

WORKFORCE DEVELOPMENT PLAN



CUMBERLAND
COUNTY
NORTH CAROLINA

Department of Public Health

Workforce Development Plan

Executive Summary

The Cumberland County Department of Public Health (CCDPH) workforce will be trained and retained by the items outlined in this Workforce Development Plan.

This document will accomplish the following objectives.

- Successful onboarding of new hires
- Verification of credentialed staff
- Outline areas of improvement in training and ongoing training opportunities as well as non-biased hiring practices.

This report will be maintained by the Deputy Health Director and Human Resources (HR) Manager and approved annually by the CCDPH Senior Leadership Team.

The Workforce Development Plan is authorized and is given final approval by the Health Director.

Health Director *Jennifer green* Date 8/14/2023

Revision History

| Date Revised | Version | Person | Description |
|--------------|---------|---------------------------------------|--------------|
| May 2021 | 1 | Ashley Curtice Candace Tyler | Created plan |
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| July 2023 | 2 | Amichia Gainey Jones Candace Tyler | Edited |

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Core Functions of Public Health

The work of Public Health is organized around nationally developed core functions and the **10 Essential Public Health Services**, which are the basis of public health practice. The three core functions of Public Health are **Assessment, Policy Development and Assurance**. A revised framework for the 10 Essential Public Health Services was released in September 2020.

Assessment

Public health programs and system evaluations are an important governance function. Evaluations provide feedback to the governing bodies on the effectiveness and efficiency of essential public health services being carried out in local public health centers.

Policy Development

The governing body accomplishes its responsibilities by establishing public health policies and assuring their implementation. Public health policies may be either a regulatory or a non-regulatory action. Public health policy development refers to a governing body articulating, in writing, expectations for accomplishing public health goals, measurable objectives, and the expected results that are to be achieved.

Assurance

Assurance refers to those functions carried out by the governmental presence at the local level that guarantee public health policies and programs are in place and working. The governing body may guarantee public health services by providing them directly, or by making sure that essential public health services are available at the local level through other means. The governing body must assure that some authority is responsible for overseeing and providing public health services at the local level.

At the center of the Essential Public Health Services is equity. The aim of these services is to 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.

Ten Essential Public Health Services

Assess and monitor population health status, factors that influence health, and community needs and assets

Investigate, diagnose, and address health problems and hazards affecting the population

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

Strengthen, support, and mobilize communities and partnerships to improve health

Create, champion, and implement policies, plans, and laws that impact health

Utilize legal and regulatory actions designed to improve and protect the public's health

