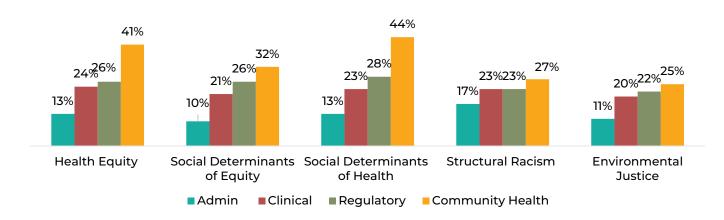
Staff were asked, "How much, if anything, have you heard about the following concepts in public health?" Community Health Services staff were most familiar with these concepts, followed by Regulatory and Planning Services staff. Less than half of respondents in most branches had heard 'a lot' about most of these issues.

Figure 11. Public Health Issue Rating among all Respondents - Knowledge

	A lot	Little to none
Health Equity	51%	49%
Social Determinants of Equity	36%	64%
Social Determinants of Health	45%	55%
Structural Racism	43%	57%
Environmental Justice	35%	65%
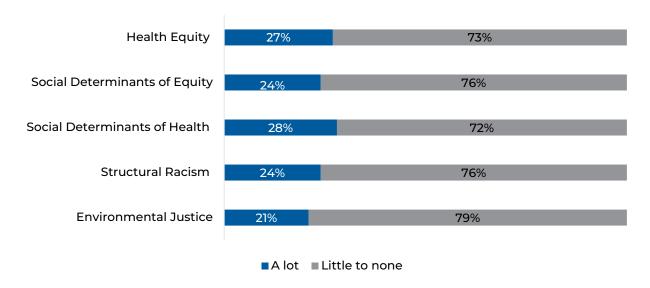
Overall, when asked, "How much, if anything, have you heard of the following concepts in public health?" less than half of all DPBH respondents had heard 'a lot' about most issue areas.

Figure 12. Public Health Issue Rating by Branch - Staff who Indicated "a lot" of Confidence

	Admin	Clinical	Regulatory	Community Health
Health Equity	13%	24%	26%	41%
Social Determinants of Equity	10%	21%	26%	32%
Social Determinants of Health	13%	23%	28%	44%
Structural Racism	17%	23%	23%	27%
Environmental Justice	11%	20%	22%	25%
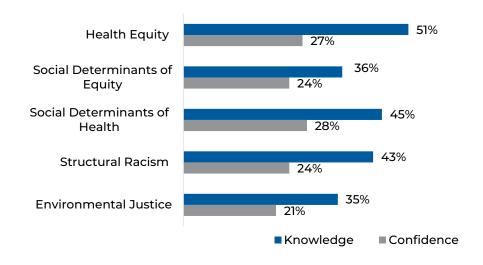
Staff were then asked, "How confident are you in addressing the following concepts in your work?" Less than half of respondents in all branches feel confident in these topic areas.

Figure 13. Public Health Issue Rating among all Respondents - Confidence

Issue	A lot	Little to none
Health Equity	27%	73%
Social Determinants of Equity	24%	76%
Social Determinants of Health	28%	72%
Structural Racism	24%	76%
Environmental Justice	21%	79%

■ A lot   ■ Little to none
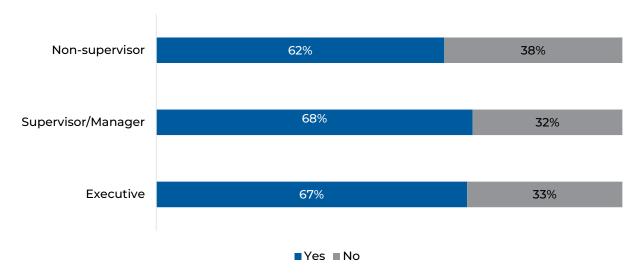
Overall, when staff were asked, "How confident are you in addressing the following concepts in your work?" less than half of all respondents indicated confidence in these issue areas.

Figure 14. Public Health Issue Ratings: Comparison of Knowledge and Confidence

Issue	Knowledge	Confidence
Health Equity	51%	27%
Social Determinants of Equity	36%	24%
Social Determinants of Health	45%	28%
Structural Racism	43%	24%
Environmental Justice	35%	21%

■ Knowledge   ■ Confidence
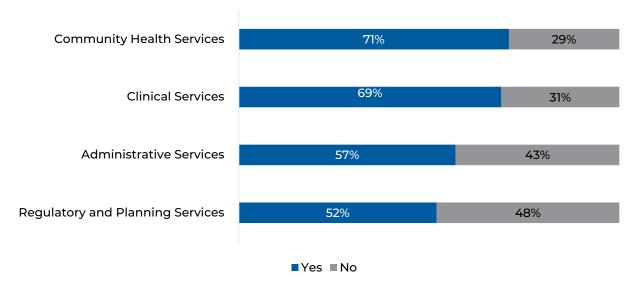
This chart compares rates of knowledge and confidence in addressing key public health issues. These data, the same in previous graphs, indicate there is a gap in staff knowledge of these public health issues and confidence to address them.

Figure 15. Believe Addressing Racism as a Public Health Crisis Should be Part of Work at DPBH, by Supervisory Level

Staff were asked, "Do you believe that addressing racism as a public health crisis should be a part of your work at DPBH?" Responses were similar among all supervisory levels.

Figure 16. Believe Addressing Racism as a Public Health Crisis Should be Part of Work at DPBH, by Branch

Staff were asked, "Do you believe that addressing racism as a public health crisis should be a part of your work at DPBH?" Community Health Services most often said 'yes'.

Figure 17. Resources Needed to Address Racism as a Public Health Crisis

Resource	Percentage
Training in These Areas	39%
More Community Engagement	22%
Additional Staff Capacity	20%
More Support from Agency Leadership	17%

■ DPBH Workforce...
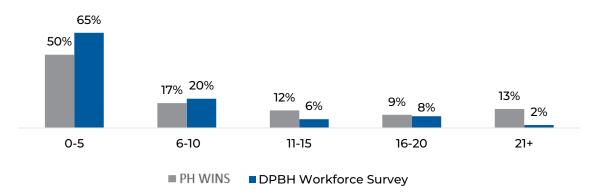
Staff were asked to identify the top resources they would need to better address racism as a public health crisis. From this list, the top four are identified above.

Workforce Characteristics
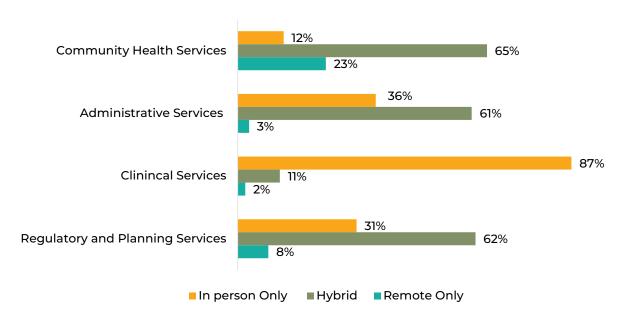
Respondents were asked questions related to their job and the work they do, including tenure, work modality, and average commute time. Work modality and commute time were added by the UNR survey team and were not part of the PH WINS national workforce survey.

Figure 18. Tenure at DPBH
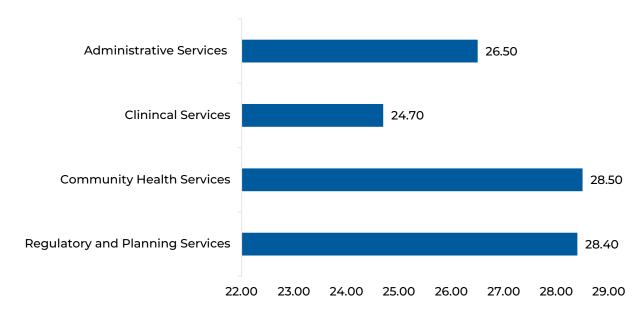
Staff were asked how many years they have been employed with DPBH. Most DPBH staff have been at DPBH for 10 years or less—a higher proportion compared to the national workforce. As the tenure interval increases, fewer DPBH staff remain at DPBH compared to the national workforce.

Figure 19. Work Modality Among All Respondents by Branch

Staff were asked how they work—whether in person, hybrid, or remote. Clinical Services reported the most in-person work while Community Health and Regulatory and Planning services indicated the most hybrid work. For more information on flex and remote work, see Appendix B.

Figure 20. Average Commute Time Among All Respondents by Branch (minutes)

Branch	Average Commute Time (minutes)
Administrative Services	26.50
Clinincal Services	24.70
Community Health Services	28.50
Regulatory and Planning Services	28.40
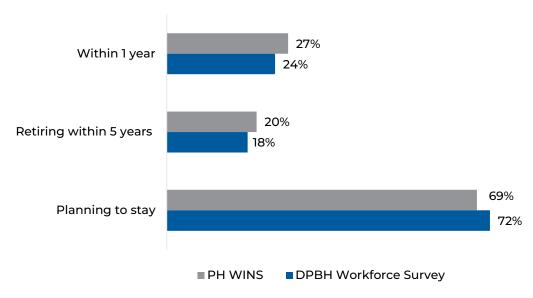
The average time spent commuting to work was similar among all DPBH branches. Note: many respondents who indicated remote or hybrid work did not answer this question.

Staying and Leaving
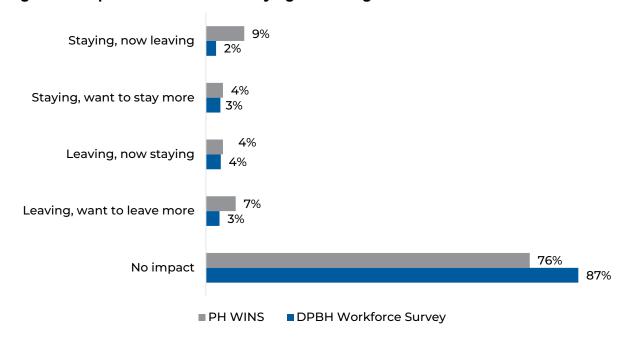
The survey asked a series of questions regarding intent to stay at or leave DPBH, whether COVID-19 affected this decision, and the rationale for leaving or staying.

Figure 21. Intent to Leave DPBH
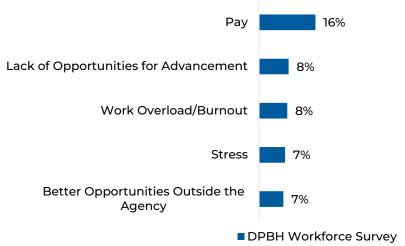
When asked about their intent to leave DPBH, more staff said they plan to stay than the national workforce. However, nearly one quarter still plan to leave within one year.

Figure 22. Impact of COVID-19 on Staying or Leaving
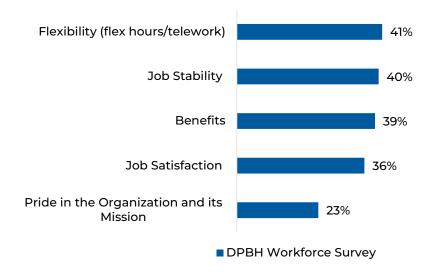
The COVID-19 pandemic had little influence on whether staff stay or leave DPBH. However, the survey did not capture staff who may have already left due to the pandemic.

Figure 23. Top Reasons for Considering Leaving

Reason	Value
Pay	16%
Lack of Opportunities for Advancement	8%
Work Overload/Burnout	8%
Stress	7%
Better Opportunities Outside the Agency	7%

■ DPBH Workforce Survey

Pay was cited twice as often as subsequent reasons for considering leaving DPBH. Note: this data does not include those who plan to retire.

Figure 24. Top Reasons for Considering Staying

Reason	Value
Flexibility (flex hours/telework)	41%
Job Stability	40%
Benefits	39%
Job Satisfaction	36%
Pride in the Organization and its Mission	23%

■ DPBH Workforce Survey

Flexibility, job stability, and benefits were cited most frequently as the top reasons staff consider staying at DPBH, followed by job satisfaction. Pride in the organization and its mission were cited by nearly a quarter of respondents as a reason for staying.

Job Satisfaction

Staff were asked to rate their agreement with several statements related to satisfaction about their job, organization, pay, and job security. For each question, responses included: very dissatisfied, somewhat satisfied, neither satisfied nor dissatisfied, somewhat satisfied, or very satisfied. Job security is not a variable included in the PH WINS survey but was added by the UNR survey team. Each proportion in the graphs below represents respondents who indicated they were *somewhat to very satisfied*.

Figure 25. Job Satisfaction by Supervisory Level (Somewhat to Very Satisfied)

Non-Supervisors: PH WINS 78%, DPBH Workforce Survey 79%
Supervisors, Managers: PH WINS 79%, DPBH Workforce Survey 82%
Executives: PH WINS 87%, DPBH Workforce Survey 89%

■ PH WINS   ■ DPBH Workforce Survey

Compared to the national workforce, DPBH staff are slightly more satisfied with their job at every supervisory level.
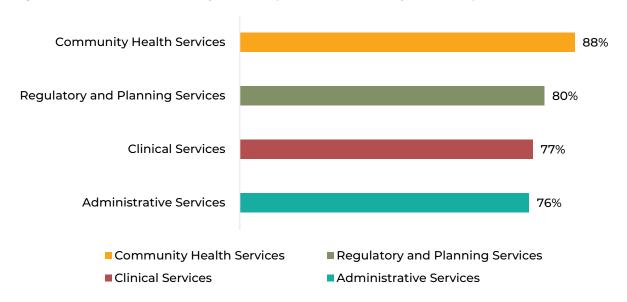
Figure 26. Job Satisfaction by Branch (Somewhat to Very Satisfied)

Community Health Services: 88%
Regulatory and Planning Services: 80%
Clinical Services: 77%
Administrative Services: 76%

■ Community Health Services   ■ Regulatory and Planning Services
■ Clinical Services   ■ Administrative Services

Community Health Services staff indicted the highest job satisfaction among the four branches.
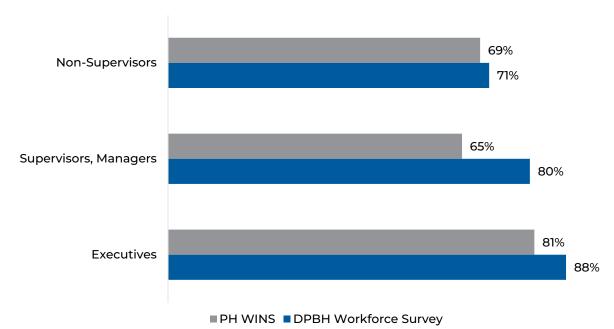
Figure 27. Organization Satisfaction by Supervisory Level (Somewhat to Very Satisfied)

Non-Supervisors: PH WINS 69%, DPBH Workforce Survey 71%
Supervisors, Managers: PH WINS 65%, DPBH Workforce Survey 80%
Executives: PH WINS 81%, DPBH Workforce Survey 88%

■ PH WINS ■ DPBH Workforce Survey

Compared to the national workforce, DPBH staff are more satisfied with their organization at every supervisory level. Satisfaction increases with supervisory status.
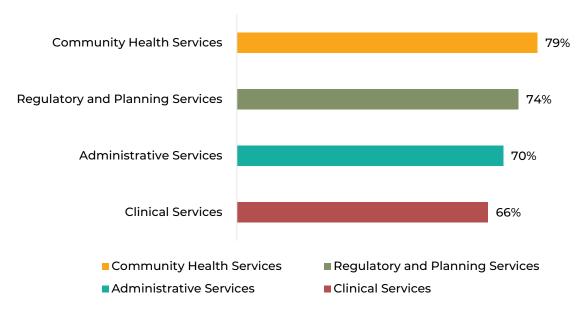
Figure 28. Organization Satisfaction by Branch (Somewhat to Very Satisfied)

Community Health Services: 79%
Regulatory and Planning Services: 74%
Administrative Services: 70%
Clinical Services: 66%

■ Community Health Services   ■ Regulatory and Planning Services
■ Administrative Services   ■ Clinical Services

Community Health Services indicted the highest organizational satisfaction among the four branches, while Clinical Services indicated the lowest organizational satisfaction.
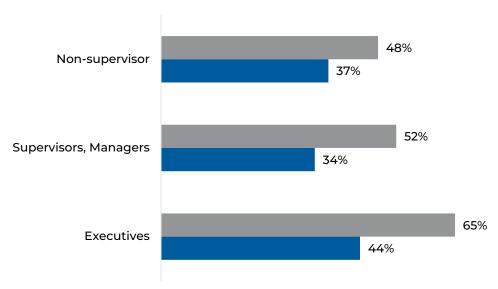
Figure 29. Pay Satisfaction by Supervisory Status (Somewhat to Very Satisfied)

Non-supervisor: 48% (PH WINS), 37% (DPBH Workforce Survey)

Supervisors, Managers: 52% (PH WINS), 34% (DPBH Workforce Survey)

Executives: 65% (PH WINS), 44% (DPBH Workforce Survey)

■ PH WINS ■ DPBH Workforce Survey

Pay satisfaction is much lower among DPBH staff than the national workforce and is similar across supervisory levels.
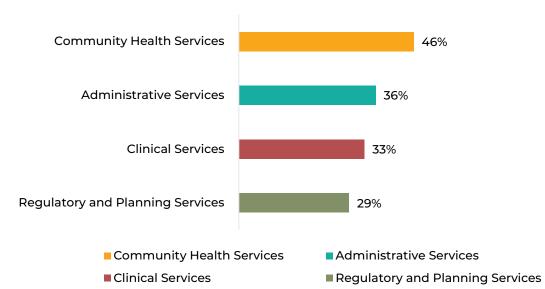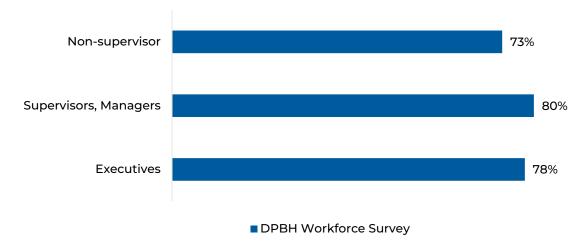
Figure 30. Pay Satisfaction by Branch (Somewhat to Very Satisfied)

Community Health Services: 46%

Administrative Services: 36%

Clinical Services: 33%

Regulatory and Planning Services: 29%

■ Community Health Services   ■ Administrative Services
■ Clinical Services   ■ Regulatory and Planning Services
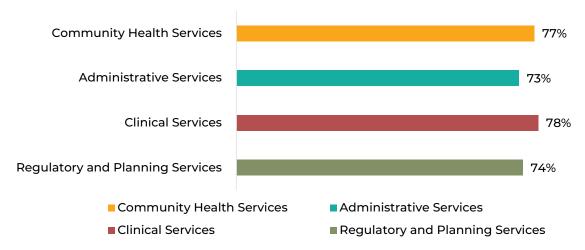
Community Health Services staff indicted the highest pay satisfaction among the four branches, while Regulatory and Planning Services indicated the lowest. Of note, less than half of all respondents in all branches indicated they were somewhat to very satisfied with their pay.

Figure 31. Job Security Satisfaction by Supervisory Status (Somewhat to Very Satisfied)

A majority of employees at every supervisory level indicated that they are satisfied with their job security. Supervisors/managers indicate the most satisfaction. Note: this was not a question on the PH WINS survey.

Figure 32. Job Security Satisfaction by Branch (Somewhat to Very Satisfied)
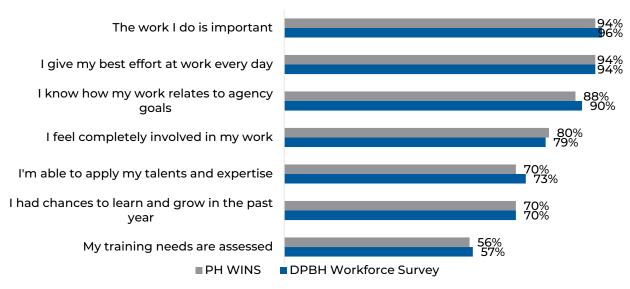
A majority of DPBH staff in every branch indicate they are satisfied with their job security. Note: this was not a question on the PH WINS survey.

Organization Perception
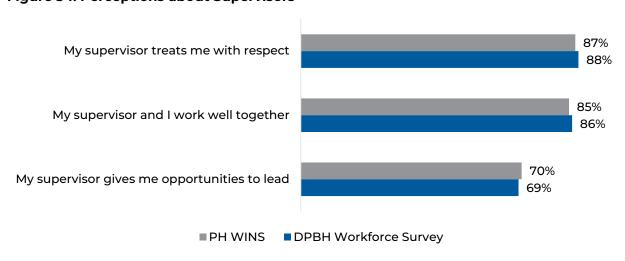
Respondents were asked to rate their agreement with several statements on a scale from "strongly agree" to "strongly disagree." These questions relate to perceptions about the workplace, supervisors, and organization.