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

Build and support a diverse and skilled public health workforce

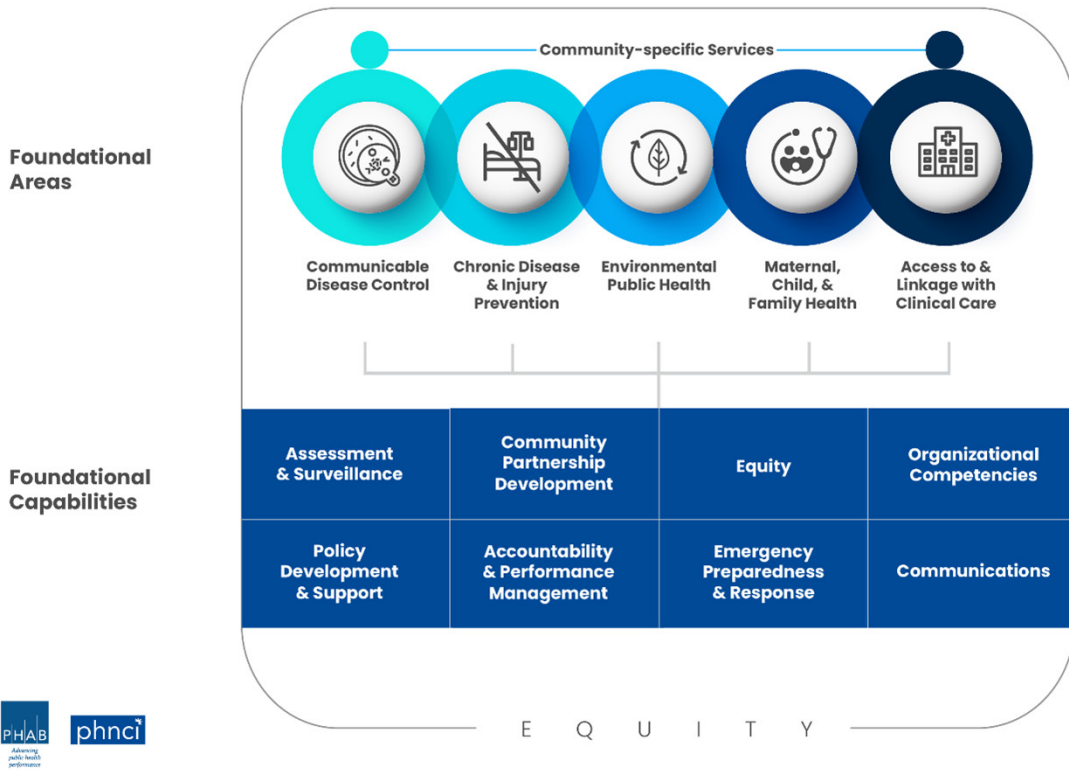
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

Build and maintain a strong organizational infrastructure for public health

Foundational Public Health Services

The Foundational Public Health Services (FPHS) were developed in 2013 to define a minimum package of public health capabilities and programs that no jurisdiction can be without. The FPHS framework was updated in February 2022 to reflect the moderation of local and governmental public health. The FPHS framework outlines the unique responsibilities of governmental public health (including local health departments) and can be used to explain the vital role of governmental public health in a thriving community and identify capacity and resource gaps, including a robust workforce.

Foundational Public Health Services



February 2022

American Rescue Plan Act Workforce Development

The COVID-19 pandemic has stretched the public health workforce in North Carolina and exposed gaps in foundational public health capabilities at the local level, hindering optimal public health pandemic prevention and response. The American Rescue Plan Act of 2021 (ARPA), also called the COVID-19 Stimulus Package, is an economic stimulus bill signed into law by on March 11, 2021. The North Carolina Division of Public Health (DPH) received funding from the Centers for Disease Control and Prevention (CDC) to establish, expand, train, and sustain the local public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives. Funds were made available to each of the 10 public health region to recruit, hire, and train critical gaps in its Public Health Infrastructure Foundational Capabilities. CCDPH serves as the lead health department for Region 6. Funding for this project supports some but not all initiatives outlined in this plan.

Three Tiers

According to the Public Health Foundation the three tiers are:

Tier 1

Front Line Staff/Entry Level

Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Tier 2

Program Management/Supervisory Level

Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs, supervising staff, establishing and maintaining community partnerships, managing timelines and work plans, making policy recommendations, and providing technical expertise.

Tier 3

Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

Cultural Competencies

North Carolina Accreditation benchmark 26.3 states that **“The local health department shall assure that agency staff receives training in cultural sensitivity and competency.”** This is accomplished yearly in November in a variety of ways: through LEARN courses, Centers for Disease Control and Prevention (CDC) Train and in person trainings (included but not limited to: Racial Equity Institute and Groundwater training).

Accreditation

This Workforce Development Plan functions on behalf of the following North Carolina Accreditation Benchmarks.

- 15.5** The local health department shall ensure that new staff is oriented to program policies and procedures and existing staff receives training on any updated or revised program policies and procedures.
- 24.1** The local health department shall have policies that promote and provide staff access to training.
- 24.2** The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.
- 26.3** The local health department shall assure that agency staff receives training in cultural sensitivity and competency.
- 37.6** The local board of health or the consolidated human services director shall approve policies for the recruitment, retention and workforce development for agency staff.

Research

The Cumberland County Department of Public Health has a Research Policy (# 01-10) for which it works with universities and other entities to conduct research with staff and those we serve. The CCDPH Research Policy is found in our internal shared drive for all staff to reference.

Cumberland County Overview

Municipalities

- Fayetteville
- Spring Lake
- Wade
- Stedman
- Hope Mills
- Vander
- Linden
- Eastover
- Godwin
- Falcon



Colleges & Universities

- Methodist University
- Fayetteville Technical Community College
- Fayetteville State University



Military Installations

- Fort Liberty Army Base
- Pope Army Airfield




ACS Population Estimates

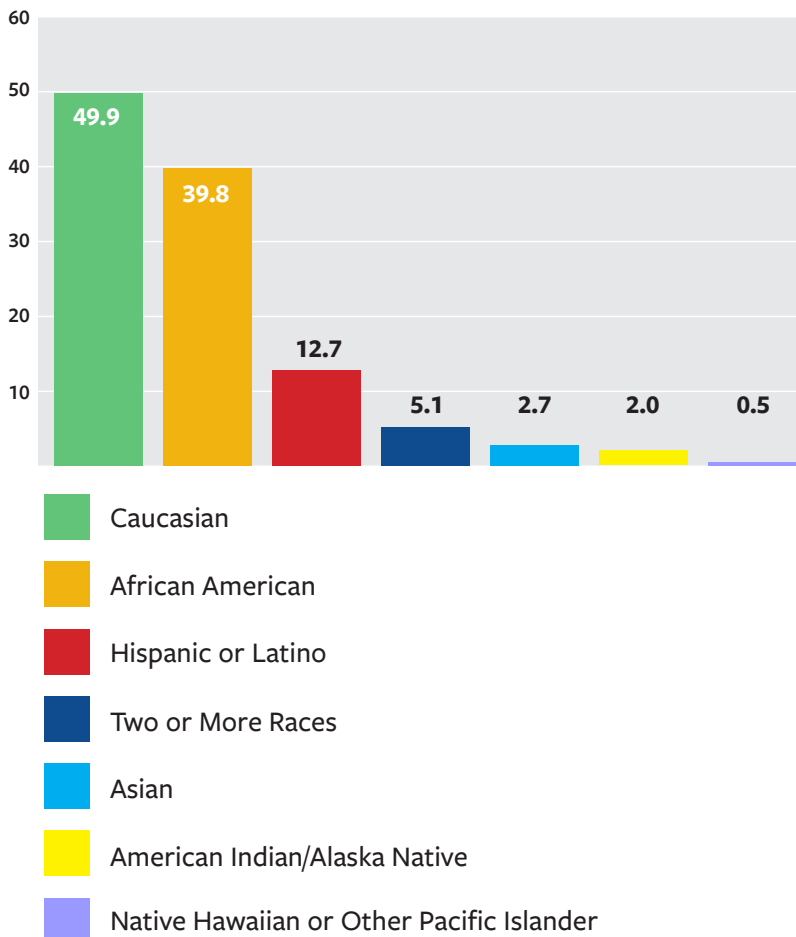
Total Population 2022
336,699

Population per square mile
512.9

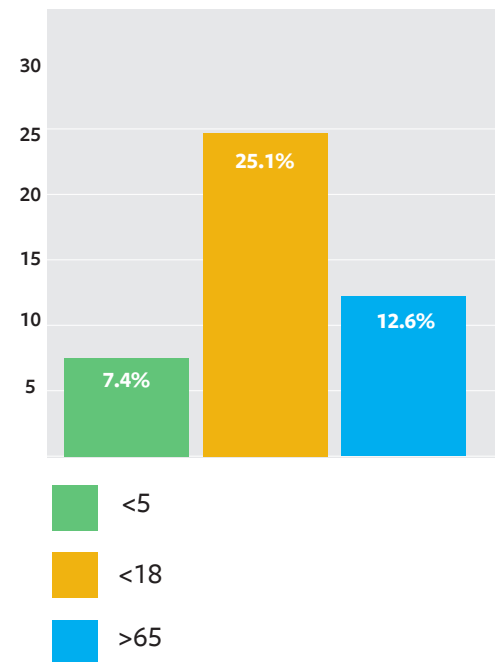
Poverty Level
15.8%



Race as of April 1, 2020



Age as of April 1, 2020



*** Data source (2020):
<https://www.census.gov/quickfacts/cumberlandcountynorthcarolina>

Mission, Vision & Core Values

OUR MISSION

To provide high quality service in a professional, efficient, and fiscally responsible manner while improving the health of Cumberland County.

OUR VISION

To have healthy people living in a healthy community.

CORE VALUES

CCDPH follows the County core values of **PRIDE**

Professionalism

Respect

Integrity with accountability

Diversity

Excellent Customer Service

Recognizing that all people are different, we treat everyone with dignity and serve our diverse population with professionalism, respect, integrity, diversity and excellent customer service (PRIDE).



Agency Overview

Strategic Priorities

Based on extensive input from the community through the Community Health Assessment, the Board of Health Retreat, the CCDPH staff and the strategic planning team and public comment, the Board of Health selected the following priorities. **A more comprehensive list of the goals and objectives for 2023-2027 can be found in Appendix A.**

The Board of Health agreed to five external, or community focused, priorities for the short and long term:

- Continue increasing partnerships and collaboration with groups from various sectors, including academic, military, healthcare, and faith-based organizations
- Expand mental health and substance abuse services to include teen substance abuse programming
- Improve external communications through varying platforms to better explain “what we do,” educate and ensure literacy and equity