Figure 33. Perceptions About the Workplace

Statement	PH WINS	DPBH Workforce Survey
The work I do is important	94%	96%
I give my best effort at work every day	94%	94%
I know how my work relates to agency goals	88%	90%
I feel completely involved in my work	80%	79%
I'm able to apply my talents and expertise	70%	73%
I had chances to learn and grow in the past year	70%	70%
My training needs are assessed	56%	57%

■ PH WINS   ■ DPBH Workforce Survey
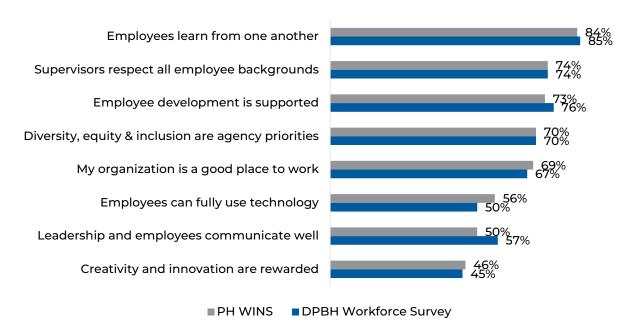
More than half of respondents indicated positive perceptions about the workplace in all categories. DPBH's responses are very similar to that of the national workforce.

Figure 34. Perceptions about Supervisors

Statement	PH WINS	DPBH Workforce Survey
My supervisor treats me with respect	87%	88%
My supervisor and I work well together	85%	86%
My supervisor gives me opportunities to lead	70%	69%

■ PH WINS   ■ DPBH Workforce Survey

A majority of DPBH staff indicated positive perceptions about their supervisors in all categories; these metrics are very similar to that of the national workforce.

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Figure 35. Perceptions About the Organization

	PH WINS	DPBH Workforce Survey
Employees learn from one another	84%	85%
Supervisors respect all employee backgrounds	74%	74%
Employee development is supported	73%	76%
Diversity, equity & inclusion are agency priorities	70%	70%
My organization is a good place to work	69%	67%
Employees can fully use technology	56%	50%
Leadership and employees communicate well	50%	57%
Creativity and innovation are rewarded	46%	45%

More than half of respondents indicated positive perceptions about the organization. Areas of potential improvement include use of technology, communication, and rewarding creativity and innovation. These trends largely mirror perceptions of the national workforce.

Training Needs

As described in the overview, Domain 8 of PHAB accreditation requires identification of a set of core competencies to assess the workforce. DPBH chose to use the PH WINS core competencies which is a set of 10 skill categories. Knowing that skills and training needs often differ with supervisory responsibilities, staff in each supervisory level were asked a slightly different set of questions to account for variation in skill and need. The 10 PH WINS skill categories are listed below. Those in bold are the categories identified across all supervisory levels as needing the most improvement.
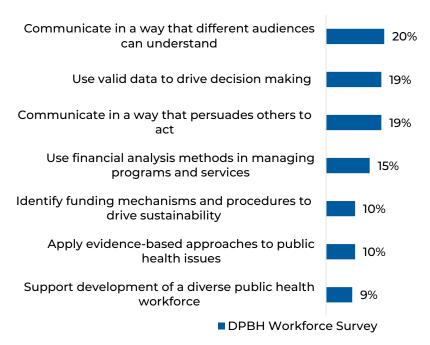
- *Budget and financial management*
- Change management
- Community engagement
- Cross-sectoral partnerships
- *Data-based decision-making*
- *Effective communication*
- *Justice, equity, diversity & inclusion*
- Policy engagement
- Programmatic expertise
- Systems and strategic thinking

Figure 36. Training Needs Among Non-Supervisors

Category	%
Collect valid data for use in decision making	23%
Communicate in a way that persuades others to act	19%
Deliver socially, culturally, and linguistically, appropriate programs	15%
Effectively target communications to different audience	13%
Collaborate with public health personnel across the agency*	11%

■ DPBH Workforce Survey
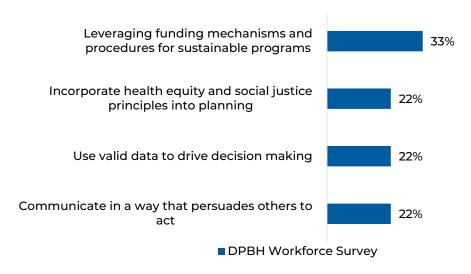
The top five training needs identified by non-supervisors largely align with those chosen by higher supervisory levels, as seen in the following graphs. *Non-supervisors were the only group to indicate 'collaborat[ion] with public health personnel' is a top training need.

Figure 37. Training Needs Among Supervisors/Managers

Training Need	Percentage
Communicate in a way that different audiences can understand	20%
Use valid data to drive decision making	19%
Communicate in a way that persuades others to act	19%
Use financial analysis methods in managing programs and services	15%
Identify funding mechanisms and procedures to drive sustainability	10%
Apply evidence-based approaches to public health issues	10%
Support development of a diverse public health workforce	9%

■ DPBH Workforce Survey

The top training needs for supervisors/managers closely align with those identified by other supervisory levels. More than five items are displayed here due to the small differences between response options.

Figure 38. Training Needs Among Executives

Training Need	Percentage
Leveraging funding mechanisms and procedures for sustainable programs	33%
Incorporate health equity and social justice principles into planning	22%
Use valid data to drive decision making	22%
Communicate in a way that persuades others to act	22%

■ DPBH Workforce Survey

Top training needs identified by executives closely align with those identified by other supervisory levels. Only the top four are listed due to the small sample size.

Gaps and Opportunities

This survey identified various gaps and opportunities to improve workforce development across DPBH, including enhancing recruitment, retention, and training, among other areas. Key gaps and opportunities are listed below.

Recruitment: Enhance Targeted Recruitment to Build a Diverse Workforce

1. *Increase focus on early pipeline efforts*
   Currently, 85% of the workforce is over the age of 31, which means an opportunity exists to recruit and train younger public health professionals.

2. *Implement more inclusive hiring practices and enhance outreach and recruitment among diverse groups with the goal of having a workforce representative of Nevada's population*
   Currently DPBH's staff are slightly more white and less diverse than both the national public health workforce and Nevada's adult population.

3. *Increase emphasis on areas staff indicated significant job satisfaction, such a job security, in outreach and recruitment*
   A majority of employees at every supervisory level indicated that they are satisfied with their job security.

Retention: Address Root Causes of Turnover to Promote Retention

4. *Implement evidence-based activities to improve retention*
   Division-wide, 65 percent of staff have been at DPBH for 5 years or less, 20 percent have been at DPBH for 6-10 years, and only around 15 percent of the workforce has been at DPBH for more than 10 years—half the national average of 34 percent. In addition, 24 percent plan to leave within one year, and another 18 percent plan to retire in 5 years.

5. *Review reasons staff consider staying at or leaving DPBH, and build on or expand activities under DPBH's control that staff cite for staying, and minimize or eliminate reasons staff cite for leaving*
   Top reasons staff site for staying at DPBH include flexible work, job satisfaction, and pride in the organization and its mission. Top reasons staff cite for leaving include pay, lack of opportunities for advancement, work overload/burnout, and stress.

6. *Take steps to increase staff satisfaction among those who reported the lowest rates of satisfaction*
   Staff in Administrative Services, Clinical Services, and non-supervisors expressed the lowest job satisfaction rates.

7. *Address staff dissatisfaction with pay and/or highlight and emphasize other benefits to working at DPBH*
   Less than half of all respondents indicated they were somewhat to very satisfied with their pay. This means more than half of DPBH staff are not satisfied with their pay. In addition, DPBH staff generally are paid less than their counterparts in local health agencies and the private sector. However, pay grades are set at the state level, meaning that DPBH does not have any authority or control over this issue. For this reason, it may be most beneficial to highlight and focus on other benefits of working at DPBH. For example, a majority of survey respondents at every supervisory level indicated satisfaction with job security.

8. *Take steps to improve staff perceptions of DPBH*
   While the majority of respondents perceive DPBH positively on most measures of organization perception, areas of improvement include ensuring employees can fully use technology, leadership and employees communicate well, and creativity and innovation are rewarded.

Training: Provide Training Opportunities to Improve Skills and Enable Advancement

9. *Provide opportunities and flexibility for employees to pursue additional education to upskill and move up the career ladder.*
   A full 30 percent of staff indicated interest in pursuing additional education. In addition, while 57 percent of respondents feel like their training needs are addressed, there is opportunity to improve training and upskilling opportunities.

10. *Address Identified Training Needs and provide training in key areas of need*
   These include budget and financial management; data-based decision-making; effective communication; justice, equity, and inclusion; skills staff rated at the "beginner" level; and key public health issues (i.e. health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice).

APPENDIX A: SURVEY QUESTIONS

Section I: Workplace Environment

1. Please rate your level of agreement with the following items:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I know how my work relates to the agency's goals and priorities.	○	○	○	○	○
The work I do is important.	○	○	○	○	○
Creativity and innovation are rewarded.	○	○	○	○	○
Communication between senior leadership and employees is good in my organization.	○	○	○	○	○
Supervisors work well with employees of different backgrounds.	○	○	○	○	○
Supervisors in my work unit support employee development.	○	○	○	○	○
My training needs are assessed.	○	○	○	○	○
Employees have sufficient training to fully utilize technology needed for their work.	○	○	○	○	○
Employees learn from one another as they do their work.	○	○	○	○	○
My supervisor provides me with opportunities to demonstrate my leaderships skills.	○	○	○	○	○
I have had opportunities to learn and grow in my position over the past year.	○	○	○	○	○

I feel completely involved in my work.	○	○	○	○	○
I am determined to give my best effort at work every day.	○	○	○	○	○
I am satisfied that I have the opportunities to apply my talents and expertise.	○	○	○	○	○
My supervisor and I have a good working relationship.	○	○	○	○	○
My supervisor treats me with respect.	○	○	○	○	○
I recommend my organization as a good place to work.	○	○	○	○	○
My organization prioritizes diversity, equity, and inclusion.	○	○	○	○	○

2. Considering everything, how satisfied are you currently with:

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
Your job?	○	○	○	○	○
Your organization?	○	○	○	○	○
Your pay?	○	○	○	○	○
Your job security?	○	○	○	○	○

3. If you wish, you may provide comments below about your workplace environment or level of job satisfaction.

4.   Please rate your level of agreement with the following items:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
I have felt bullied, threatened, or harassed by individuals outside of the health department because of my role as a public health professional.	○	○	○	○	○
I have felt my public health expertise was undermined or challenged by individuals outside of the health department.	○	○	○	○	○

5. In general, how would you rate your mental or emotional health?
- Excellent
- Very Good
- Good
- Fair
- Poor

6. Are you considering leaving DPBH within the next year? If so, what are you planning to do?
- No
- Yes, to retire
- Yes, to pursue further education
- Yes, to take another governmental job (in public health)
- Yes, to take another governmental job (not in public health)
- Yes, to take a non-governmental job (in public health)
- Yes, to take a non-governmental job (not in public health)
- Yes, leaving the workforce

7. Did the COVID-19 pandemic impact your decision to stay or leave DPBH?
- I was thinking about staying, but COVID made me want to leave
- I was thinking about staying, and COVID made me want to stay more
- I was thinking about leaving, but COVID made me want to stay
- I was thinking about leaving, and COVID made me want to leave more
- COVID did not impact my decision to leave or stay

7b. For approximately how long have you been considering leaving DPBH?

(Displayed only if 'yes' is chosen above).
- Less than 3 months
- 3-6 months
- 6-18 months
- Prior to March 2020

7c. Please select the most important reason(s) why you are considering leaving DPBH. *(Displayed only if leaving)*
- Lack of acknowledgement/recognition
- Job satisfaction
- Lack of opportunities for advancement
- Lack of training
- Leadership changeover
- Better opportunities outside of the agency
- Pay
- Retirement
- Satisfaction with agency leadership (e.g., Administrator, Deputy Administrator, etc.)
- Stress
- Lack of flexibility (flex hours/telework)
- Weakening of benefits (e.g., retirement contributions/pensions, health insurance)
- Work overload / burnout
- Organizational climate/culture
- Lack of support
- Job instability (e.g., loss of funding, RIF, layoffs)
- Reasons unrelated to my job (e.g., family obligations, health reasons, lack of affordable child-care options, moving, etc.)
- Other (please specify) _____

7d. Have you recently taken any steps towards leaving, such as applying or interviewing for a new position outside of DPBH? *(Displayed only if leaving)*
- Yes
- No

7e. Have you recently taken any steps towards retiring, such as meeting with HR or submitting relevant paperwork? *(Displayed only if retiring within 5 years)*
- Yes
- No

7b. Please select the most important reason(s) why you are staying at DPBH. [CHECK ALL THAT APPLY]. *(Displayed only if planning to stay)*
Acknowledgement/recognition for your work
Job satisfaction
Opportunities for advancement

Training opportunities
Unsatisfactory opportunities outside of the agency
Pay
Satisfaction with agency leadership (e.g., Administrator, Deputy Administrator, etc.)
Lack of stress
Flexibility (e.g., flex hours/telework)
Benefits (e.g., retirement contributions/pensions, health insurance)
Pride in the organization and its mission
Exciting and challenging work
Organizational climate/culture
Mentorship opportunities
Support
Job stability
Other (please specify) _____

8. Have you recently taken any steps towards pursuing further education, such as filling out applications or attending an information session?
- Yes
- No

8a. What degree(s) are you planning to pursue? [CHECK ALL THAT APPLY].
(Display only if 'yes' above)
- Associate's degree in nursing
- Other associate degree
- BS/BA
- BSN
- BSPH/BAPH
- Other baccalaureate degree
- MA/MS
- MBA
- MHSA
- MPA
- MPP
- MPH
- MSN
- MSW
- Other masters degree
- DDS/DMD
- DrPH/PhD/ScD/other public health doctorate
- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD

- PhD/ScD/other non-public health doctorate
- I will be a non-degree seeking student

8b. What are you planning to do after you finish your education?
- Return to/continue working at DPBH
- Work in another governmental public health job
- Work in a non-governmental public health job
- I am not pursuing a career in public health
- I do not know

9. I am planning to retire in:
- 2022
- 2023
- 2024
- 2025
- 2026
- 2027
- I am not planning to retire by 2027

Section II. Training Needs Assessment
10.   What is your supervisory status? (choose the most relevant to your current position)
- Non-supervisor: you do not supervise other employees
- Supervisor: you are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors
- Manager: you are in a management position and supervise one or more supervisors
- Executive: member of Senior Executive Team

11. Please identify the budget account applicable to the majority of your current work at DPBH.
- Behavioral Health Prevention & Treatment - 3170
- Biostatistics & Epidemiology - 3219
- Cancer Control Registry - 3153
- Child Care Services - 3149
- Chronic Disease -3220
- Communicable Disease - 3215
- Community Health Services - 3224
- DPBH Health Administration - 3168
- Emergency Medical Services - 3235
- Environmental Health Services - 3194
- Health Care Facility Regulation - 3216
- Health Statistics & Planning - 3190
- Immunization Program - 3213
- Lake's Crossing Center for Mentally Disordered Offenders - 3645
- Marijuana Health Registry - 4547

- Maternal Child Health Services - 3222
- NNAMHS - 3162
- Office of State Health Administration - 3223
- Prevention/Treatment of Problem Gambling - 3200
- Public Health Preparedness Program- 3218
- Radiation Control Program - 3101
- Rural Clinics - 3648
- SNAMHS - 3161
- WIC Food Supplement - 3214
- I don't know
- Other (please specify):

  _____

12. Please identify the classification that best represents your current role at DPBH. This question refers to the type of role you serve in.

NOTE: Some job classifications are grouped together and your exact title may not appear; please choose the most appropriate classification—or select "Other" or "Unclassified" at the end of the list.

- Accountant/Technician/Assistant
- Activities Therapy Technician
- Administrative Assistant
- Administrative Services Officer
- Auditor
- Board Member
- Budget Analyst
- Business Process Analyst
- Cancer Registry Specialist
- Childcare Facilities/Supervisor/Manager
- Clinical Program Manager/Planner
- Clinical Social Worker
- Community Health Nurse
- Consumer Services Assistant
- Correctional Officer/Senior Correctional Officer/Lieutenant/Sergeant
- Custodial Supervisor/Worker
- Custodian (Laundry/Electrician/Plumber/Grounds/Hvac/Etc.)
- Director, Nursing Services
- Disease Control Specialist
- Driver
- Education & Information Officer
- Emergency Medical Services Rep
- Environmental Health Specialist

- Facility Manager/Supervisor
- Forensic Specialist
- Grants & Projects Analyst
- Grounds Maintenance Worker
- Health Bureau Chief
- Health Emergency Preparedness Evaluator
- Health Facilities Inspector/Manager/Manager RN
- Health Info Director/Coordinator
- Health Program Manager/Specialist
- Health Resource Analyst
- HIV/AIDS Program Manager
- IT Manager/Professional/Technician/Supervisor
- Laboratory Technician
- Licensed Psychologist
- Maintenance Repair Specialist/Worker
- Management Analyst
- Mental Health Counselor/Technician
- Microbiologist
- Mid-Level Medical Practitioner
- Personnel Analyst/Officer/Technician
- Pharmacist/Pharmacy Technician
- Primary Care Workforce Development Manager
- Program Officer
- Psychiatric Caseworker/Nurse
- Psychologist
- Public Health Rating & Surveyor
- Public Information Officer
- Quality Assurance Specialist
- Radiation Control Manager/Supervisor/Specialist
- Rates & Cost Containment Manager
- Registered Dietitian
- Senior Physician
- Social Services Program Specialist
- Statewide Suicide Prevention Coordinator/Trainer
- Statistician
- Substance Abuse Counselor
- Supply Assistant/Technician
- Therapeutic Recreation Specialist
- Training Officer
- Unclassified Staff

- Vocational Habilitation Trainer
- Prefer Not To Say
- Other (Please Specify):

  _____

13. Please rate the following items in terms of your current skill level. These items have been adapted from the Core Competencies for public health professionals.
(Non-supervisors only)

-- Beginner: able to perform with assistance
-- Proficient: able to perform independently
-- Expert: able to assist or teach others
-- Unable to perform: lacking the necessary skills to perform
-- Not applicable: current position does not require performing this item

What is your current SKILL level for this item?

	Beginner	Proficient	Expert	Unable to Perform	Not Applicable
Effectively target communications to different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.)	○	○	○	○	○
Communicate in a way that persuades others to act	○	○	○	○	○
Identify appropriate sources of data and information to assess the health of a community	○	○	○	○	○
Collect valid data for use in decision making	○	○	○	○	○
Identify evidence-based approaches to address public health issues	○	○	○	○	○
Describe the value of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	○	○	○	○	○
Support inclusion of health equity and social justice principles into planning for program and service delivery (e.g., include health equity in a strategic plan, promote health-in- all-policies, engage marginalized and under- resourced communities in decision making)	○	○	○	○	○

Deliver socially, culturally, and linguistically appropriate programs and customer service

○   ○   ○   ○   ○

Describe financial analysis methods applicable to program and service delivery

○   ○   ○   ○   ○

Describe how public health funding mechanisms support agency programs and services (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes)

○   ○   ○   ○   ○

Describe the value of an agency business plan (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)

○   ○   ○   ○   ○

Describe the influence of internal changes (e.g., personnel changes, funding cuts, internal policies, etc.) on organizational practices

○   ○   ○   ○   ○

Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence your work

○   ○   ○   ○   ○

Describe how social determinants of health impact the health of individuals, families, and the overall community

○   ○   ○   ○   ○

Participate in quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) for agency programs and services

○   ○   ○   ○   ○

Describe the value of community strategic planning that results in a community health assessment or community health improvement plan

○   ○   ○   ○   ○

Describe your agency's strategic priorities, mission, and vision

○   ○   ○   ○   ○

	Not Important	Somewhat Unimportant	Somewhat Important	Very Important	Not Applicable
Describe the importance of engaging community members in the design and implementation of programs to improve health in a community	○	○	○	○	○
Engage community assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	○	○	○	○	○
Collaborate with public health personnel across the agency to improve the health of the community	○	○	○	○	○
Describe your role in improving the health of the community served by the agency	○	○	○	○	○
Describe the relationship between a policy and many types of public health problems.	○	○	○	○	○
Collect and summarize information to inform the development of policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)	○	○	○	○	○

14. Please rate the following items in terms of importance to your current position. These items have been adapted from the Core Competencies for public health professionals. Please note, skill levels are defined as follows:
(Non-supervisors only)

How IMPORTANT is each item in your day-to-day work?

	Not Important	Somewhat Unimportant	Somewhat Important	Very Important	Not Applicable
Effectively target communications to different audiences (e.g., the public, community organizations, external	○	○	○	○	○

partners, the scientific community, etc.)