- Continue expanding community access to Health Department services to include transportation and mobile outreach events
- Reduction of the STI/STD incidence rates in Cumberland County

The Board of Health also established internal priorities for the department:

- Increase staff recruitment and retention and improve morale
- Improve quality and efficiency of services through Electronic Health Records (EHR) and other technological methods and improvements
- Normalizing COVID-19 Response and incorporating it into everyday practice

Governance

Each local public health agency in North Carolina has a governing board that has responsibility for public health within its jurisdiction. A local board of board of health in the policymaking, rule-making, and adjudicatory body for public health in the county in its jurisdiction.

The local board of health appoints a Health Director to serve in their place for the agency for decision making and leadership.

Locations

The Cumberland County Department of Public Health consists of four locations throughout the County.

Main Site

1235 Ramsey Street
Fayetteville, NC 28301

WIC Hope Mills

2622 Hope Mills Road #100
Fayetteville, NC 28306

WIC Spring Lake

103 Laketree Blvd
Spring Lake, NC 28390

WIC Fort Liberty

Public Health Annex
2122 Blackjack Street
Fort Liberty, NC 28307

Onsite Wastewater Historic Courthouse

130 Gillespie Street
Fayetteville, NC 28301

Organizational Structure

The department is led by a Senior Leadership Team comprised of the Director, Deputy Director, Medical Director, Director of Nursing and the Accountant. CCDPH is organized into several departments: Environmental Health, WIC, Health Education, and several clinics. An organizational chart is included in Appendix B.

| | |
|--|-----|
| Total Number of Employees (as of 5/31/2023) | 222 |
|--|-----|

| Gender | |
|--------|-----|
| Male | 14 |
| Female | 208 |

| Average Age Breakdown | |
|-----------------------|----|
| 26 and under | 17 |
| 27-44 | 83 |
| 45-56 | 72 |
| 57-75 | 49 |
| 75+ | 1 |

| Race | |
|---|-----|
| Caucasian | 89 |
| African American | 119 |
| Hispanic or Latino | 17 |
| Two or more races | 1 |
| Asian | 2 |
| American Indian/Alaska Native | 8 |
| Native Hawaiian or Other Pacific Islander | 0 |

Race demographics are an optional self-identification for staff and numbers do not reflect all current staff as of February 2022. Note that the 2 or more-race category is also reported in the individual race categories.