Communicate in a way that persuades others to act ○ ○ ○ ○ ○

Identify appropriate sources of data and information to assess the health of a community ○ ○ ○ ○ ○

Collect valid data for use in decision making ○ ○ ○ ○ ○

Identify evidence-based approaches to address public health issues ○ ○ ○ ○ ○

Describe the value of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation) ○ ○ ○ ○ ○

Support inclusion of health equity and social justice principles into planning for program and service delivery (e.g., include health equity in a strategic plan, promote health-in- all-policies, engage marginalized and under- resourced communities in decision making) ○ ○ ○ ○ ○

Deliver socially, culturally, and linguistically appropriate programs and customer service ○ ○ ○ ○ ○

Describe financial analysis methods applicable to program and service delivery ○ ○ ○ ○ ○

Describe how public health funding mechanisms support agency programs and services (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes) ○ ○ ○ ○ ○

Describe the value of an agency business plan (e.g., tool for ○ ○ ○ ○ ○

analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)

Describe the influence of internal changes (e.g., personnel changes, funding cuts, internal policies, etc.) on organizational practices $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence your work $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Describe how social determinants of health impact the health of individuals, families, and the overall community $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Participate in quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) for agency programs and services $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Describe the value of community strategic planning that results in a community health assessment or community health improvement plan $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Describe your agency's strategic priorities, mission, and vision $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Describe the importance of engaging community members in the design and implementation of programs to improve health in a community $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Engage community assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○ $\quad$ ○

Collaborate with public health personnel across the agency to improve the health of the community	○	○	○	○	○
Describe your role in improving the health of the community served by the agency	○	○	○	○	○
Describe the relationship between a policy and many types of public health problems.	○	○	○	○	○
Collect and summarize information to inform the development of policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)	○	○	○	○	○

14a. Items shown are those you identified as "Very Important" to your current position. Select the two most important items on which you would seek training given your current responsibilities. **[Select your TOP TWO choices]**
(Non-supervisors only)

- Effectively target communications to different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.)
- Communicate in a way that persuades others to act
- Identify appropriate sources of data and information to assess the health of a community
- Collect valid data for use in decision making
- Identify evidence-based approaches to address public health issues
- Describe the value of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)
- Support inclusion of health equity and social justice principles into planning for program and service delivery (e.g., include health equity in a strategic plan, promote health-in- all-policies, engage marginalized and under- resourced communities in decision making)
- Deliver socially, culturally, and linguistically appropriate programs and customer service
- Describe financial analysis methods applicable to program and service delivery
- Describe how public health funding mechanisms support agency programs and services (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes)

- Describe the value of an agency business plan (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)
- Describe the influence of internal changes (e.g., personnel changes, funding cuts, internal policies, etc.) on organizational practices
- Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence your work
- Describe how social determinants of health impact the health of individuals, families, and the overall community
- Participate in quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) for agency programs and services
- Describe the value of community strategic planning that results in a community health assessment or community health improvement plan
- Describe your agency's strategic priorities, mission, and vision
- Describe the importance of engaging community members in the design and implementation of programs to improve health in a community
- Engage community assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
- Collaborate with public health personnel across the agency to improve the health of the community
- Describe your role in improving the health of the community served by the agency
- Describe the relationship between a policy and many types of public health problems.
- Collect and summarize information to inform the development of policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

13.   Please rate the following items in terms of importance to your current position. These items have been adapted from the Core Competencies for public health professionals. Please note, skill levels are defined as follows:
(Supervisors/Managers only)

 -- Beginner: able to perform with assistance
 -- Proficient: able to perform independently
 -- Expert: able to assist or teach others
 -- Unable to perform: lacking the necessary skills to perform
 -- Not applicable: current position does not require performing this item

What is your current SKILL level for each item?

	Beginner	Proficient	Expert	Unable to Perform	Not Applicable

Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand

○ ○ ○ ○ ○

Communicate in a way that persuades others to act

○ ○ ○ ○ ○

Identify appropriate sources of data and information to assess the health of a community

○ ○ ○ ○ ○

Use valid data to drive decision making

○ ○ ○ ○ ○

Apply evidence-based approaches to address public health issues

○ ○ ○ ○ ○

Support development of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)

○ ○ ○ ○ ○

Incorporate health equity and social justice principles into planning for programs and services (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making).

○ ○ ○ ○ ○

Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community

○ ○ ○ ○ ○

Use financial analysis methods in managing programs and services

○ ○ ○ ○ ○

Identify funding mechanisms and procedures to develop sustainable funding models for programs and services (e.g., categorical grants, state general funds, fees, third-

○ ○ ○ ○ ○

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party reimbursement, tobacco taxes, value-based purchasing, budget approval process)

Implement a business plan for agency programs and services (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)

○	○	○	○	○

Modify programmatic practices in consideration of internal and external changes (e.g., social, political, economic, scientific)

○	○	○	○	○

Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services

○	○	○	○	○

Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into strategic planning for programs and services

○	○	○	○	○

Build cross-sector partnerships (e.g., agencies or organizations supporting transportation, housing, education, and law enforcement) to address social determinants of health

○	○	○	○	○

Apply quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) to improve agency programs and services

○	○	○	○	○

Apply findings from a community health assessment or community health improvement plan to agency programs and services

○	○	○	○	○

Implement an organizational strategic plan	○	○	○	○	○
Engage community members in the design and implementation of programs to improve health in a community	○	○	○	○	○
Identify and engage assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) that can be used to improve health in a community	○	○	○	○	○
Engage in collaborations within the public health system, including traditional and non- traditional partners, to improve the health of a community.	○	○	○	○	○
Assess how agency policies, programs, and services advance population health	○	○	○	○	○
Examine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.	○	○	○	○	○
Identify and assess options for policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)	○	○	○	○	○

14. Please rate the following items in terms of importance to your current position. These items have been adapted from the Core Competencies for public health professionals. *(Supervisors/Managers only)*

How IMPORTANT is each item in your day-to-day work?

	Not Important	Somewhat Unimportant	Somewhat Important	Very Important	Not Applicable
Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand	○	○	○	○	○
Communicate in a way that persuades others to act	○	○	○	○	○
Identify appropriate sources of data and information to assess the health of a community	○	○	○	○	○
Use valid data to drive decision making	○	○	○	○	○
Apply evidence-based approaches to address public health issues	○	○	○	○	○
Support development of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	○	○	○	○	○
Incorporate health equity and social justice principles into planning for programs and services (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making).	○	○	○	○	○
Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community	○	○	○	○	○
Use financial analysis methods in managing programs and services	○	○	○	○	○

Identify funding mechanisms and procedures to develop sustainable funding models for programs and services (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)

○　　○　　○　　○　　○

Implement a business plan for agency programs and services (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)

○　　○　　○　　○　　○

Modify programmatic practices in consideration of internal and external changes (e.g., social, political, economic, scientific)

○　　○　　○　　○　　○

Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services

○　　○　　○　　○　　○

Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into strategic planning for programs and services

○　　○　　○　　○　　○

Build cross-sector partnerships (e.g., agencies or organizations supporting transportation, housing, education, and law enforcement) to address social determinants of health

○　　○　　○　　○　　○

Apply quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) to improve agency programs and services

○　　○　　○　　○　　○

Apply findings from a community health assessment or community health improvement plan to agency programs and services

○　　○　　○　　○　　○

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Implement an organizational strategic plan

○   ○   ○   ○   ○

Engage community members in the design and implementation of programs to improve health in a community

○   ○   ○   ○   ○

Identify and engage assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) that can be used to improve health in a community

○   ○   ○   ○   ○

Engage in collaborations within the public health system, including traditional and non- traditional partners, to improve the health of a community.

○   ○   ○   ○   ○

Assess how agency policies, programs, and services advance population health

○   ○   ○   ○   ○

Examine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.

○   ○   ○   ○   ○

Identify and assess options for policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

○   ○   ○   ○   ○

14a. Items shown are those you identified as "Very Important" to your current position. Select the two most important items on which you would seek training given your current responsibilities. **[Select your TOP TWO choices]**
(Supervisors/Managers only)

- Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand
- Communicate in a way that persuades others to act
- Identify appropriate sources of data and information to assess the health of a community
- Use valid data to drive decision making
- Apply evidence-based approaches to address public health issues
- Support development of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)
- Incorporate health equity and social justice principles into planning for programs and services (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making).
- Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community
- Use financial analysis methods in managing programs and services
- Identify funding mechanisms and procedures to develop sustainable funding models for programs and services (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)
- Implement a business plan for agency programs and services (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)
- Modify programmatic practices in consideration of internal and external changes (e.g., social, political, economic, scientific)
- Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services
- Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into strategic planning for programs and services
- Build cross-sector partnerships (e.g., agencies or organizations supporting transportation, housing, education, and law enforcement) to address social determinants of health
- Apply quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) to improve agency programs and services
- Apply findings from a community health assessment or community health improvement plan to agency programs and services
- Implement an organizational strategic plan
- Engage community members in the design and implementation of programs to improve health in a community
- Identify and engage assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) that can be used to improve health in a community
- Engage in collaborations within the public health system, including traditional and non-traditional partners, to improve the health of a community.

- Assess how agency policies, programs, and services advance population health
- Examine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.
- Identify and assess options for policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

13. Please rate the following items in terms of importance to your current position. These items have been adapted from the Core Competencies for public health professionals. Please note, skill levels are defined as follows:
(Executives only)

-- Beginner: able to perform with assistance
-- Proficient: able to perform independently
-- Expert: able to assist or teach others
-- Unable to perform: lacking the necessary skills to perform
-- Not applicable: current position does not require performing this item

What is your current SKILL level for each item?

	Beginner	Proficient	Expert	Unable to Perform	Not Applicable
Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand	○	○	○	○	○
Communicate in a way that persuades others to act	○	○	○	○	○
Ensure the use of appropriate sources of data and information to assess the health of a community	○	○	○	○	○
Use valid data to drive decision making	○	○	○	○	○
Ensure the application of evidence-based approaches to address public health issues	○	○	○	○	○
Develop a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	○	○	○	○	○

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Incorporate health equity and social justice principles into planning across the agency (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)

○ ○ ○ ○ ○

Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community

○ ○ ○ ○ ○

Use financial analysis methods in making decisions about programs and services across the agency

○ ○ ○ ○ ○

Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)

○ ○ ○ ○ ○

Design a business plan for the agency (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)

○ ○ ○ ○ ○

Manage organizational change in response to evolving internal and external circumstances (e.g., social, political, economic, scientific)

○ ○ ○ ○ ○

Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services across the agency

○ ○ ○ ○ ○

Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into organizational strategic planning

○ ○ ○ ○ ○

Influence policies external to the organization that address social determinants of health (e.g., zoning, transportation routes, etc.)	○	○	○	○	○
Create a culture of quality improvement (e.g., an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization) at the agency or division level	○	○	○	○	○
Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan.	○	○	○	○	○
Ensure the successful implementation of an organizational strategic plan	○	○	○	○	○
Ensure community member engagement in the design and implementation of programs to improve health in a community	○	○	○	○	○
Negotiate with multiple partners for the use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	○	○	○	○	○
Build collaborations within the public health system among traditional and non-traditional partners to improve the health of a community	○	○	○	○	○
Advocate for needed population health services and programs	○	○	○	○	○
Determine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.	○	○	○	○	○

Prioritize and influence policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

    ○   ○   ○   ○   ○

14. Please rate the following items in terms of importance to your current position. These items have been adapted from the Core Competencies for public health professionals. *(Executives only)*

How IMPORTANT is each item in your day-to-day work?

	Not Important	Somewhat Unimportant	Somewhat Important	Very Important	Not Applicable
Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand	○	○	○	○	○
Communicate in a way that persuades others to act	○	○	○	○	○
Ensure the use of appropriate sources of data and information to assess the health of a community	○	○	○	○	○
Use valid data to drive decision making	○	○	○	○	○
Ensure the application of evidence-based approaches to address public health issues	○	○	○	○	○
Develop a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	○	○	○	○	○
Incorporate health equity and social justice principles into planning across the agency (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-	○	○	○	○	○

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resourced communities in decision making)

Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community ○ ○ ○ ○ ○

Use financial analysis methods in making decisions about programs and services across the agency ○ ○ ○ ○ ○

Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) ○ ○ ○ ○ ○

Design a business plan for the agency (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable) ○ ○ ○ ○ ○

Manage organizational change in response to evolving internal and external circumstances (e.g., social, political, economic, scientific) ○ ○ ○ ○ ○

Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services across the agency ○ ○ ○ ○ ○

Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into organizational strategic planning ○ ○ ○ ○ ○

Influence policies external to the organization that address social determinants of health (e.g., zoning, transportation routes, etc.)	○	○	○	○	○
Create a culture of quality improvement (e.g., an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization) at the agency or division level	○	○	○	○	○
Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan.	○	○	○	○	○
Ensure the successful implementation of an organizational strategic plan	○	○	○	○	○
Ensure community member engagement in the design and implementation of programs to improve health in a community	○	○	○	○	○
Negotiate with multiple partners for the use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	○	○	○	○	○
Build collaborations within the public health system among traditional and non-traditional partners to improve the health of a community	○	○	○	○	○
Advocate for needed population health services and programs	○	○	○	○	○

Determine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.

○ ○ ○ ○ ○

Prioritize and influence policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

○ ○ ○ ○ ○

14a. Items shown are those you identified as "Very Important" to your current position. Select the two most important items on which you would seek training given your current responsibilities. **[Select your TOP TWO choices]**

- Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand
- Communicate in a way that persuades others to act
- Ensure the use of appropriate sources of data and information to assess the health of a community
- Use valid data to drive decision making
- Ensure the application of evidence-based approaches to address public health issues
- Develop a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)
- Incorporate health equity and social justice principles into planning across the agency (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)
- Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community
- Use financial analysis methods in making decisions about programs and services across the agency
- Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (e.g., categorical grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)
- Design a business plan for the agency (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)
- Manage organizational change in response to evolving internal and external circumstances (e.g., social, political, economic, scientific)

- Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services across the agency
- Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into organizational strategic planning
- Influence policies external to the organization that address social determinants of health (e.g., zoning, transportation routes, etc.)
- Create a culture of quality improvement (e.g., an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization) at the agency or division level
- Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan.
- Ensure the successful implementation of an organizational strategic plan
- Ensure community member engagement in the design and implementation of programs to improve health in a community
- Negotiate with multiple partners for the use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
- Build collaborations within the public health system among traditional and non-traditional partners to improve the health of a community
- Advocate for needed population health services and programs
- Determine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.
- Prioritize and influence policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

15. For your programmatic area (e.g., Maternal Child Health, Environmental Health), please rate the following items in terms of your skill level.
What is your current skill level for this item?

	Beginner	Proficient	Expert	Unable to Perform	Not Applicable
Content knowledge specific to my programmatic area	○	○	○	○	○
Technical skills specific to my programmatic area	○	○	○	○	○

16. For your programmatic area (e.g., Maternal Child Health, Environmental Health), please rate the following items in terms of your skill level.

How important is this item in your day-to-day work?

	Not Important	Somewhat Unimportant	Somewhat Important	Very Important	Not Applicable
Content knowledge specific to my programmatic area	○	○	○	○	○
Technical skills specific to my programmatic area	○	○	○	○	○

Section III: Addressing Public Health Issues

For the following questions, please refer to the following definitions:

Health equity- Health equity means all people, regardless of who they are, where they came from, how they identify, where they live, or the color of their skin, have a fair and just opportunity to live their healthiest possible lives - in body, mind, and community. Achieving health equity requires removing social, economic, contextual, and systemic barriers to health, and a continuous and explicit commitment to prioritize those affected by historical disadvantages. (City Health)

Racism as a Public Health Crisis- States, cities, and counties have increasingly declared racism to be a public health crisis or emergency. These declarations are driven by a recognition that systemic, institutional, and other forms of racism drive disparities across employment, housing, education, the justice system, healthcare, and other determinants of health. The declarations also reflect a growing acknowledgment that state and local governments must anchor efforts to eradicate the impacts of racism in order to truly achieve the conditions that create optimal health for all. (Network for Public Health Law)

Social Determinants of Equity - The social determinants of equity are systems of power like racism, sexism, heterosexism, ableism, and economic systems like capitalism. The social determinants of equity determine the range of contexts available and who is found in which context. They govern the distribution of resources and populations through decision-making structures, policies, practices, norms, and values, and too often operate as social determinants of in-equity by differentially distributing resources and populations. (Jones)

Social Determinants of Health - The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Domains of the social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.

(U.S. Department of Health and Human Services)

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. (Aspen Institute)

Environmental Justice - 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. (US EPA)

18. How much, if anything, have you heard of the following concepts in public health?

	Not at all	Not much	A little	A lot
Health Equity		○	○	○
Social Determinants of Equity		○	○	○
Social Determinants of Health		○	○	○
Structural Racism		○	○	○
Environmental Justice		○	○	○

19. How confident are you in addressing the following public health concepts in your work?

	Not at all	Not much	A little	A lot
Health Equity	○	○	○	○
Social Determinants of Equity	○	○	○	○
Social Determinants of Health	○	○	○	○
Structural Racism	○	○	○	○

| Environmental Justice | ○ | ○ | ○ | ○ |

20.   To what extent have you been engaged in efforts to address racism as a public health crisis in DPBH?
- A lot
- Some
- Very little
- Not at all

21. Do you believe that addressing racism as a public health crisis should be a part of your work at DPBH?
- Yes
- No

21a. Do you feel that DPBH has adequate funding to address racism as a public health crisis? *(Displayed only if 'yes' above)*
- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

21b. Which of the following do you need to address racism as a public health crisis? **[SELECT UP TO 3].** *(Displayed only if 'yes' above)*
- More support from agency leadership
- Non-monetary resources (i.e., know-how, time, equipment)
- Additional staff capacity (i.e., number of staff and/or ability of staff)
- Training in these areas
- More community engagement
- Acknowledgement by those working within the agency
- More support from elected leaders
- Other (please specify)

_____

Section IV: Workforce Characteristics and Demographics

N*ote: The following questions align with the requirements of NRS 239B.022-239B.026 and DHHS guidance regarding the collection of sexual orientation and gender identity and expression data by state and local governmental agencies. Your responses will be kept confidential and separate from any identifying information.*

22.   What sex were you assigned at birth, such as on your original birth certificate?
- Male

- Female
- Prefer not to say

23. How do you describe yourself?
- Male
- Female
- Transgender Man/Trans Male
- Transgender Woman/Trans Female
- Genderqueer/gender non-conforming
- Prefer not to say
- Other Identity (please specify)

_____

24. Which of the following best represents your sexual orientation identity?
- Straight or Heterosexual
- Gay
- Lesbian
- Bisexual
- Prefer not to say
- Not listed (please specify)

_____

25. Are you Hispanic or Latino?
- Yes
- No

26. Please select the racial category you **most** identify.
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races
- Other (please specify)

_____

27. What is your age in years? Please round to the nearest whole year.

_____

28. Please move the sliders to indicate how long you have been in each of the following (in years). Please round to the nearest year.

	0 5 10 15 20 25 30 35 40 45 50
In your current position	
With DPBH in total (in any position)	
In public health practice in total (in any agency, in any position)	
In years, please indicate how long you have been in public health management in total (in any agency, in any public health manager or executive position)	

29.   Which of the following best describes your <u>current</u> employment status?
- Contractor providing third party services to the health department
- Permanent staff employed directly by the health department
- Intern employed directly by the health department
- Federal employee detailed to the health department
- Temporary staff employed directly by the health department

30.   Are you currently employed full-time at DPBH?
- Yes
- No

30a.   Please indicate what percent time you are working for the public health department.

(e.g. if you work 50% of a full-time equivalent (FTE), enter .5; if you work full time, enter 1.0)

○   Part-time Percentage

_____

31.   Is your pay based on an annual salary or hourly wage?
- Annual Salary
- Hourly Wage

31a. What is your current annual salary?
- Less than $25,000
- $25,000 - $35,000

- $35,000.01 - $45,000
- $45,000.01 - $55,000
- $55,000.01 - $65,000
- $65,000.01 - $75,000
- $75,000.01 - $85,000
- $85,000.01 - $95,000
- $95,000.01 - $105,000
- $105,000.01 - $115,000
- $115,000.01 - $125,000
- $125,000.01 - $135,000
- $135,000.01 - $145,000
- More than $145,000

31a. What is your current hourly wage?
- Less than $12.50
- $12.51 - $17.50
- $17.51 - $22.50
- $22.51 - $27.50
- $27.51 - $32.50
- $32.51 - $37.50
- $37.51 - $42.50
- $42.51 - $47.50
- $47.51 - $52.50
- $52.51 - $57.50
- $57.51 - $62.50
- $62.51 - $67.50
- $67.51 - $72.50
- More than $72.50

32.   Please indicate which degrees you have attained. [CHECK ALL THAT APPLY].
- High school or equivalent
- Associate's degree in nursing
- Other associate degree (please specify)

  _____

- BS/BA
- BSN
- BSPH/BAPH
- Other baccalaureate degree (please specify)

  _____

- MA/MS
- MBA
- MHSA
- MPA
- MPP

- MPH
- MSN
- MSW
- Other masters degree (please specify)

  _____

- DDS/DMD
- DrPH
- PhD
- ScD
- Other public health doctorate (please specify)

  _____

- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD
- PhD/ScD/other non-public health doctorate
- I am currently pursuing a degree
- I am currently pursuing other continuing education i.e. certificates (please specify)

  _____

32a. Please indicate which degree(s) you are currently pursuing. [CHECK ALL THAT APPLY].

- High school or equivalent
- Associate's degree in nursing
- Other associate degree (please specify)

  _____

- BS/BA
- BSN
- BSPH/BAPH
- Other baccalaureate degree (please specify)

  _____

- MA/MS
- MBA
- MHSA
- MPA
- MPP
- MPH
- MSN
- MSW
- Other masters degree (please specify)

  _____

- DDS/DMD
- DrPH
- PhD
- ScD
- Other public health doctorate (please specify)

  _____

- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD
- PhD/ScD/other non-public health doctorate
- I am currently pursuing other continuing education i.e. certificates (please specify)

  _____

33. Please indicate the primary major/concentration associated with your **highest degree attained**, "e.g., BA Biology, MPH Health Policy, MD Internal Medicine". Write "N/A" if this is not applicable.

_____

34.   Are you interested or planning to pursue additional education in the future?
   - Yes, a degree program (please specify)
     _____
   - Yes, a certificate (please specify)
     _____
   - No

35. Please indicate which **credentials** you have attained. [CHECK ALL THAT APPLY].
   - Not formally certified/Not applicable
   - Physician board certification
   - Preventive Medicine Physician board certification
   - Nurse certification
   - Physician Assistant - Certified (PA-C)
   - Certified in Public Health
   - Certified Health Education Specialist (CHES or Master CHES)
   - Laboratory certification
   - Dental Public Health - Board Certification (DPH)
   - Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC)
   - Diabetes Educator Certification (CDE)
   - Physical Activity in Public Health Specialist (PAPHS)
   - Infection Control Certification (CIC)
   - Registered Dietitian (RD)
   - Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
   - Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator
   - Certified Community Health Worker
   - Other Certification (please specify)
     _____

36. Which of the following best describes your <u>current</u> work modality?

- In-person only

- Remote work only

- Hybrid of in-person and remote work

37.   Please indicate where you work by answering the following questions.

What is the zip code of:

    ○   your office's physical location?

_____

    ○   your current residence?

_____

38. How many minutes is your typical commute to work?

_____

Please note: clicking 'Continue' on this page will submit the survey and you will no longer be able to edit your responses.

APPENDIX B: SUMMARY OF WORKFORCE SURVEY RETENTION DATA

SUMMARY OF DPBH WORKFORCE SURVEY RETENTION DATA

April 2023

Center for Public Health Excellence, Larson Institute
School of Public Health
University of Nevada, Reno

on behalf of

Division of Public and Behavioral Health
Department of Health and Human Services

School of Public Health
Making Health Happen℠

Background

In late 2022, as part of its efforts to pursue accreditation through the Public Health Accreditation Board, DPBH conducted a survey of its state employees to better understand whether staff skills match the skills needed for their specific role; identify strengths, gaps, and opportunities to improve recruitment and retention; and inform future training and investment in workforce development.

The survey was adapted from the 2021 nationwide Public Health Workforce Interests and Needs Survey (PH WINS) of staff at state and local public health agencies, and it was conducted by the Center for Public Health Excellence within the Larson Institute in the School of Public Health at the University of Nevada, Reno. A total of 713 DPBH employees— representing all four branches of the Division—responded, achieving a response rate of just over
50 percent.

The Problem: Workforce Shortages, Recruitment, and Retention

The Division of Public and Behavioral Health (DPBH) of Nevada's Department of Health and Human Services (DHHS) has long experienced workforce shortages and challenges with recruitment and retention—and all were exacerbated by the COVID-19 pandemic. Public health professionals led pandemic response, often operating on the front lines. Similar to clinical health care providers, public health professionals experienced high rates of burnout and turnover as a result.

According to PH WINS, nearly one-third of the public health workforce across the United States is considering leaving their organization in the next year. Of these, 50 percent are considering leaving due to pay, 41 percent due to work overload or burnout, 40 percent due to lack of opportunities for advancement, and 37 percent due to stress. Nearly 40 percent of respondents indicated they are more likely to leave as a result of the pandemic. These numbers are substantially similar at DPBH and discussed in more detail in the following section.

Research shows that turnover is costly[1]—averaging anywhere from 30 percent to 50 percent of an employee's annual salary for entry-level non-skilled employees, to 100 percent to 150 percent of a supervisor or technical employee's annual salary.[2] These include costs related to:

- Employee separation (e.g. process of terminating an employee, severance pay, continued benefits, etc.);
- Recruitment (e.g. updating job descriptions, reviewing resumes and applications, conducting interviews, and training new employees); and
- Productivity (e.g. hours of lost productivity due to unfilled positions, time and effort of employees in picking up additional work, lost experience and expertise, costs of employer-provided training, and the time it takes for new employees to get to the previous employee's level of production and productivity).

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[1] Heinz, K. The true costs of employee turnover, *Built In.* (2022, January 11). Retrieved February 16, 2023.
[2] Calculating the Cost of Employee Turnover: How much does employee turnover cost your business? G&A Partners (2016, June 3). Retrieved February 7, 2023.

Employees' Plans to Leave DPBH

In the 2022 DPBH Workforce Development Survey, Division employees were asked whether they intended to stay at DPBH or leave, and why. Overall:

- 72 percent of respondents indicated they plan to stay;
- 24 percent are planning to leave the Division within one year; and
- 18 percent plan to retire within five years.

While it is encouraging that the majority of employees plan to stay, the exodus of one in four DPBH employees in the next year and nearly one in five employees who plan to retire within five years will come at significant cost to the Division.

Reasons for Staying at DPBH

Among respondents who indicated they plan to stay at DPBH, the most common reasons for staying, in order of frequency, include:

1. Flexibility (flexible hours and telework);
2. Job stability;
3. Benefits;
4. Job satisfaction; and
5. Pride in the organization and its mission.

While some of these factors are structural or set by the state (i.e. benefits), the Division has more influence over others. Where the Division has influence, it should evaluate internal policies to maintain and improve the reasons cited for staying. In other areas, the Division should consult appropriate state officials or policymakers to do the same. For example, job satisfaction and pride in the organization and its mission are developed through agency culture and leadership. Others—such as flexibility (i.e. flexible hours and telework)—are the result of policy decisions at the state, department, and division level. These decisions can have a significant impact on whether employees choose to stay at or leave the agency.

Flexibility

Flexibility, including flexible work hours and telework, is the top reason staff selected—from a list of 16 options—for staying at DPBH. Survey results show flexibility is valued by:

- ***Staff at all Levels***—Including 60 percent of non-supervisors and 50 percent of supervisors/ managers;
- ***Staff Regardless of Age***—Employees between 31 and 50 years of age were most likely to cite flexibility as a key reason for staying, followed by staff 51 years of age and older, and those younger than 31 years of age;
- ***Newer Employees***—63 percent of those who value flexibility have worked at DPBH for five years or less; another 20 percent who value flexibility have worked at the Division for 6 to 10 years; and
- ***Staff Regardless of Work Modality***—56 percent of respondents who cite flexibility as a top reason for staying at DPBH currently work remotely at least part of the time; 13 percent work remotely all of the time; and 31 percent do not work remotely at all.

Job Satisfaction

In addition, the vast majority of DPBH state employees indicate they are "somewhat to very satisfied" with their jobs. This is true across branches of the Division, as well as across supervisory levels. Staff who are somewhat to very satisfied with their job ranges from 76 percent among Administrative Services respondents to 88 percent among Community Health Services respondents. Similarly, 79 percent of non-supervisors are somewhat to very satisfied with their job, as are 82 percent of supervisors/managers, and 89 percent of executives. These rates are slightly higher than national rates.

Pride in the Organization and its Mission

Among respondents who selected "pride in the organization and its mission" as a reason for staying, nearly one-third is from each Clinical Services, Community Health Services, and Regulatory and Planning Services. In addition, one in five non-supervisors and one in four supervisors and managers who intend to stay indicated pride in the organization as a top reason.

Reasons for Leaving DPBH

Among those who plan to leave the Division within one year, the most common reasons for leaving, include:

1. Pay;
2. Lack of opportunities for advancement;
3. Work Overload/Burnout;
4. Stress; and
5. Better opportunities outside the agency.

Similar to the Division's ability to influence reasons for staying at DPBH, it has more influence over certain factors than others. The Division should focus internal efforts on improving the conditions over which it has direct control (i.e. opportunities for advancement, job workload, and availability of services to address workplace stress), and collaborate with other entities—such as other state agencies, officials, and policymakers—to improve conditions over which it has less direct control (i.e. pay). By addressing reasons cited for leaving and improving the reasons people want to stay, DPBH will be able to compete with "better opportunities outside the agency."

Pay

Just over one-third of all DPBH employees is somewhat to very satisfied with their pay, compared to nearly half of public health workers nationwide. ***This means that nearly two thirds (64 percent) of DPBH's workforce is not satisfied with their pay.*** While this general trend holds true across the Division's branches and supervisory levels, it is slightly more pronounced among staff in Regulatory and Planning Services and Clinical Services, in which less than one-third (29 percent) of employees are satisfied with their pay.

Other Reasons for Leaving DPBH

Employees are relatively equally likely to cite the other top reasons for leaving—lack of opportunities for advancement, work overload/burnout, stress, and better opportunities outside the agency—regardless of their supervisory level or branch of the Division.

Conclusion

To improve retention and reduce turnover and its associated costs, DPBH should take steps to maintain or improve policies and practices related to the most commonly cited reasons for staying at the agency, and minimize or otherwise address the reasons staff cite for leaving. Where the Division has direct influence or control, it should take direct action; where it has less authority, it should engage appropriate entities, provide data, and work collaboratively to address challenges to retaining staff.

Appendix: Survey Results

Intent to Stay at DPBH
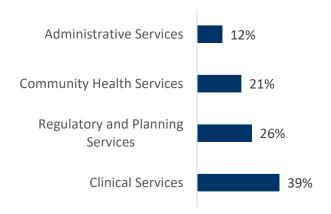
The 72 percent of survey respondents who indicated they plan to stay at DPBH were asked to select the most important reason(s) for staying from the list of options below. The most commonly cited reasons for staying are in bold.

- Acknowledgement/ recognition for your work
- **Benefits (e.g., retirement contributions/ pensions, health insurance)**
- Exciting and challenging work
- **Flexibility (e.g., flex hours/telework)**
- **Job satisfaction**
- **Job stability**
- Lack of stress
- Mentorship opportunities
- Opportunities for advancement
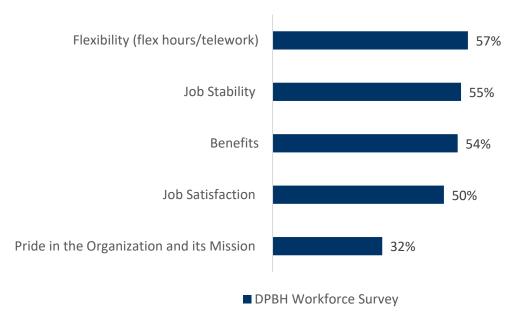
- Organizational climate/culture
- Other (please specify)
- Pay
- **Pride in the organization and its mission**
- Satisfaction with agency leadership (e.g., Administrator, Deputy Administrator, etc.)
- Support
- Training opportunities
- Unsatisfactory opportunities outside of the agency

Select Survey Results

Background: Survey Responses by Branch

Branch	Percentage
Administrative Services	12%
Community Health Services	21%
Regulatory and Planning Services	26%
Clinical Services	39%

Top Reasons for Staying Among Those Who Plan to Stay

Reason	DPBH Workforce Survey
Flexibility (flex hours/telework)	57%
Job Stability	55%
Benefits	54%
Job Satisfaction	50%
Pride in the Organization and its Mission	32%

■ DPBH Workforce Survey
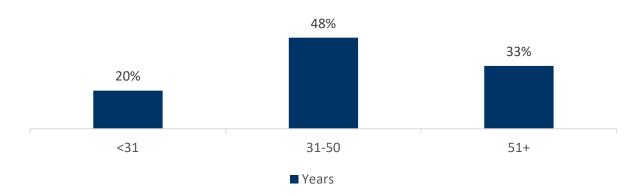
One of the top reasons staff cite for staying at DPBH is flexibility—defined as flex hours/telework. Among those who indicate they are not currently planning to leave the Division, *57 percent of respondents cite flexibility as a top reason for staying*. Note that respondents were able to select more than one response, which means each of the percentages above indicate the portion of all respondents who selected the option.

Flexibility

Supervisory Level Among Those Who Value Flexibility

Non-supervisor	60%
Supervisor/Manager	50%
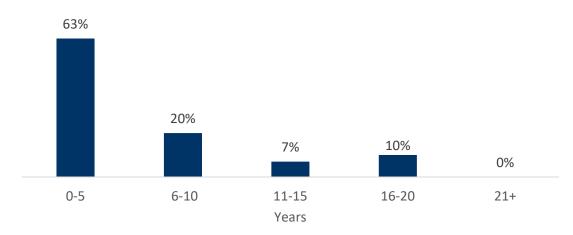
Flexibility is a top reason both non-supervisors and supervisors plan to stay at the agency. Among non-supervisors who indicate they intend to stay, 60 percent cite flexibility as a key reason; among supervisor/managers who intend to stay, 50 percent point to flexibility as a key reason.

Age Distribution Among Those Who Value Flexibility

48%

33%

20%

| <31 | 31-50 | 51+ |

■ Years
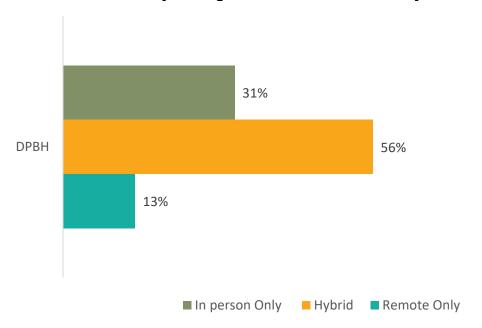
Staff of all ages value flexibility, though it is most valued among staff between 31 and 50 years of age. This may be due to the fact that people in this age range are more likely to have familial and other obligations that benefit from flexible arrangements.

Tenure Among Those Who Value Flexibility

63%

20%

7%

10%

0%

| 0-5 | 6-10 | 11-15 | 16-20 | 21+ |

Years

Employees who have been with DPBH for less than 5 years are more likely to identify flexibility as a top reason for staying with the agency. Newer, but not necessarily younger employees, are more likely to value flexibility.

Current Work Modality Among Those Who Value Flexibility

In person Only: 31%
Hybrid: 56%
Remote Only: 13%

DPBH

■ In person Only ■ Hybrid ■ Remote Only
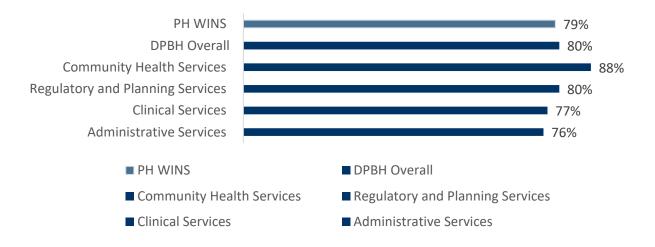
Staff value flexibility regardless of their work modality. Nearly 70 percent of respondents who cite flexibility as a top reason for staying at DPBH currently work remotely at least part of the time. Thirteen percent of those who value flexibility work remotely all of the time. In addition, nearly one-third of those who value flexibility do not work remotely at all.

Job Satisfaction

The vast majority of DPBH employees are "somewhat to very satisfied" with their jobs—a higher rate than the national public health workforce. This holds true across supervisory levels and branches within the Division.

Job Satisfaction Among All Respondents, by Branch

PH WINS: 79%
DPBH Overall: 80%
Community Health Services: 88%
Regulatory and Planning Services: 80%
Clinical Services: 77%
Administrative Services: 76%

■ PH WINS   ■ DPBH Overall
■ Community Health Services   ■ Regulatory and Planning Services
■ Clinical Services   ■ Administrative Services

The graph above represents the proportion of employees in each branch and across the entire Division who indicate they are somewhat or very satisfied with their job. Note: this data came from a survey question, regarding job satisfaction that was separate and distinct from the information collected regarding respondents' intent to stay at or leave DPBH.

Job Satisfaction, by Supervisory Level

Non-supervisor — 79%

Supervisor/Manager — 82%
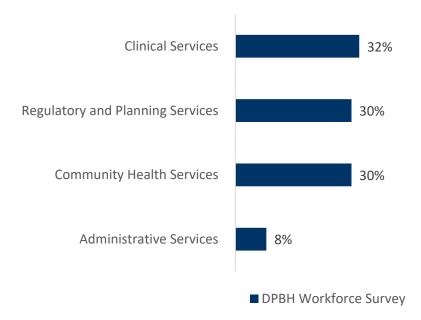
This graph represents the proportion of employees in each supervisory level who indicate they are somewhat or very satisfied with their job. Note: this data came from a survey question, regarding job satisfaction that was separate and distinct from the information collected regarding respondents' intent to stay at or leave DPBH.
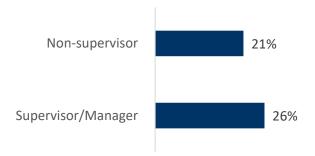
Pride in the Organization and Its Mission

Those Staying due to Pride in the Organization and Its Mission, by Branch

Clinical Services — 32%

Regulatory and Planning Services — 30%

Community Health Services — 30%

Administrative Services — 8%

■ DPBH Workforce Survey

Each bar reflects the proportion of respondents who indicate they are staying due to pride in the organization within each branch. That is, among all who indicated they are staying because of pride in the organization and its mission, 32 percent are from the Clinical Services branch, 30 percent are from Regulatory and Planning Services, etc. This distribution largely reflects the distribution of survey respondents, though pride appears to be slightly higher among those who work in Community Health Services and Regulatory and Planning Services.

Those Staying due to Pride in the Organization and Its Mission, by Supervisory Level

Non-supervisor	21%
Supervisor/Manager	26%

Non-supervisors and supervisor/managers both indicate pride in the organization and its mission, though supervisor/managers are slightly more likely to cite it as a reason for staying.

Intent to Leave DPBH
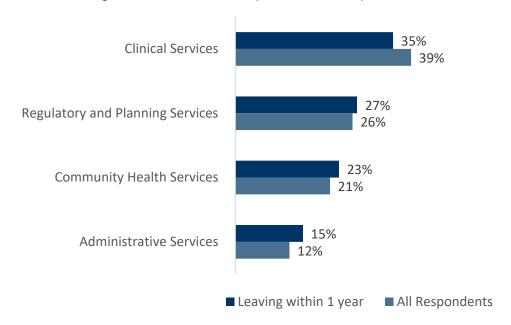
Among all respondents, one in four (24 percent) indicate they intend to leave the Division in a year. An additional one in five (18 percent) plan to retire within five years.

Respondents who indicate they plan to leave were asked to select the most important reason(s) they are considering leaving DPBH from the list of options below. Pay was cited as the top reason for leaving twice as often as the next most common reasons—lack of opportunities for advancement and work overload/burnout. These were followed closely by stress and better opportunities outside the agency.

- **Better opportunities outside the agency**
- Lack of acknowledgement/ recognition
- Lack of flexibility (flex hours/telework)
- **Lack of opportunities for advancement**
- Lack of support
- Job instability (e.g., loss of funding, RIF, layoffs)
- Job satisfaction
- Lack of training
- Leadership changeover

- Organizational climate/culture
- **Pay**
- Reasons unrelated to my job (e.g., family obligations, health reasons, lack of affordable child-care options, moving, etc.)
- Retirement
- Satisfaction with agency leadership (e.g., Administrator, Deputy Administrator, etc.)
- **Stress**
- Weakening of benefits (e.g., retirement contributions/pensions, health insurance)
- **Work overload/burnout**
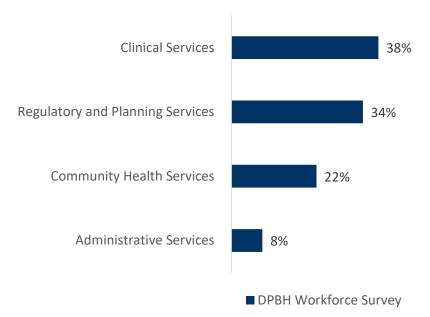
Those Leaving Within One Year Compared to All Respondents

Clinical Services
- Leaving within 1 year: 35%
- All Respondents: 39%

Regulatory and Planning Services
- Leaving within 1 year: 27%
- All Respondents: 26%

Community Health Services
- Leaving within 1 year: 23%
- All Respondents: 21%

Administrative Services
- Leaving within 1 year: 15%
- All Respondents: 12%

■ Leaving within 1 year ■ All Respondents

This graph compares the proportion of those planning to leave within one year to the proportion of all respondents, by branch. The distribution of employees who intend to leave within a year is similar to the distribution of all survey respondents—though a slightly higher percentage of individuals who work in Clinical Services indicate they may leave.

Pay

Those Who Plan to Leave Due to Pay, by Branch

- Clinical Services: 38%
- Regulatory and Planning Services: 34%
- Community Health Services: 22%
- Administrative Services: 8%

■ DPBH Workforce Survey

Among respondents who indicate they may leave due to pay, 38 percent are from the Clinical Services, 34 percent are from Regulatory and Planning Services, 22 percent are from Community Health Services, and 8 percent are from Administrative Services. This distribution is similar to the

distribution of respondents who intend to leave overall, though it appears employees in Regulatory and Planning Services are more likely to leave due to pay, compared to other branches of the Division.

Those Who Plan to Leave Due to Pay, by Supervisory Level

Category	Percentage
Non-supervisor	17%
Supervisor/Manager	14%

Among staff who said they plan to leave DPBH, non-supervisors and supervisors/managers were nearly equally likely to cite pay as one of the top reasons.