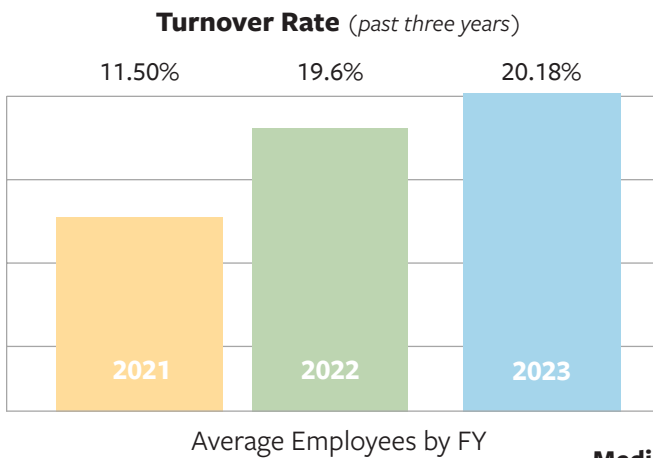
| Full Time Equivalent (FTE) Breakdown | |
|--------------------------------------|-----|
| Full Time employees | 190 |
| .875 employees | 26 |
| Rehired retirees | 5 |
| Part Time employees | 1 |

| Credentialed Employees (as of 5/31/2023) | |
|--|----|
| Licensed Practical Nurse | 2 |
| Registered Nurse | 70 |
| Advanced Practice Provider | 6 |
| Medical Doctor | 1 |
| Registered Dietician | 1 |
| Environmental Health | 18 |

| Years of Service (as of Feb. 2023) | Number of Employees |
|------------------------------------|---------------------|
| 5 | 12 |
| 10 | 6 |
| 15 | 3 |
| 20 | 5 |
| 25 | 3 |
| 35 | 3 |

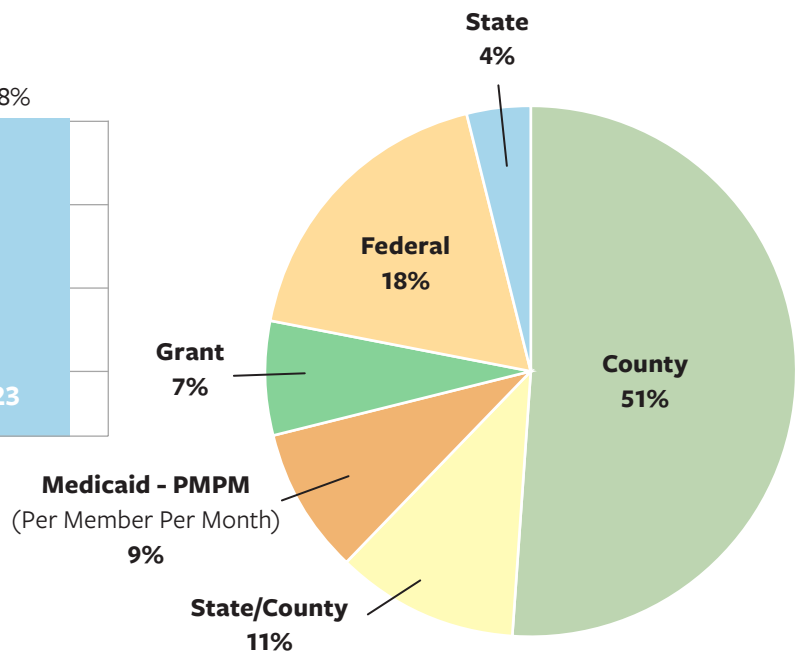
| | |
|---|----|
| Employees < 5 Years from Retirement | 11 |
|---|----|

Additional staff may be eligible for retirement based on their overall lifetime service with the North Carolina Local Governmental Employees Retirement System, but data was not available in the local Munis system to include in this plan.