Pay Satisfaction Among All Respondents
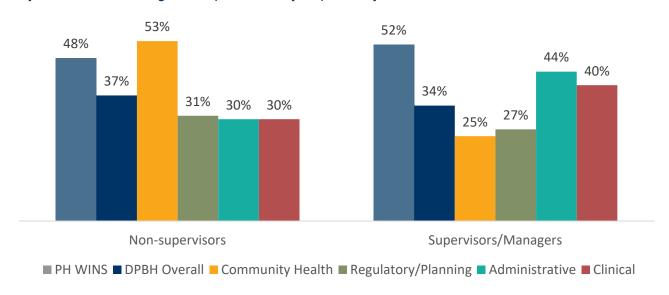
Separately from the questions related to reasons for staying or leaving, the survey asked all respondents about satisfaction with their pay. Just over one-third of DPBH employees is somewhat to very satisfied with their pay, compared to nearly half of public health workers nationwide. ***This means that nearly two thirds of DPBH's workforce is not satisfied with their pay.*** While this general trend holds true across the Division's branches and supervisory levels, it is slightly more pronounced among Regulatory and Planning staff and Clinical Services.

Pay Satisfaction Among All Respondents, by Branch

Branch	%
PH WINS	49%
DPBH Overall	36%
Community Health Services	46%
Administrative Services	36%
Clinical Services	33%
Regulatory and Planning Services	29%

This graph compares the proportion of employees in each branch, across the Division, and nationally, who are somewhat or very satisfied with their pay. Pay satisfaction at DPBH overall and within most branches is significantly lower than pay satisfaction across the nation.

Pay Satisfaction Among all Respondents, by Supervisory Status

Non-supervisors: PH WINS 48%, DPBH Overall 37%, Community Health 53%, Regulatory/Planning 31%, Administrative 30%, Clinical 30%

Supervisors/Managers: PH WINS 52%, DPBH Overall 34%, Community Health 25%, Regulatory/Planning 27%, Administrative 44%, Clinical 40%

Legend: ■ PH WINS ■ DPBH Overall ■ Community Health ■ Regulatory/Planning ■ Administrative ■ Clinical

Pay satisfaction is low among both non-supervisors and supervisors, across all branches. Non-supervisors in Community Health Services and supervisors/managers in Administrative Services and Clinical Services are the most satisfied with pay, though still only 40 to 53 percent are satisfied with their pay.

Lack of Opportunities for Advancement

Those Who May Leave Due to Lack of Opportunities for Advancement, by Branch

Clinical Services — 33%

Regulatory and Planning Services — 32%

Community Health Services — 25%

Administrative Services — 11%

■ DPBH Workforce Survey

This graph reflects the proportion of respondents who indicated they are considering leaving due to lack of opportunities for advancement. That is, among all who indicate they may leave because of pay, 33 percent are from the Clinical Services, 32 percent from Regulatory and Planning Services, 25 percent from Community Health Services, and 11 percent from Administrative Services. This distribution largely reflects the distribution of all respondents.

Work Overload/Burnout and Stress

Those Who May Leave Due to Work Overload/Burnout, by Branch

Clinical Services — 34%

Regulatory and Planning Services — 30%

Community Health Services — 21%

Administrative Services — 15%

■ DPBH Workforce Survey

The proportion of respondents who may leave due work overload/burnout largely reflects the distribution of all respondents as well, though a slightly smaller proportion of Clinical Services staff and slightly larger proportion of Administrative Services staff cite work overload/burnout as a reason for leaving.

APPENDIX C: COMPLETE LIST OF NON-PUBLIC HEALTH DEGREES

Accounting	Human Resource Management
Allied Health	Human Services
Anthropology	Humanities
Applied Psychology	Information Systems
Biochemistry	Information Technology
Biology	Integrated Healthcare Management
Biosecurity and Disaster Preparedness	Journalism/Public Relations
Business	Kinesiology
Business Administration	Law
Chemistry	Leadership
Child Development	Licensed Clinical Social Worker
Child Welfare	Management
Clinical Mental Health	Marine Resources
Clinical Mental Health Counseling	Marketing
Clinical Psychology	Marriage, Family, and Child Therapy
Communication/Business	Maternal and Child Health/Nutrition
Computer office technology	Math/Accounting
Computer Programming	Mathematics
Computer Science	Medical Assisting
Cosmetology	Medical Doctor
Counseling	Medical Dosimetry
Criminal Justice	Medical Laboratory Science
Criminal Sociology	Medical Technology
Criminology	Medical-Surgical Nursing
Developmental Psychology	Mental Health Counseling
DMD, General dentistry	Midwifery
Early Childhood Education	Nursing
Early Childhood Special Education	Nutrition
Ecology	Nutrition and Dietetics
Economics	Office Administration
Education	Organizational Leadership
Elementary Education	Paramedic
Emergency Management	Personal Trainer

English	Philosophy
Environmental Science	Physics
Family Practice / Primary Care	Political Science
Family Studies	Psychology
Finance	Public Administration
Financial Operations	Radiation Physics
Fne Art	Radiological Sciences
Foreign Service	Recreation Therapy
Forensic psychology	Registered Nurse
Forensic Science	Resource Management
General studies	Respiratory Therapist
Geology	Secretarial Sciences
Health and Human Services	Social Science
Health Care Administration	Social Work
Health Care Management	Sociology
Health Information Management	Teaching
Health Information Technology	Therapeutic Recreation
High School Diploma	Toxicology
Hospitality	US History
Human Development and Family Studies	Wildlife Ecology and Conservation

APPENDIX D: BRANCH-SPECIFIC SURVEY RESULTS

PHAB Accreditation Requirements

Domain 8: Build and support a diverse and skilled public health workforce.

Measure 8.2.1A—A health department-specific workforce development plan than includes:

☑ An organization-wide assessment of current staff capabilities against an accepted set of core competencies;

☑ Findings from an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion;

☑ A list of gaps identified in the assessments above and prioritization of gaps;

■ Plans to address at least two gaps, including measurable objectives, strategies for improvement, and timeframes;

■ Training curriculum or schedule that includes a list of available learning or educational opportunities, including to address gaps above, among other requirements.

PHAB Accreditation Requirements, cont.

Domain 8: Build and support a diverse and skilled public health workforce.

Measure 8.2.3A—Staff Satisfaction Assessment

- ☑ Staff satisfaction assessment to collect feedback across the department and implement actions, whether department-wide or within sub-units
- ☑ Draw conclusions and make recommendations based on the feedback
- ■ Take action based on the conclusions drawn from the staff satisfaction assessment

About the Survey

Purpose: Understand whether staff have the skills to perform their job functions, identify strengths and gaps, and inform future training and investment in workforce development

- Adapted from the 2021 national [Public Health Workforce Interests and Needs Survey (PH WINS)](#)
- Conducted by the Center for Public Health Excellence, UNR School of Public Health
- Conducted online October 25 - November 4, 2022
- Distributed to all DPBH *state employees*
- 713 completed surveys (~ 51%)
- Self-reported data

Overall Survey Responses

Administrative Services (87) — 12%

Community Health Services (150) — 21%

Regulatory and Planning Services (186) — 26%

Clinical Services (278) — 39%

Non-supervisor (512) — 72%

Supervisor/Manager (192) — 27%

Executive (9) — 1%

Outline

- Demographics
- Public Health Issues
- Workforce Characteristics
- Staying and Leaving
- Job Satisfaction
- Organization Perception
- Training Needs
- Gaps and Opportunities
- Prioritization

Data were analyzed by branch, supervisory status, and budget account to identify disparities and opportunities.

6

Demographics

Gender & Age

Gender

Female
- PH WINS: 70%
- DPBH Workforce Survey: 72%
- Admin Services: 63%

Male
- PH WINS: 20%
- DPBH Workforce Survey: 21%
- Admin Services: 24%

Other
- PH WINS: 2%
- DPBH Workforce Survey: 7%
- Admin Services: 13%

Age (Years)

<31
- PH WINS: 13%
- DPBH Workforce Survey: 14%
- Admin Services: 14%

31-50
- PH WINS: 49%
- DPBH Workforce Survey: 50%
- Admin Services: 48%

51+
- PH WINS: 38%
- DPBH Workforce Survey: 37%
- Admin Services: 38%

■ PH WINS ■ DPBH Workforce Survey ■ Admin Services

8

Race/Ethnicity

PH WINS vs. DPBH Workforce Survey

NV Census vs. DPBH Workforce Survey

9

Educational Attainment

Degrees Attained

Efforts to and Interest in Pursuing Additional Education

Degrees Attained:

- Doctoral: PH WINS 6%, DPBH Workforce Survey 8%, Admin Services 3%
- Master's: PH WINS 31%, DPBH Workforce Survey 27%, Admin Services 10%
- Bachelor's: PH WINS 37%, DPBH Workforce Survey 44%, Admin Services 32%
- Associate's: PH WINS 11%, DPBH Workforce Survey 21%, Admin Services 23%

Efforts to and Interest in Pursuing Additional Education:

- Recently taken steps to pursue further education: DPBH Workforce Survey 30%, Admin Services 32%
- Interested in pursuing education: DPBH Workforce Survey 31%, Admin Services 16%

Legend: PH WINS | DPBH Workforce Survey | Admin Services

10

Highest Degree of Staff Interested in Pursuing Further Education

Associate's — 33%
Bachelor's — 44%
Master's — 0%
Doctoral — 23%

■ Admin Services

Of the 16 percent of Administrative Services staff who indicated interest in pursuing additional education, one-third have and Associate's degree while all other interested staff have at least a Bachelor's degree.

Educational Attainment: Non-Public Health Degrees

- Accounting
- Banking and Finance
- Business Administration
- Business Management
- Computerized Business Management
- Continuing education with a bachelor's degree
- Cosmetology
- Criminal Justice
- Culinary Arts
- Data Processing and Telecommunications
- Early Childhood Education

- Emergency Management
- General Studies
- Health Information Technology
- Healthcare Administration
- Liberal Arts
- Management
- Medical Assistant
- Medical Billing and Coding
- Medical Doctor
- Medical Laboratory Science
- Midwifery
- Multi Media

- Nursing
- Nutrition Dietetics
- Office Administration
- Paralegal
- Pharmacy Technician
- Psychology
- Radiation Therapy
- Respiratory Therapy
- School Counseling
- Social Work
- Sociology
- Special Education

How would you rate your mental or emotional health?

Excellent: 17% (PH WINS), 19% (DPBH Workforce Survey), 20% (Admin Services)

Very Good: 31% (PH WINS), 35% (DPBH Workforce Survey), 26% (Admin Services)

Good: 30% (PH WINS), 29% (DPBH Workforce Survey), 31% (Admin Services)

Fair: 17% (PH WINS), 15% (DPBH Workforce Survey), 17% (Admin Services)

Poor: 5% (PH WINS), 3% (DPBH Workforce Survey), 6% (Admin Services)

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Admin Services

- DPBH employees report better mental health than PH WINS respondents overall
- Slightly more Administrative Services staff report excellent or good mental health compared to PH WINS respondents, fewer report very good mental health, and about the same proportion report fair or poor mental health.

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Public Health Issues

How much, if anything, have you heard of the following concepts in public health?

Respondents Who Indicated They Have Heard "A Lot" About Each Topic

	Admin	Clinical	Regulatory	Community Health
Health Equity	43%	30%	51%	75%
Social Determinants of Equity	25%	37%	37%	53%
Social Determinants of Health	28%	40%	46%	69%
Structural Racism	30%	31%	42%	54%
Environmental Justice	24%	24%	35%	45%

With the exception of Community Health Services staff, less than half of respondents have heard **'a lot'** about most of these concepts.

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How confident are you in addressing the following concepts in your work?

Respondents Who Indicated They Have "a lot" of Confidence in Addressing Each Concept

- The vast majority of respondents have **"little to no" confidence in addressing** these concepts in their work

Comparing Knowledge and Confidence among Administrative Services Staff

Respondents Who Have "a lot" of Knowledge About and Confidence in Addressing Public Health Issues

	Knowledge	Confidence
Health Equity	43%	13%
Social Determinants of Equity	25%	10%
Social Determinants of Health	28%	13%
Structural Racism	30%	17%
Environmental Justice	24%	11%

■ Knowledge ■ Confidence

17

I believe addressing racism as a public health crisis should be a part of my work at DPBH.

Admin · Non-supervisor 61% · Supervisor/Manager 43%
Community Health · Non-supervisor 70% · Supervisor/Manager 73%
Clinical · Non-supervisor 66% · Supervisor/Manager 79%
Regulatory · Non-supervisor 50% · Supervisor/Manager 59%

■ Non-supervisor ■ Supervisor/Manager

Which do you need to address racism as a public health crisis?*
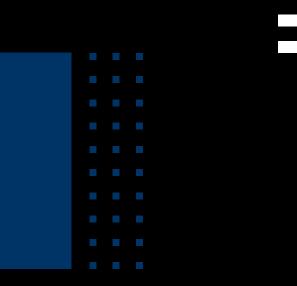
01
Training in these areas

02
Non-monetary Resources

03
Additional Staff Capacity
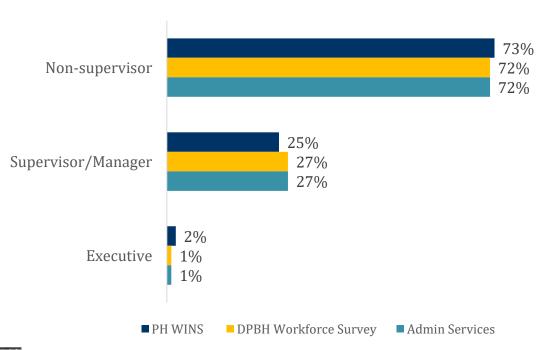
*Administrative Services Respondents

19

Workforce Characteristics

Supervisory Status

Legend: PH WINS, DPBH Workforce Survey, Admin Services

Non-supervisor: 73%, 72%, 72%
Supervisor/Manager: 25%, 27%, 27%
Executive: 2%, 1%, 1%

Non-supervisor
You do not supervise other employees

Supervisor
You are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors

Manager
You are in a management position and supervise one or more supervisors

Executive
Member of Senior Executive Team

21

Work Modality

Community Health Services
- 12%
- 65%
- 23%

Administrative Services
- 36%
- 61%
- 3%

Clinincal Services
- 87%
- 11%
- 2%

Regulatory and Planning Services
- 31%
- 62%
- 8%

Legend: ■ In person Only ■ Hybrid ■ Remote Only

22

Average Commute Time to Work (Minutes)

Service	Minutes
Administrative Services	26.5
Clinincal Services	24.7
Community Health Services	28.5
Regulatory and Planning Services	28.4

Staying and Leaving

Intent to Leave

Within 1 year
- PH WINS: 27%
- DPBH Workforce Survey: 24%
- Admin Services: 36%

Retiring within 5 years
- PH WINS: 20%
- DPBH Workforce Survey: 18%
- Admin Services: 18%

Planning to stay
- PH WINS: 69%
- DPBH Workforce Survey: 72%
- Admin Services: 65%

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Admin Services
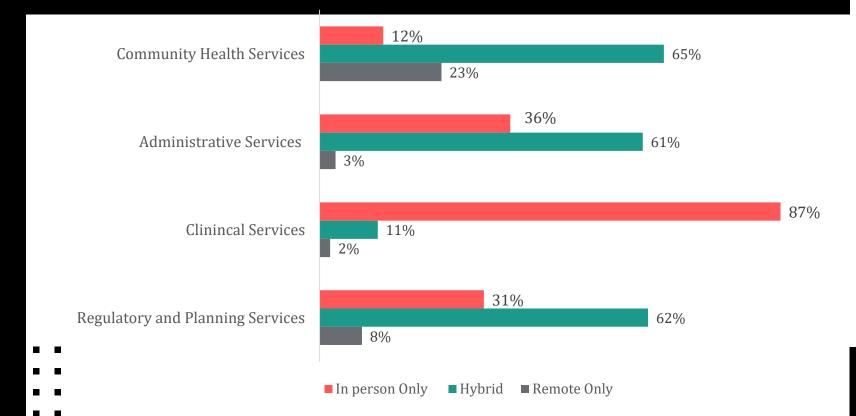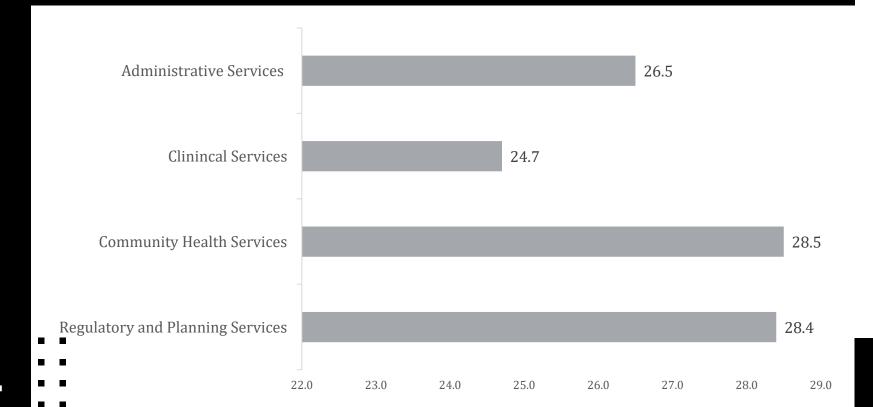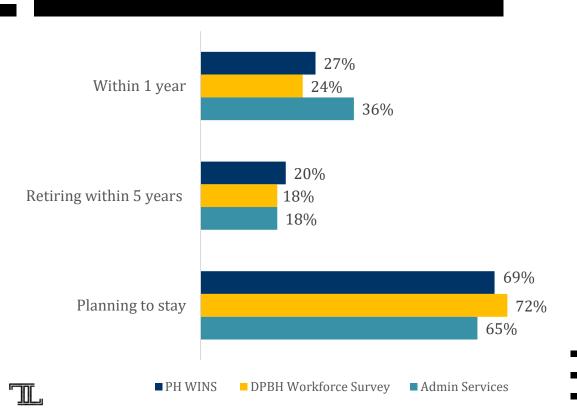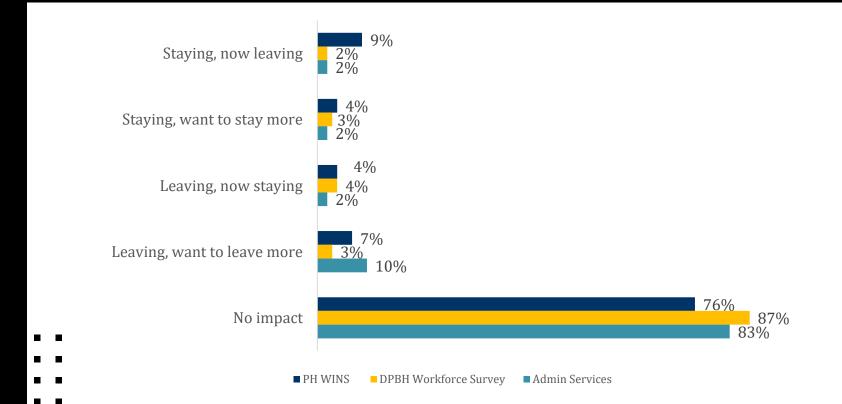
- More than one-third of Admin. Services respondents plan to leave within one year

- About one in five is retiring in 5 years

- Slightly more DPBH staff than Admin. Services staff intend to stay

Impact of COVID-19 on Leaving or Staying

Bar chart showing responses across PH WINS, DPBH Workforce Survey, and Admin Services:

Category	PH WINS	DPBH Workforce Survey	Admin Services
Staying, now leaving	9%	2%	2%
Staying, want to stay more	4%	3%	2%
Leaving, now staying	4%	4%	2%
Leaving, want to leave more	7%	3%	10%
No impact	76%	87%	83%

■ PH WINS   ■ DPBH Workforce Survey   ■ Admin Services

26

Top Reasons for Leaving

Pay

Lack of opportunities for advancement

Work overload/burnout

Stress

Better opportunities outside the agency

Top Reasons for Staying

👍	Flexibility
💼	Job Stability
📄	Benefits
☺	Job Satisfaction
🤝	Pride in the organization and its mission

Job Satisfaction

Job Satisfaction: Somewhat to Very Satisfied

Non-Supervisors
- PH WINS: 78%
- DPBH Workforce Survey: 79%
- Admin Services: 77%

Supervisors, Managers
- PH WINS: 79%
- DPBH Workforce Survey: 82%
- Admin Services: 74%

Executives
- PH WINS: 87%
- DPBH Workforce Survey: 89%
- Admin Services: 80%

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Admin Services

30

Job Satisfaction: Somewhat to Very Satisfied

Community Health Services — 88%

Regulatory and Planning Services — 80%

Clinical Services — 77%

Administrative Services — 76%

■ DPBH Workforce Survey

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Organization Satisfaction: Somewhat to Very Satisfied

Non-Supervisors: PH WINS 69%, DPBH Workforce Survey 71%, Admin Services 61%

Supervisors, Managers: PH WINS 65%, DPBH Workforce Survey 80%, Admin Services 60%

Executives: PH WINS 81%, DPBH Workforce Survey 88%, Admin Services 80%

■ PH WINS   ■ DPBH Workforce Survey   ■ Admin Services

Organization Satisfaction: Somewhat to Very Satisfied

Category	DPBH Workforce Survey
Community Health Services	79%
Regulatory and Planning Services	74%
Administrative Services	70%
Clinical Services	66%

■ DPBH Workforce Survey

Pay Satisfaction: Somewhat to Very Satisfied

Non-supervisor
- PH WINS: 48%
- DPBH Workforce Survey: 37%
- Admin Services: 30%

Supervisors, Managers
- PH WINS: 52%
- DPBH Workforce Survey: 34%
- Admin Services: 44%

Executives
- PH WINS: 65%
- DPBH Workforce Survey: 44%
- Admin Services: 60%

■ PH WINS   ■ DPBH Workforce Survey   ■ Admin Services

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Pay Satisfaction: Somewhat to Very Satisfied

Community Health Services — 46%

Administrative Services — 36%

Clinical Services — 33%

Regulatory and Planning Services — 29%

■ DPBH Workforce Survey

Organization Perception

Perceptions About the Workplace

	PH WINS	DPBH Workforce Survey	Admin Services
The work I do is important	94%	96%	97%
I give my best effort at work every day	94%	94%	96%
I know how my work relates to agency goals	88%	90%	90%
I feel completely involved in my work	80%	79%	76%
I'm able to apply my talents and expertise	70%	73%	67%
I had chances to learn and grow in the past year	70%	70%	70%
My training needs are assessed	56%	57%	58%

■ PH WINS   ■ DPBH Workforce Survey   ■ Admin Services

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Perception about Supervisors

My supervisor treats me with respect
- PH WINS: 87%
- DPBH Workforce Survey: 88%
- Admin Services: 88%

My supervisor and I work well together
- PH WINS: 85%
- DPBH Workforce Survey: 86%
- Admin Services: 85%

My supervisor gives me opportunities to lead
- PH WINS: 70%
- DPBH Workforce Survey: 69%
- Admin Services: 60%

■ PH WINS ■ DPBH Workforce Survey ■ Admin Services

Perception about Organization

	PH WINS	DPBH Workforce Survey	Admin Services
Employees learn from one another	84%	85%	83%
Supervisors respect all employee backgrounds	74%	74%	76%
Employee development is supported	73%	76%	79%
Diversity, equity & inclusion are agency priorities	70%	70%	71%
My organization is a good place to work	69%	67%	61%
Employees can fully use technology	56%	50%	44%
Leadership and employees communicate well	50%	57%	66%
Creativity and innovation are rewarded	46%	45%	45%

■ PH WINS ■ DPBH Workforce Survey ■ Admin Services

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Training Needs

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PH WINS Skill Categories and Key Training Needs Identified by Administrative Services Staff *

1. ***Budget and financial management***
2. Change management
3. Community engagement
4. Cross-sectoral partnerships
5. ***Data-based decision-making***

6. ***Effective communication***
7. ***Justice, equity, diversity & inclusion***
8. Policy engagement
9. Programmatic expertise
10. Systems and strategic thinking

*As part of accreditation, DPBH adopted PH WINS' "core competencies" or skill categories. These include the 10 categories of skills listed above. Survey respondents were asked to rate the day-to-day importance of, and their own proficiency in, 25-26 specific skills in each category, tailored to their supervisory level. Top training needs for Administrative Services respondents are in bold.

41

Top Training Needs: Non-supervisors, Admin. Services

01
Collect valid data for use in decision making

02
Communicate in a way that persuades others to act

03
Effectively target communications to different audiences

04
Deliver socially, culturally, and linguistically, appropriate programs

05
Collaborate with public health personnel across the agency

42

Top Training Needs: Supervisors/Managers, Admin. Services

01
Communicate in a way that persuades others to act

02
Use valid data to drive decision making

03
Communicate in a way that different audiences understand

04
Use financial analysis methods in managing programs and services

43

Top Training Needs: Executives, Admin. Services

01

Leveraging funding mechanisms and procedures for sustainable programs

02

Incorporate health equity and social justice principles into planning

03
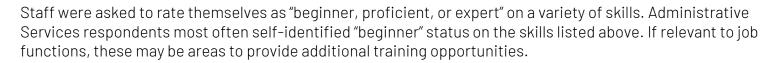
Use valid data to drive decision making

04

Communicate in a way that persuades others to act

'Beginner' Skills Identified by Staff

- Participate in Quality Improvement processes

- Implement an organizational strategic and business plan

- Incorporate health equity and social justice principles

- Prioritize and influence policies external to the organization

- Describe how public health funding mechanisms support agency problems

- Ensure health department representation in a collaborative process

- Ensure the implementation of socially, culturally, and linguistically appropriate programming

- Identify funding mechanisms and procedures

- Use financial analysis methods in making decisions

Staff were asked to rate themselves as "beginner, proficient, or expert" on a variety of skills. Administrative Services respondents most often self-identified "beginner" status on the skills listed above. If relevant to job functions, these may be areas to provide additional training opportunities.

Gaps & Opportunities

Summary of Gaps & Opportunities, Admin. Services

- 85% of the workforce is over age 31
  - Focus on early pipeline efforts

- Slightly more white/less diverse
  - Increase recruitment/outreach among diverse groups; inclusive hiring practices

- 31% of DPBH staff overall and 16% of Admin. Services staff are interested in additional education
  - Provide opportunities/flexibility to pursue education
  - Potential for pipeline initiatives to improve retention

- Turnover (more than 1/3 of Admin. Services respondents plan to leave within one year; about 1/5 is retiring in five years; slightly fewer plan to stay than DPBH staff overall—65% vs. 72%)
  - Improve retention

- Satisfaction with pay

- Address top reasons staff leave: pay, lack of advancement opportunity, overload/burnout, stress

- Maintain or increase reasons staff stay: flexibility, stability, benefits, satisfaction, pride in organization/mission

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Summary of Gaps & Opportunities, cont.

- Organizational perceptions
  - Assess training needs
  - Provide opportunities to grow and apply talents and expertise
  - Reward creativity and innovation
  - Fully use technology
- Skills gaps / training needs
  - Budget and financial management
  - Data-based decision-making
  - Effective communication
  - Justice, equity, and inclusion
  - Skills staff rated at "beginner" level (see slide 45)

- Knowledge of and confidence in addressing public health issues in work (i.e. health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice)
- Needs to address racism as a public health crisis:
  - Training
  - Non-monetary resources
  - Additional staff capacity

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Questions?

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PHAB Accreditation Requirements

Measure 8.2.1A—A health department-specific workforce development plan than includes:

- ☑ An organization-wide assessment of current staff capabilities against an accepted set of core competencies;

- ☑ Findings from an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion;

- ☑ A list of gaps identified in the assessments above and prioritization of gaps;

- ◼ Plans to address at least two gaps, including measurable objectives, strategies for improvement, and timeframes;

- ◼ Training curriculum or schedule that includes a list of available learning or educational opportunities, including to address gaps above, among other requirements.

PHAB Accreditation Requirements, cont.

Domain 8: Build and support a diverse and skilled public health workforce.

Measure 8.2.3A—Staff Satisfaction Assessment

- ☑ Staff satisfaction assessment to collect feedback across the department and implement actions, whether department-wide or within sub-units

- ☑ Draw conclusions and make recommendations based on the feedback

- ■ Take action based on the conclusions drawn from the staff satisfaction assessment

About the Survey

Purpose: Understand whether staff have the skills to perform their job functions, identify strengths and gaps, and inform future training and investment in workforce development

- Adapted from the 2021 national [Public Health Workforce Interests and Needs Survey (PH WINS)](#)
- Conducted by the Center for Public Health Excellence, UNR School of Public Health
- Conducted online October 25 - November 4, 2022
- Distributed to all DPBH *state employees*
- 713 completed surveys (~ 51%)
- Self-reported data

Overall Survey Responses

Outline

- Demographics
- Public Health Issues
- Workforce Characteristics
- Staying and Leaving
- Job Satisfaction
- Organization Perception
- Training Needs
- Gaps and Opportunities
- Prioritization

Data were analyzed by branch, supervisory status, and budget account to identify disparities and opportunities.

Demographics

Gender & Age

Gender

Female	70% / 72% / 75%
Male	20% / 21% / 19%
Other	2% / 7% / 6%

Age (Years)

<31	13% / 14% / 10%
31-50	49% / 48% / 46%
51+	38% / 38% / 44%

■ PH WINS ■ DPBH Workforce Survey ■ Clinical Services

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Race/Ethnicity

PH WINS vs. DPBH Workforce Survey

NV Census vs. DPBH Workforce Survey

9

Educational Attainment

Degrees Attained

Efforts to and Interest in Pursuing Additional Education

Degrees Attained:
- Doctoral: PH WINS 6%, DPBH Workforce Survey 8%, Clinical Services 7%
- Master's: PH WINS 31%, DPBH Workforce Survey 27%, Clinical Services 17%
- Bachelor's: PH WINS 37%, DPBH Workforce Survey 44%, Clinical Services 38%
- Associate's: PH WINS 11%, DPBH Workforce Survey 21%, Clinical Services 21%

Efforts to and Interest in Pursuing Additional Education:
- Recently taken steps to pursue further education: DPBH Workforce Survey 30%, Clinical Services 26%
- Interested in pursuing education: DPBH Workforce Survey 31%, Clinical Services 31%

■ PH WINS   ■ DPBH Workforce Survey   ■ Clinical Services

Highest Degree of Staff Interested in Pursuing Further Education

Associate's — 15%

Bachelor's — 44%

Master's — 26%

Doctoral — 15%

■ Clinical Services

Of the 31 percent of Clinical Services staff who indicated interest in pursuing additional education, 15 percent indicated they have an Associate's degree and the remainder have at least a Bachelor's degree.

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Educational Attainment: Non-Public Health Degrees

- Accounting
- Banking and Finance
- Business Administration
- Business Management
- Computerized Business Management
- Continuing education with a bachelor's degree
- Cosmetology
- Criminal Justice
- Culinary Arts
- Data Processing and Telecommunications
- Early Childhood Education

- Emergency Management
- General Studies
- Health Information Technology
- Healthcare Administration
- Liberal Arts
- Management
- Medical Assistant
- Medical Billing and Coding
- Medical Doctor
- Medical Laboratory Science
- Midwifery
- Multi Media

- Nursing
- Nutrition Dietetics
- Office Administration
- Paralegal
- Pharmacy Technician
- Psychology
- Radiation Therapy
- Respiratory Therapy
- School Counseling
- Social Work
- Sociology
- Special Education

How would you rate your mental or emotional health?

Chart data:

Rating	PH WINS	DPBH Workforce Survey	Clinical Services
Excellent	17%	19%	18%
Very Good	31%	35%	40%
Good	30%	29%	26%
Fair	17%	15%	13%
Poor	5%	3%	3%

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Clinical Services

- DPBH employees report better mental health than PH WINS respondents overall

- More Clinical Services staff report very good mental health compared to both DPBH overall; slightly fewer report excellent, good, or fair mental health; and about the same proportion report poor mental health.

Public Health Issues

How much, if anything, have you heard of the following concepts in public health?

Respondents Who Indicated They Have Heard "A Lot" About Each Topic

	Admin	Clinical	Regulatory	Community Health
Health Equity	43%	30%	51%	75%
Social Determinants of Equity	25%	37%	37%	53%
Social Determinants of Health	28%	40%	46%	69%
Structural Racism	30%	31%	42%	54%
Environmental Justice	24%	24%	35%	45%

- With the exception of Community Health Services staff, less than half of respondents have heard **'a lot'** about most of these concepts.

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How confident are you in addressing the following concepts in your work?

Respondents Who Indicated They Have "a lot" of Confidence in Addressing Each Concept

Concept	Admin	Clinical	Regulatory	Community Health
Health Equity	13%	24%	26%	41%
Social Determinants of Equity	10%	21%	26%	32%
Social Determinants of Health	13%	23%	28%	44%
Structural Racism	17%	23%	23%	27%
Environmental Justice	11%	20%	22%	25%

■ Admin ■ Clinical ■ Regulatory ■ Community Health

- The vast majority of respondents have **"little to no" confidence in addressing** these concepts in their work

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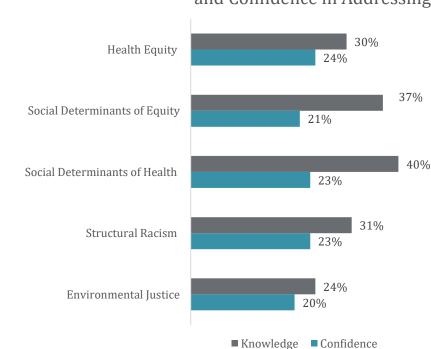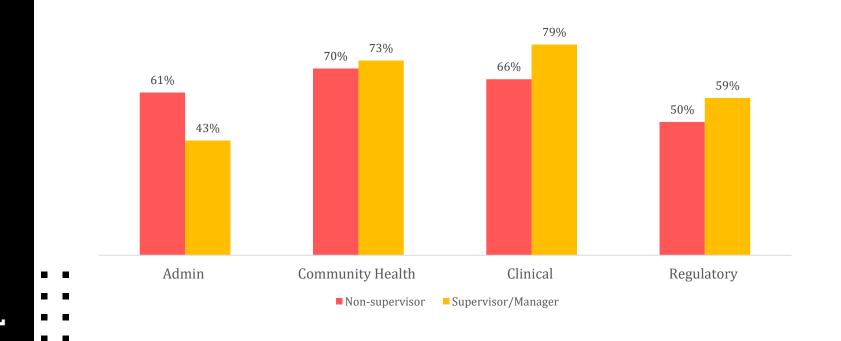
Comparing Knowledge and Confidence among Clinical Services Staff

Respondents Who Have "a lot" of Knowledge About and Confidence in Addressing Public Health Issues

Category	Knowledge	Confidence
Health Equity	30%	24%
Social Determinants of Equity	37%	21%
Social Determinants of Health	40%	23%
Structural Racism	31%	23%
Environmental Justice	24%	20%

■ Knowledge ■ Confidence

I believe addressing racism as a public health crisis should be a part of my work at DPBH.

	Non-supervisor	Supervisor/Manager
Admin	61%	43%
Community Health	70%	73%
Clinical	66%	79%
Regulatory	50%	59%

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Which do you need to address racism as a public health crisis?*

01
Training in these areas

02
More Support from Agency Leadership

03
Additional Staff Capacity

*Clinical Services Respondents

Workforce Characteristics

Supervisory Status

Chart legend: PH WINS, DPBH Workforce Survey, Clinical Services

- Non-supervisor: 73%, 72%, 71%
- Supervisor/Manager: 25%, 27%, 28%
- Executive: 2%, 1%, 1%

Non-supervisor
You do not supervise other employees

Supervisor
You are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors

Manager
You are in a management position and supervise one or more supervisors

Executive
Member of Senior Executive Team

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Work Modality

Community Health Services
- In person Only: 12%
- Hybrid: 65%
- Remote Only: 23%

Administrative Services
- In person Only: 36%
- Hybrid: 61%
- Remote Only: 3%

Clinincal Services
- In person Only: 87%
- Hybrid: 11%
- Remote Only: 2%

Regulatory and Planning Services
- In person Only: 31%
- Hybrid: 62%
- Remote Only: 8%

Legend: ■ In person Only ■ Hybrid ■ Remote Only

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Average Commute Time to Work (Minutes)

Staying and Leaving

Intent to Leave

Within 1 year
- PH WINS: 27%
- DPBH Workforce Survey: 24%
- Clinical Services: 27%

Retiring within 5 years
- PH WINS: 20%
- DPBH Workforce Survey: 18%
- Clinical Services: 14%

Planning to stay
- PH WINS: 69%
- DPBH Workforce Survey: 72%
- Clinical Services: 73%

■ PH WINS ■ DPBH Workforce Survey ■ Clinical Services
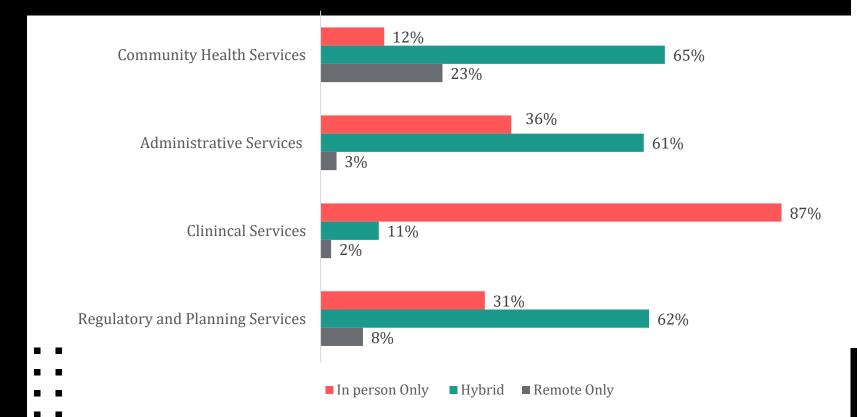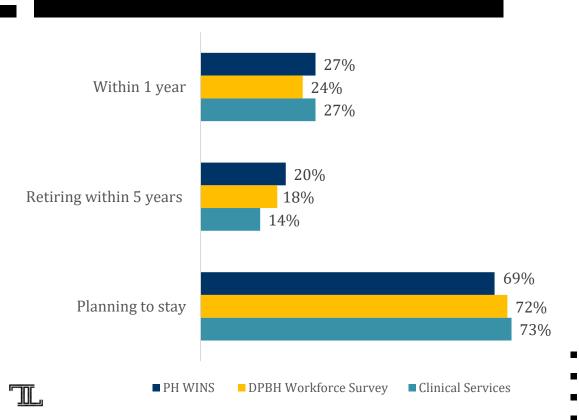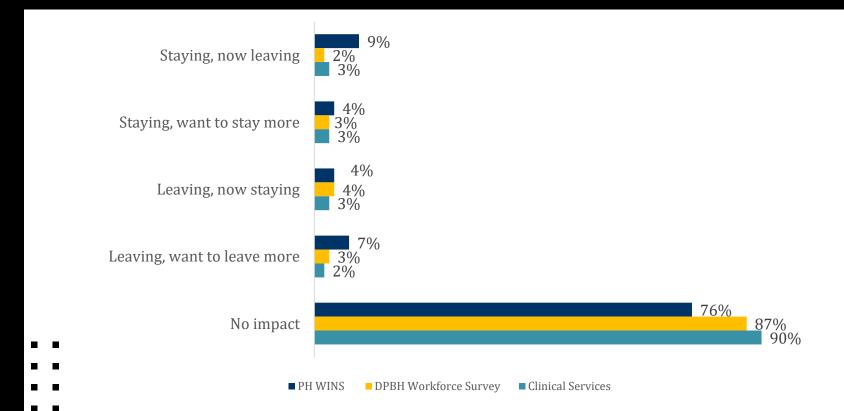
- Slightly more than one in four respondents plans to leave within a year

- Fewer Clinical Services staff plan to retire in 5 years

- More DPBH and clinical employees intend to stay than PH WINS

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Impact of COVID on Leaving or Staying

Staying, now leaving
- PH WINS: 9%
- DPBH Workforce Survey: 2%
- Clinical Services: 3%

Staying, want to stay more
- PH WINS: 4%
- DPBH Workforce Survey: 3%
- Clinical Services: 3%

Leaving, now staying
- PH WINS: 4%
- DPBH Workforce Survey: 4%
- Clinical Services: 3%

Leaving, want to leave more
- PH WINS: 7%
- DPBH Workforce Survey: 3%
- Clinical Services: 2%

No impact
- PH WINS: 76%
- DPBH Workforce Survey: 87%
- Clinical Services: 90%

■ PH WINS   ■ DPBH Workforce Survey   ■ Clinical Services

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Top Reasons for Leaving

Pay

Lack of opportunities for advancement

Work overload/burnout

Stress

Better opportunities outside the agency

Top Reasons for Staying

| | Flexibility |

| | Job Stability |

| | Benefits |

| | Job Satisfaction |

| | Pride in the organization and its mission |

Job Satisfaction

Job Satisfaction: Somewhat to Very Satisfied

Bar chart showing Job Satisfaction percentages by role and survey.

Non-Supervisors
- PH WINS: 78%
- DPBH Workforce Survey: 79%
- Clinical Services: 76%

Supervisors, Managers
- PH WINS: 79%
- DPBH Workforce Survey: 82%
- Clinical Services: 80%

Executives
- PH WINS: 87%
- DPBH Workforce Survey: 89%
- Clinical Services: 100%

Legend: ■ PH WINS   ■ DPBH Workforce Survey   ■ Clinical Services

Job Satisfaction: Somewhat to Very Satisfied

Community Health Services — 88%
Regulatory and Planning Services — 80%
Clinical Services — 77%
Administrative Services — 76%

■ DPBH Workforce Survey

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Organization Satisfaction: Somewhat to Very Satisfied

Non-Supervisors
- PH WINS: 69%
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- Clinical Services: 62%

Supervisors, Managers
- PH WINS: 65%
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- Clinical Services: 76%

Executives
- PH WINS: 81%
- DPBH Workforce Survey: 88%
- Clinical Services: 100%

■ PH WINS ■ DPBH Workforce Survey ■ Clinical Services

Organization Satisfaction: Somewhat to Very Satisfied

Community Health Services — 79%

Regulatory and Planning Services — 74%

Administrative Services — 70%

Clinical Services — 66%

■ DPBH Workforce Survey

Pay Satisfaction: Somewhat to Very Satisfied

Non-supervisor
- PH WINS: 48%
- DPBH Workforce Survey: 37%
- Clinical Services: 30%

Supervisors, Managers
- PH WINS: 52%
- DPBH Workforce Survey: 34%
- Clinical Services: 40%

Executives
- PH WINS: 65%
- DPBH Workforce Survey: 44%
- Clinical Services: 0%

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Clinical Services

Pay Satisfaction: Somewhat to Very Satisfied

Community Health Services — 46%

Administrative Services — 36%

Clinical Services — 33%

Regulatory and Planning Services — 29%

■ DPBH Workforce Survey

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Organization Perception

Perceptions About the Workplace

	PH WINS	DPBH Workforce Survey	Clinical Services
The work I do is important	94%	96%	96%
I give my best effort at work every day	94%	94%	93%
I know how my work relates to agency goals	88%	90%	90%
I feel completely involved in my work	80%	79%	78%
I'm able to apply my talents and expertise	70%	73%	85%
I had chances to learn and grow in the past year	70%	70%	65%
My training needs are assessed	56%	57%	57%

37

Perception about Supervisors

My supervisor treats me with respect
- PH WINS: 87%
- DPBH Workforce Survey: 88%
- Clinical Services: 87%

My supervisor and I work well together
- PH WINS: 85%
- DPBH Workforce Survey: 86%
- Clinical Services: 85%

My supervisor gives me opportunities to lead
- PH WINS: 70%
- DPBH Workforce Survey: 69%
- Clinical Services: 68%

■ PH WINS ■ DPBH Workforce Survey ■ Clinical Services

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Perception about Organization

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Employees learn from one another	84%	85%	84%
Supervisors respect all employee backgrounds	74%	74%	68%
Employee development is supported	73%	76%	71%
Diversity, equity & inclusion are agency priorities	70%	70%	68%
My organization is a good place to work	69%	67%	67%
Employees can fully use technology	56%	50%	51%
Leadership and employees communicate well	50%	57%	53%
Creativity and innovation are rewarded	46%	45%	39%

39

Training Needs

PH WINS Skill Categories and Key Training Needs Identified by Clinical Services Staff *

1. ***Budget and financial management***

2. Change management

3. Community engagement

4. Cross-sectoral partnerships

5. ***Data-based decision-making***

6. ***Effective communication***

7. ***Justice, equity, diversity & inclusion***

8. Policy engagement

9. Programmatic expertise

10. Systems and strategic thinking

*As part of accreditation, DPBH adopted PH WINS' "core competencies" or skill categories. These include the 10 categories of skills listed above. Survey respondents were asked to rate the day-to-day importance of, and their own proficiency in, 25-26 specific skills in each category, tailored to their supervisory level. Top training needs for Clinical Services respondents are in bold.

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Top Training Needs: Non-supervisors, Clinical Services

01

Communicate in a way that persuades others to act

02

Deliver socially, culturally, and linguistically, appropriate programs

03

Collect valid data for use in decision-making

04

Effectively target communications to different audiences

05

Collaborate with public health personnel across the agency

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Top Training Needs: Supervisors/Managers, Clinical Services

01

Communicate in a way that different audiences can understand

02

Use valid data to drive decision making

03

Communicate in a way that persuades others to act

04

Support development of a diverse public health workforce

05

Use financial analysis methods in managing programs and services

43

'Beginner' Skills Identified by Staff

- Participate in Quality Improvement processes

- Implement an organizational strategic and business plan

- Incorporate health equity and social justice principles

- Prioritize and influence policies external to the organization

- Describe how public health funding mechanisms support agency problems

- Ensure health department representation in a collaborative process

- Ensure the implementation of socially, culturally, and linguistically appropriate programming

- Identify funding mechanisms and procedures

- Use financial analysis methods in making decisions

Staff were asked to rate themselves as "beginner, proficient, or expert" on a variety of skills. Clinical Services respondents most often self-identified "beginner" status on the skills listed above. If relevant to job functions, these may be areas to provide additional training opportunities.

Gaps & Opportunities

Summary of Gaps & Opportunities

- 90% of the workforce is over age 31
    - Focus on early pipeline efforts

- Slightly more white/less diverse
    - Increase recruitment/outreach among diverse groups; inclusive hiring practices

- 31% of DPBH staff overall and 31% Clinical Health Services staff are interested in additional education
    - Provide opportunities/flexibility to pursue education

- Turnover (27% of Clinical Services respondents plan to leave within one year; 14% is retiring in five years)
    - Improve retention

- Opportunities for advancement

- Satisfaction with pay

- Address top reasons staff leave: pay, lack of advancement opportunity, overload/ burnout, stress

- Maintain or increase reasons staff stay: flexibility, stability, benefits, satisfaction, pride in organization/mission

Summary of Gaps & Opportunities, cont.

- Organizational perceptions
  - Assess training needs
  - Provide opportunities to grow
  - Improve leadership and employee communication
  - Reward creativity and innovation
  - Fully use technology
- Skills gaps / training needs
  - Budget and financial management
  - Data-based decision-making
  - Effective communication
  - Justice, equity, and inclusion
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- Knowledge of and confidence in addressing public health issues in work (i.e. health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice)
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Regulatory and Planning Services (186) — 26%

Clinical Services (278) — 39%

Non-supervisor (512) — 72%

Supervisor/Manager (192) — 27%

Executive (9) — 1%

Outline

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- Public Health Issues
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- Staying and Leaving
- Job Satisfaction
- Organization Perception
- Training Needs
- Gaps and Opportunities
- Prioritization

Data were analyzed by branch, supervisory status, and budget account to identify disparities and opportunities.

Demographics

Gender & Age

Gender

Female
- 70%
- 72%
- 76%

Male
- 20%
- 21%
- 20%

Other
- 2%
- 7%
- 4%

Age (Years)

<31
- 13%
- 14%
- 30%

31-50
- 49%
- 50%
- 44%

51+
- 38%
- 37%
- 27%

■ PH WINS

8

Race/Ethnicity

PH WINS vs. DPBH Workforce Survey

NV Census vs. DPBH Workforce Survey

9

Educational Attainment

Degrees Attained

- Doctoral: PH WINS 6%, DPBH Workforce Survey 8%, Community Health 6%
- Master's: PH WINS 31%, DPBH Workforce Survey 27%, Community Health 34%
- Bachelor's: PH WINS 37%, DPBH Workforce Survey 44%, Community Health 50%
- Associate's: PH WINS 11%, DPBH Workforce Survey 21%, Community Health 19%

Efforts to and Interest in Pursuing Additional Education

- Recently taken steps to pursue further education: DPBH Workforce Survey 30%, Community Health 39%
- Interested in pursuing education: DPBH Workforce Survey 31%, Community Health 40%

■ PH WINS   ■ DPBH Workforce Survey   ■ Community Health

10

Highest Degree of Staff Interested in Pursuing Further Education

Associate's — 14%

Bachelor's — 51%

Master's — 35%

■ Community Health

Of the 40 percent of Community Health Services staff who indicated interest in pursuing additional education, 14 percent have an Associate's degree, half have a Bachelor's degree and more than one-third have a master's degree.

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Educational Attainment: Non-Public Health Degrees

- Accounting
- Banking and Finance
- Business Administration
- Business Management
- Computerized Business Management
- Continuing education with a bachelor's degree
- Cosmetology
- Criminal Justice
- Culinary Arts
- Data Processing and Telecommunications
- Early Childhood Education

- Emergency Management
- General Studies
- Health Information Technology
- Healthcare Administration
- Liberal Arts
- Management
- Medical Assistant
- Medical Billing and Coding
- Medical Doctor
- Medical Laboratory Science
- Midwifery
- Multi Media

- Nursing
- Nutrition Dietetics
- Office Administration
- Paralegal
- Pharmacy Technician
- Psychology
- Radiation Therapy
- Respiratory Therapy
- School Counseling
- Social Work
- Sociology
- Special Education

How would you rate your mental or emotional health?

Excellent
- 17% (PH WINS)
- 19% (DPBH Workforce Survey)
- 14% (Community Health)

Very Good
- 31% (PH WINS)
- 35% (DPBH Workforce Survey)
- 30% (Community Health)

Good
- 30% (PH WINS)
- 29% (DPBH Workforce Survey)
- 33% (Community Health)

Fair
- 17% (PH WINS)
- 15% (DPBH Workforce Survey)
- 22% (Community Health)

Poor
- 5% (PH WINS)
- 3% (DPBH Workforce Survey)
- 0% (Community Health)

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Community Health

- DPBH employees report better mental health than PH WINS respondents overall
- Slightly less Community Health Services staff report excellent or very good mental health compared to DPBH staff and PH WINS respondents, more report good or fair mental health, and none reported poor mental health.

13

Public Health Issues

How much, if anything, have you heard of the following concepts in public health?

Respondents Who Indicated They Have Heard "A Lot" About Each Topic

Health Equity
- Admin: 43%
- Clinical: 30%
- Regulatory: 51%
- Community Health: 75%

Social Determinants of Equity
- Admin: 25%
- Clinical: 37%
- Regulatory: 37%
- Community Health: 53%

Social Determinants of Health
- Admin: 28%
- Clinical: 40%
- Regulatory: 46%
- Community Health: 69%

Structural Racism
- Admin: 30%
- Clinical: 31%
- Regulatory: 42%
- Community Health: 54%

Environmental Justice
- Admin: 24%
- Clinical: 24%
- Regulatory: 35%
- Community Health: 45%

Legend: ■ Admin ■ Clinical ■ Regulatory ■ Community Health

- With the exception of Community Health Services staff, less than half of respondents have heard **'a lot'** about most of these concepts.

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How confident are you in addressing the following concepts in your work?

Respondents Who Indicated They Have "a lot" of Confidence in Addressing Each Concept

Concept	Admin	Clinical	Regulatory	Community Health
Health Equity	13%	24%	26%	41%
Social Determinants of Equity	10%	21%	26%	32%
Social Determinants of Health	13%	23%	28%	44%
Structural Racism	17%	23%	23%	27%
Environmental Justice	11%	20%	22%	25%

■ Admin ■ Clinical ■ Regulatory ■ Community Health

- The vast majority of respondents have **"little to no" confidence in addressing** these concepts in their work

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Comparing Knowledge and Confidence among Community Health Services Staff

Respondents Who Have "a lot" of Knowledge About and Confidence in Addressing Public Health Issues

Issue	Knowledge	Confidence
Health Equity	75%	41%
Social Determinants of Equity	53%	32%
Social Determinants of Health	69%	44%
Structural Racism	54%	27%
Environmental Justice	45%	25%

■ Knowledge ■ Confidence

I believe addressing racism as a public health crisis should be a part of my work at DPBH.

	Admin	Community Health	Clinical	Regulatory
Non-supervisor	61%	70%	66%	50%
Supervisor/Manager	43%	73%	79%	59%

■ Non-supervisor ■ Supervisor/Manager

Which do you need to address racism as a public health crisis?*

01
Training in these areas

02
More Community Engagement

03
Additional Staff Capacity

*Community Health Services Respondents

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Workforce Characteristics

Supervisory Status

Legend:
- ■ PH WINS
- ■ DPBH Workforce Survey
- ■ Community Health

Non-supervisor
- 73%
- 72%
- 72%

Supervisor/Manager
- 25%
- 27%
- 27%

Executive
- 2.0%
- 1.0%
- 1.0%

Non-supervisor
You do not supervise other employees

Supervisor
You are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors

Manager
You are in a management position and supervise one or more supervisors

Executive
Member of Senior Executive Team

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Work Modality

Community Health Services
- In person Only: 12%
- Hybrid: 65%
- Remote Only: 23%

Administrative Services
- In person Only: 36%
- Hybrid: 61%
- Remote Only: 3%

Clinincal Services
- In person Only: 87%
- Hybrid: 11%
- Remote Only: 2%

Regulatory and Planning Services
- In person Only: 31%
- Hybrid: 62%
- Remote Only: 8%

Legend: ■ In person Only ■ Hybrid ■ Remote Only

Average Commute Time to Work (Minutes)

23

Staying and Leaving

Intent to Leave

Chart comparing intent to leave across three surveys (PH WINS, DPBH Workforce Survey, Community Health):

	PH WINS	DPBH Workforce Survey	Community Health
Within 1 year	27%	24%	22%
Retiring within 5 years	20%	18%	16%
Planning to stay	69%	72%	74%
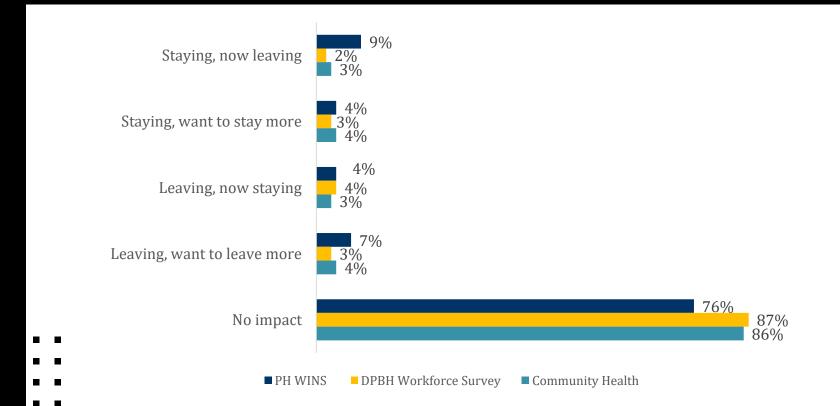
- 22 percent of respondents plan to leave within one year

- 16 percent plan to retiring in 5 years

- More Community Health Services staff intend to stay than PH WINS and DPBH overall

Impact of COVID on Leaving or Staying

Staying, now leaving
- 9% (PH WINS)
- 2% (DPBH Workforce Survey)
- 3% (Community Health)

Staying, want to stay more
- 4% (PH WINS)
- 3% (DPBH Workforce Survey)
- 4% (Community Health)

Leaving, now staying
- 4% (PH WINS)
- 4% (DPBH Workforce Survey)
- 3% (Community Health)

Leaving, want to leave more
- 7% (PH WINS)
- 3% (DPBH Workforce Survey)
- 4% (Community Health)

No impact
- 76% (PH WINS)
- 87% (DPBH Workforce Survey)
- 86% (Community Health)

■ PH WINS ■ DPBH Workforce Survey ■ Community Health

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Top Reasons for Leaving

Pay

Lack of opportunities for advancement

Work overload/burnout

Job Satisfaction

Better opportunities outside the agency

Top Reasons for Staying

| | Flexibility |
| Job Stability |
| Benefits |
| Job Satisfaction |
| Pride in the organization and its mission |

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Job Satisfaction

Job Satisfaction: Somewhat to Very Satisfied

Non-Supervisors
- PH WINS: 78%
- DPBH Workforce Survey: 79%
- Community Health: 87%

Supervisors, Managers
- PH WINS: 79%
- DPBH Workforce Survey: 82%
- Community Health: 88%

Executives
- PH WINS: 87%
- DPBH Workforce Survey: 89%
- Community Health: 100%

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Community Health

Job Satisfaction: Somewhat to Very Satisfied

Community Health Services — 88%

Regulatory and Planning Services — 80%

Clinical Services — 77%

Administrative Services — 76%

■ DPBH Workforce Survey

Organization Satisfaction: Somewhat to Very Satisfied

Non-Supervisors
- PH WINS: 69%
- DPBH Workforce Survey: 71%
- Community Health: 81%

Supervisors, Managers
- PH WINS: 65%
- DPBH Workforce Survey: 80%
- Community Health: 77%

Executives
- PH WINS: 81%
- DPBH Workforce Survey: 88%
- Community Health: 100%

Legend: ■ PH WINS ■ DPBH Workforce Survey ■ Community Health

Organization Satisfaction: Somewhat to Very Satisfied

Community Health Services — 79%
Regulatory and Planning Services — 74%
Administrative Services — 70%
Clinical Services — 66%

■ DPBH Workforce Survey

Pay Satisfaction: Somewhat to Very Satisfied

Non-supervisor
- PH WINS: 48%
- DPBH Workforce Survey: 37%
- Community Health: 53%

Supervisors, Managers
- PH WINS: 52%
- DPBH Workforce Survey: 34%
- Community Health: 25%

Executives
- PH WINS: 65%
- DPBH Workforce Survey: 44%
- Community Health: 100%

■ PH WINS ■ DPBH Workforce Survey ■ Community Health

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Pay Satisfaction: Somewhat to Very Satisfied

Community Health Services — 46%

Administrative Services — 36%

Clinical Services — 33%

Regulatory and Planning Services — 29%

■ DPBH Workforce Survey

Organization Perception

Perceptions About the Workplace

The work I do is important
- PH WINS: 94%
- DPBH Workforce Survey: 96%
- Community Health: 90%

I give my best effort at work every day
- PH WINS: 94%
- DPBH Workforce Survey: 94%
- Community Health: 91%

I know how my work relates to agency goals
- PH WINS: 88%
- DPBH Workforce Survey: 90%
- Community Health: 89%

I feel completely involved in my work
- PH WINS: 80%
- DPBH Workforce Survey: 79%
- Community Health: 76%

I'm able to apply my talents and expertise
- PH WINS: 70%
- DPBH Workforce Survey: 73%
- Community Health: 73%

I had chances to learn and grow in the past year
- PH WINS: 70%
- DPBH Workforce Survey: 70%
- Community Health: 77%

My training needs are assessed
- PH WINS: 56%
- DPBH Workforce Survey: 57%
- Community Health: 57%

■ PH WINS   ■ DPBH Workforce Survey   ■ Community Health

Perception about Supervisors

My supervisor treats me with respect
- 87%
- 88%
- 85%

My supervisor and I work well together
- 85%
- 86%
- 88%

My supervisor gives me opportunities to lead
- 70%
- 69%
- 77%

■ PH WINS   ■ DPBH Workforce Survey   ■ Community Health

Perception about Organization

	PH WINS	DPBH Workforce Survey	Community Health
Employees learn from one another	84%	85%	85%
Supervisors respect all employee backgrounds	74%	74%	83%
Employee development is supported	73%	76%	81%
Diversity, equity & inclusion are agency priorities	70%	70%	70%
My organization is a good place to work	69%	67%	78%
Employees can fully use technology	56%	50%	51%
Leadership and employees communicate well	50%	57%	65%
Creativity and innovation are rewarded	46%	45%	54%

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Training Needs

40

PH WINS Skill Categories and Key Training Needs Identified by Community Health Services Staff *

1. ***Budget and financial management***

2. Change management

3. Community engagement

4. Cross-sectoral partnerships

5. ***Data-based decision-making***

6. ***Effective communication***

7. ***Justice, equity, diversity & inclusion***

8. Policy engagement

9. Programmatic expertise

10. Systems and strategic thinking

*As part of accreditation, DPBH adopted PH WINS' "core competencies" or skill categories. These include the 10 categories of skills listed above. Survey respondents were asked to rate the day-to-day importance of, and their own proficiency in, 25-26 specific skills in each category, tailored to their supervisory level. Top training needs for Community Health Services respondents are in bold.

Top Training Needs: Non-supervisors, Comm. Health

01

Collect valid data for use in decision making

02

Effectively target communications to different audiences

03

Deliver socially, culturally, and linguistically, appropriate programs

04

Collaborate with public health personnel across the agency

05

Communicate in a way that persuades others to act

Top Training Needs: Supervisors/Managers, , Comm. Health

01

Use financial analysis methods in managing programs and services

02

Identify funding mechanisms and procedures to drive sustainability

03

Apply evidence-based approaches to address public health issues

04

Implement socially, culturally, and linguistically, appropriate programs

'Beginner' Skills Identified by Staff

- Participate in Quality Improvement processes

- Implement an organizational strategic and business plan

- Incorporate health equity and social justice principles

- Prioritize and influence policies external to the organization

- Describe how public health funding mechanisms support agency problems

- Ensure the implementation of socially, culturally, and linguistically appropriate programming

- Identify funding mechanisms and procedures

- Use financial analysis methods in making decisions

Staff were asked to rate themselves as "beginner, proficient, or expert" on a variety of skills. Community Health Services respondents most often self-identified "beginner" status on the skills listed above. If relevant to job functions, these may be areas to provide additional training opportunities.

Gaps & Opportunities

Summary of Gaps & Opportunities

- ~70% of the workforce is over age 31
  - Focus on early pipeline efforts

- Slightly more white/less diverse
  - Increase recruitment/outreach among diverse groups; inclusive hiring practices

- 31% of DPBH staff overall and 40% of Community Health Services staff are interested in additional education
  - Provide opportunities/flexibility to pursue education

- Turnover (22% of Community Health Services respondents plan to leave within one year; 16% plan to retire; 70% plan to stay)
  - Improve retention and do not eliminate reasons for staying

- Satisfaction with pay

- Opportunities for advancement
  - Potential pipeline initiatives

- Address top reasons staff leave: pay, lack of advancement opportunity, burnout, stress

- Maintain or increase reasons staff stay: flexibility, stability, benefits, satisfaction, pride in organization/mission

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Summary of Gaps & Opportunities, cont.

- Organizational perceptions
  - Assess training needs
  - Fully use technology
  - Reward creativity and innovation

- Skills gaps / training needs
  - Budget and financial management
  - Data-based decision-making
  - Effective communication
  - Justice, equity, and inclusion
  - Skills staff rated at "beginner" level

- Knowledge of and confidence in addressing public health issues in work (i.e. health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice)

- Needs to address racism as a public health crisis:
  - Training
  - More community engagement
  - Additional staff capacity

Questions?

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Center for Public Health Excellence
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Resources

- de Beaumont Foundation and Association of State and Territorial Health Officials, Public Health Workforce Interests and Needs Survey: 2021 Dashboard. August 3, 2022.

- Staff, A. C. (2022, November 2). *Nevada continued double-digit population growth*. Census.gov. Retrieved December 1, 2022, from https://www.census.gov/library/stories/state-by-state/nevada-population-change-between-census-decade.html

PHAB Accreditation Requirements

Domain 8: Build and support a diverse and skilled public health workforce.

Measure 8.2.1A—A health department-specific workforce development plan than includes:

- ☑ An organization-wide assessment of current staff capabilities against an accepted set of core competencies;

- ☑ Findings from an equity assessment that considers staff competence in the areas of cultural humility, diversity, or inclusion;

- ☑ A list of gaps identified in the assessments above and prioritization of gaps;

- ☐ Plans to address at least two gaps, including measurable objectives, strategies for improvement, and timeframes;

- ☐ Training curriculum or schedule that includes a list of available learning or educational opportunities, including to address gaps above, among other requirements.

PHAB Accreditation Requirements, cont.

Domain 8: Build and support a diverse and skilled public health workforce.
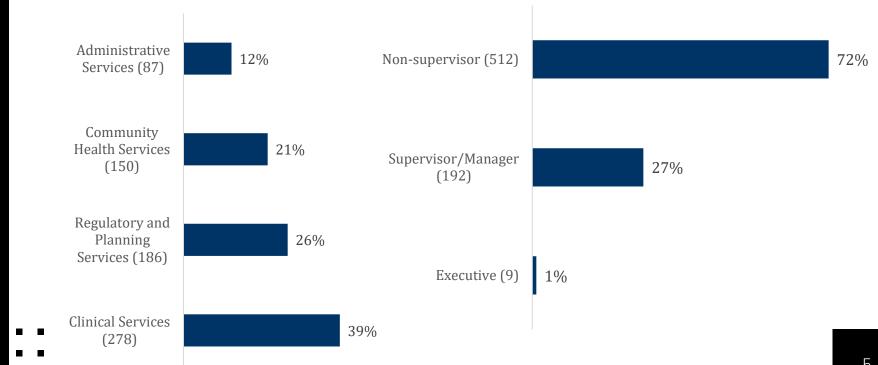
Measure 8.2.3A—Staff Satisfaction Assessment

- ☑ Staff satisfaction assessment to collect feedback across the department and implement actions, whether department-wide or within sub-units

- ☑ Draw conclusions and make recommendations based on the feedback

- ☐ Take action based on the conclusions drawn from the staff satisfaction assessment

About the Survey

Purpose: Understand whether staff have the skills to perform their job functions, identify strengths and gaps, and inform future training and investment in workforce development

- Adapted from the 2021 national [Public Health Workforce Interests and Needs Survey (PH WINS)](#)
- Conducted by the Center for Public Health Excellence, UNR School of Public Health
- Conducted online October 25 - November 4, 2022
- Distributed to all DPBH *state employees*
- 713 completed surveys (~ 51%)
- Self-reported data

Overall Survey Responses

Outline

- Demographics
- Public Health Issues
- Workforce Characteristics
- Staying and Leaving
- Job Satisfaction
- Organization Perception
- Training Needs
- Gaps and Opportunities
- Prioritization

Data were analyzed by branch, supervisory status, and budget account to identify disparities and opportunities.

Demographics

Gender & Age

Gender

Female: 70%, 72%, 68%

Male: 20%, 21%, 22%

Other/prefer not to say: 2%, 7%, 10%

Age (Years)

<31: 13%, 14%, 14%

31-50: 49%, 48%, 43%

51+: 38%, 38%, 43%

Legend: PH WINS, DPBH Workforce Survey, Regulatory/Planning

Race/Ethnicity

PH WINS vs. DPBH Workforce Survey

NV Census vs. DPBH Workforce Survey

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Educational Attainment

Degrees Attained

Doctoral		6% (PH WINS) / 8% (DPBH) / 3% (Regulatory/Planning)
Master's		31% / 27% / 30%
Bachelor's		37% / 44% / 54%
Associate's		11% / 21% / 21%

Efforts to and Interest in Pursuing Additional Education

Recently taken steps to pursue further education — 30%, 32%

Interested in pursuing education — 31%, 27%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning

10

Educational Attainment: Non-Public Health Degrees

- Accounting
- Banking and Finance
- Business Administration
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- Medical Laboratory Science
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- Office Administration
- Paralegal
- Pharmacy Technician
- Psychology
- Radiation Therapy
- Respiratory Therapy
- School Counseling
- Social Work
- Sociology
- Special Education

11

How would you rate your mental or emotional health?

- DPBH employees report better mental health than PH WINS respondents overall

- More Regulatory and Planning Services staff report excellent mental health compared to DPBH and PH WINS overall, while fewer report fair or poor mental health.

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Public Health Issues

How much, if anything, have you heard of the following concepts in public health?

Respondents Who Indicated They Have Heard "A Lot" About Each Topic
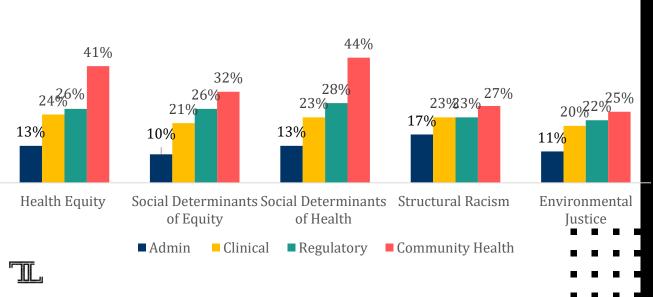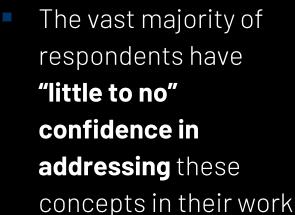
With the exception of Community Health Services staff, less than half of respondents have heard **'a lot'** about most of these concepts.

How confident are you in addressing the following concepts in your work?
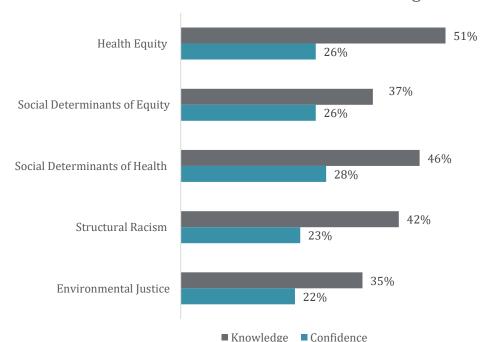
Respondents Who Indicated They Have "a lot" of Confidence in Addressing Each Concept

- The vast majority of respondents have **"little to no" confidence in addressing** these concepts in their work

15
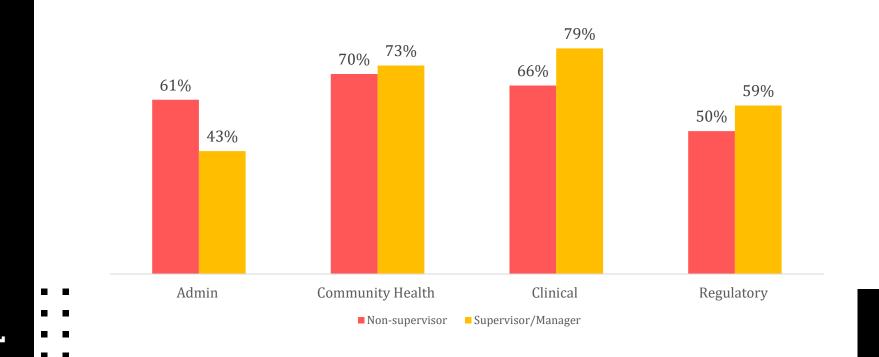
Comparing Knowledge and Confidence among Regulatory and Planning Services Staff

Respondents Who Have "a lot" of Knowledge About and Confidence in Addressing Public Health Issues

Health Equity — Knowledge 51%, Confidence 26%

Social Determinants of Equity — Knowledge 37%, Confidence 26%

Social Determinants of Health — Knowledge 46%, Confidence 28%

Structural Racism — Knowledge 42%, Confidence 23%

Environmental Justice — Knowledge 35%, Confidence 22%

■ Knowledge ■ Confidence

I believe addressing racism as a public health crisis should be a part of my work at DPBH.

Which do you need to address racism as a public health crisis?*
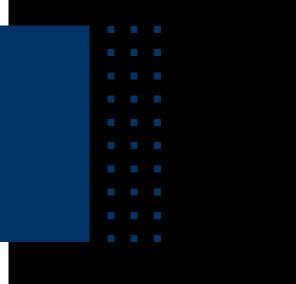
01

Training in these areas

02

More Community Engagement

03

Additional Staff Capacity

*Regulatory and Planning Services Respondents

18

Workforce Characteristics

Supervisory Status

Non-supervisor
- PH WINS: 73%
- DPBH Workforce Survey: 72%
- Regulatory/Planning: 74%

Supervisor/Manager
- PH WINS: 25%
- DPBH Workforce Survey: 27%
- Regulatory/Planning: 27%

Executive
- PH WINS: 2.0%
- DPBH Workforce Survey: 1.0%
- Regulatory/Planning: 0.0%

■ PH WINS ■ DPBH Workforce Survey ■ Regulatory/Planning

Non-supervisor
You do not supervise other employees

Supervisor
You are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors

Manager
You are in a management position and supervise one or more supervisors

Executive
Member of Senior Executive Team

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Work Modality

Community Health Services
- In person Only: 12%
- Hybrid: 65%
- Remote Only: 23%

Administrative Services
- In person Only: 36%
- Hybrid: 61%
- Remote Only: 3%

Clinincal Services
- In person Only: 87%
- Hybrid: 11%
- Remote Only: 2%

Regulatory and Planning Services
- In person Only: 31%
- Hybrid: 62%
- Remote Only: 8%

■ In person Only ■ Hybrid ■ Remote Only

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Average Commute Time to Work (Minutes)

Staying and Leaving

Intent to Leave

Within 1 year	PH WINS: 27%, DPBH Workforce Survey: 24%, Regulatory/Planning: 27%
Retiring within 5 years	PH WINS: 20%, DPBH Workforce Survey: 18%, Regulatory/Planning: 20%
Planning to stay	PH WINS: 69%, DPBH Workforce Survey: 72%, Regulatory/Planning: 73%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning
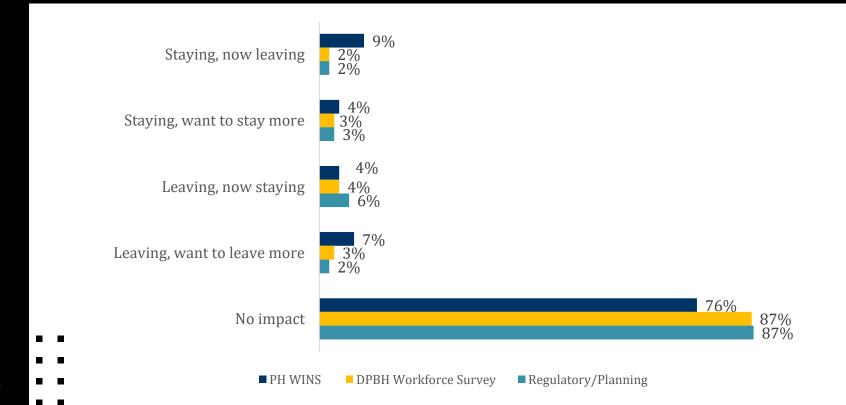
- More than one in four respondents plans to leave within a year

- One in five is retiring in 5 years

- More DPBH and Regulatory and Planning Services staff intend to stay

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Impact of COVID on Leaving or Staying

Bar chart comparing three surveys across five categories:

	PH WINS	DPBH Workforce Survey	Regulatory/Planning
Staying, now leaving	9%	2%	2%
Staying, want to stay more	4%	3%	3%
Leaving, now staying	4%	4%	6%
Leaving, want to leave more	7%	3%	2%
No impact	76%	87%	87%

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Top Reasons for Leaving

Pay

Lack of opportunities for advancement

Work overload/burnout

Stress

Better opportunities outside the agency

Top Reasons for Staying

Flexibility

Job Stability

Benefits
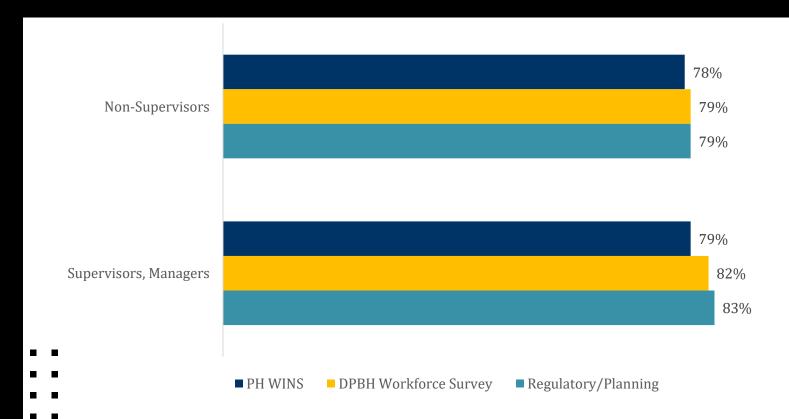
Job Satisfaction

Exciting and Challenging Work

Job Satisfaction

Job Satisfaction: Somewhat to Very Satisfied

Non-Supervisors
- PH WINS: 78%
- DPBH Workforce Survey: 79%
- Regulatory/Planning: 79%

Supervisors, Managers
- PH WINS: 79%
- DPBH Workforce Survey: 82%
- Regulatory/Planning: 83%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning

Job Satisfaction: Somewhat to Very Satisfied

Community Health Services — 88%

Regulatory and Planning Services — 80%

Clinical Services — 77%

Administrative Services — 76%

■ DPBH Workforce Survey

Organization Satisfaction: Somewhat to Very Satisfied

Non-Supervisors
- PH WINS: 69%
- DPBH Workforce Survey: 71%
- Regulatory/Planning: 72%

Supervisors, Managers
- PH WINS: 65%
- DPBH Workforce Survey: 80%
- Regulatory/Planning: 80%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning

Organization Satisfaction: Somewhat to Very Satisfied

	DPBH Workforce Survey
Community Health Services	79%
Regulatory and Planning Services	74%
Administrative Services	70%
Clinical Services	66%

Pay Satisfaction: Somewhat to Very Satisfied

Non-supervisor
- PH WINS: 48%
- DPBH Workforce Survey: 37%
- Regulatory/Planning: 31%

Supervisors, Managers
- PH WINS: 52%
- DPBH Workforce Survey: 34%
- Regulatory/Planning: 27%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning

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Pay Satisfaction: Somewhat to Very Satisfied

Community Health Services — 46%

Administrative Services — 36%

Clinical Services — 33%

Regulatory and Planning Services — 29%

■ DPBH Workforce Survey

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Organization Perception

Perceptions About the Workplace

The work I do is important
- PH WINS: 94%
- DPBH Workforce Survey: 96%
- Regulatory/Planning: 96%

I give my best effort at work every day
- PH WINS: 94%
- DPBH Workforce Survey: 94%
- Regulatory/Planning: 94%

I know how my work relates to agency goals
- PH WINS: 88%
- DPBH Workforce Survey: 90%
- Regulatory/Planning: 90%

I feel completely involved in my work
- PH WINS: 80%
- DPBH Workforce Survey: 79%
- Regulatory/Planning: 83%

I'm able to apply my talents and expertise
- PH WINS: 70%
- DPBH Workforce Survey: 73%
- Regulatory/Planning: 72%

I had chances to learn and grow in the past year
- PH WINS: 70%
- DPBH Workforce Survey: 70%
- Regulatory/Planning: 71%

My training needs are assessed
- PH WINS: 56%
- DPBH Workforce Survey: 57%
- Regulatory/Planning: 54%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning

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Perception about Supervisors

My supervisor treats me with respect
- PH WINS: 87%
- DPBH Workforce Survey: 88%
- Regulatory/Planning: 90%

My supervisor and I work well together
- PH WINS: 85%
- DPBH Workforce Survey: 86%
- Regulatory/Planning: 86%

My supervisor gives me opportunities to lead
- PH WINS: 70%
- DPBH Workforce Survey: 69%
- Regulatory/Planning: 66%

■ PH WINS   ■ DPBH Workforce Survey   ■ Regulatory/Planning

Perception about Organization

Employees learn from one another
- 84%
- 85%
- 87%

Supervisors respect all employee backgrounds
- 74%
- 74%
- 73%

Employee development is supported
- 73%
- 76%
- 76%

Diversity, equity & inclusion are agency priorities
- 70%
- 70%
- 66%

My organization is a good place to work
- 69%
- 67%
- 70%

Employees can fully use technology
- 56%
- 50%
- 60%

Leadership and employees communicate well
- 50%
- 57%
- 58%

Creativity and innovation are rewarded
- 46%
- 45%
- 38%

■ PH WINS ■ DPBH Workforce Survey ■ Regulatory/Planning
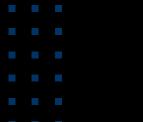
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Training Needs

PH WINS Skill Categories and Key Training Needs Identified by Regulatory and Planning Services Staff *

1. ***Budget and financial management***

2. Change management

3. Community engagement

4. Cross-sectoral partnerships

5. ***Data-based decision-making***

6. ***Effective communication***

7. ***Justice, equity, diversity & inclusion***

8. Policy engagement

9. Programmatic expertise

10. Systems and strategic thinking

*As part of accreditation, DPBH adopted PH WINS' "core competencies" or skill categories. These include the 10 categories of skills listed above. Survey respondents were asked to rate the day-to-day importance of, and their own proficiency in, 25-26 specific skills in each category, tailored to their supervisory level. Top training needs for Regulatory and Planning Services respondents are in bold.

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Top Training Needs: Non-supervisors

01

Collect valid data for use in decision making

02

Communicate in a way that persuades others to act

03

Collaborate with public health personnel across the agency

04

Effectively target communications to different audiences

05

Deliver socially, culturally, and linguistically, appropriate programs

Top Training Needs: Supervisors/Managers

01

Communicate in a way that different audiences can understand

02

Communicate in a way that persuades others to act

03

Use financial analysis methods in managing programs and services

04

Use valid data to drive decision making

05

Identify funding mechanisms and procedures to drive sustainability

'Beginner' Skills Identified by Staff

- Participate in Quality Improvement processes

- Implement an organizational strategic and business plan

- Incorporate health equity and social justice principles

- Prioritize and influence policies external to the organization

- Describe how public health funding mechanisms support agency problems

- Ensure health department representation in a collaborative process

- Ensure the implementation of socially, culturally, and linguistically appropriate programming

- Identify funding mechanisms and procedures

- Use financial analysis methods in making decisions

Staff were asked to rate themselves as "beginner, proficient, or expert" on a variety of skills. Regulatory/Planning Services respondents most often self-identified "beginner" status on the skills listed above. If relevant to job functions, these may be areas to provide additional training opportunities.

Gaps & Opportunities

Summary of Gaps & Opportunities

- 86% of the workforce is over age 31
    - Focus on early pipeline efforts

- Slightly more white/less diverse
    - Increase recruitment/outreach among diverse groups; inclusive hiring practices

- 31% of DPBH staff overall and 27% of Regulatory and Planning Services staff are interested in additional education
    - Provide opportunities/flexibility to pursue education

- Turnover (more than 1/4 of Regulatory and Planning Services respondents plan to leave within one year; 1/5 is retiring in five years)
    - Improve retention

- Satisfaction with pay

- Enhance opportunities for advancement

- Address top reasons staff leave: pay, lack of advancement opportunity, overload/burnout, stress

- Maintain or increase reasons staff stay: flexibility, stability, benefits, satisfaction, pride in organization/mission

Summary of Gaps & Opportunities, cont.

- Organizational perceptions
  - Assess training needs
  - Improve leadership and employee communication
  - Reward creativity and innovation

- Skills gaps / training needs
  - Budget and financial management
  - Data-based decision-making
  - Effective communication
  - Justice, equity, and inclusion
  - Skills staff rated at "beginner" level

- Knowledge of and confidence in addressing public health issues in work (i.e. health equity, social determinants of equity, social determinants of health, structural racism, and environmental justice)

- Needs to address racism as a public health crisis:
  - Training
  - More community engagement
  - Additional staff capacity

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Questions?

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Resources

- de Beaumont Foundation and Association of State and Territorial Health Officials, Public Health Workforce Interests and Needs Survey: 2021 Dashboard. August 3, 2022.

- Staff, A. C. (2022, November 2). *Nevada continued double-digit population growth*. Census.gov. Retrieved December 1, 2022, from https://www.census.gov/library/stories/state-by-state/nevada-population-change-between-census-decade.html

RESOURCES

1. *Domain 8: Maintain a Competent Public Health Workforce - PHF*. (n.d.). Retrieved January 9, 2023, from http://www.phf.org/resourcestools/Documents/PHAB_Standards_and_Measures_Version_1-5_Domain_8.pdf

2. *What is ph wins?* de Beaumont Foundation. (2022, August 3). Retrieved January 9, 2023, from https://debeaumont.org/phwins/what-is-phwins/

3. Staff, A. C. (2022, November 2). *Nevada continued double-digit population growth*. Census.gov. Retrieved December 1, 2022, from https://www.census.gov/library/stories/state-by-state/nevada-population-change-between-census-decade.html