Funding Analysis

There are 254 positions currently available at the Cumberland County Department of Public Health. Funding is varied by position and program. The pie chart shows positions broken down by funding source.



New Hires

Prospective and New Hires

Cumberland County Human Resources

The HR Manager will receive a hiring packet from the hiring supervisor to include the hiring checklist, completed information for all interviewees and additional information for recommended candidate. A minimum of three references shall be contacted during the hiring process. References must be professional; preference is a current or previous supervisor. No offer of employment shall be extended until the hiring packet is completed, submitted and approved by the Public Health Director.

Prior to an employment offer, a national criminal record history will be conducted on all job applicants recommended for hire. Other background checks, which may include a driver's license record, will be completed based on the requirements of the position and ensure compliance with the Fair Credit Reporting Act.

Employment offers are contingent upon a negative pre-employment drug test. Drug tests must be completed within 24 hours of the conditional offer of employment.

For positions requiring a license or certification, a copy of the license or /certification must be provided no later than the first day of employment. For positions requiring a degree, the employee must provide the HR Manager with official transcripts within thirty (30) days of hire. Employees in such classifications are responsible for maintaining current, valid credentials as required by law. All vaccination records shall be checked, regardless of position.

The HR Manager will notify the supervisor and/or administrator with drug screening results, in accordance with the Cumberland County Personnel Policies and Guidelines. The HR Manager will submit a Personnel Action Form along with supporting documents to Cumberland County Human Resources for processing.

Orientation

All new employees will undergo an orientation session at both the county and health department level.

Cumberland County Orientation

At the county level, new employee onboarding is in person and includes tasks regarding affirmative action, personnel policies and procedures, payroll, benefits (including health insurance, retirement, flex-plan, and deferred compensation) Innovation & Technology Services (ITS) Security Awareness, Safety/Risk Management overview and appropriate documentation and the county's probationary period.

Cumberland County Department of Public Health Orientation

The following steps are the general guidelines for new employee orientation at the Cumberland County Department of Public Health. Employees internal to Cumberland County who are promoted and have already completed County Orientation are not required to repeat County orientation

After conditional employment has been accepted and a start date has been determined, the HR Manager will schedule CCDPH New Employee Orientation.

The HR contact will notify the appropriate supervisor or Administrator who will request, via Cumberland County ITS Department, the following be created or coded: telephone extension and information; copier code; computer and email login.

The new employee will attend CCDPH New Employee Orientation at the beginning of a pay period. The orientation session includes information on the following: program functions; lunch and break policy; smoking and parking policy; use of county cars; dress code; phone operations; supply ordering; required trainings; introduction to coworkers and other relevant staff; and a tour of the office and building.

The employee's direct supervisor will orient new employee on daily job duties, performance evaluation process and timeframe, copier and printer usage, and other processes as necessary.

All trainings required by the Health Department will be covered during this orientation session. A list of trainings to be completed within sixty (60) days of hire can be found in Appendix C of this document, as well as on the health department's shared data drive at the following pathway: **Share (L:) General Documents > Orientation.**

Trainings

Training for All Staff

All employees are required to take Incident Command System (ICS) 100, 200, 700, 800 within their first week of hire. They will print their certificates and give those to the HR Manager and the Administrative Officer III to be placed into their personnel file and to be tracked by the Preparedness Coordinator.

All employees are required to maintain CPR certification and will be enrolled in the course when their CPR becomes close to expiration.

Training Requirements

| Training | Where? | When? | Who? |
|---|--|-----------------------|---------------------------------------|
| Cultural Sensitivity and Competency (including Title VI Civil Rights Act) | Virtual-Learn | November of each year | All staff |
| Active Shooter | Virtual-Learn | November of each year | All staff |
| Strategic National Stockpile | Virtual-Learn | November of each year | All staff |
| Breastfeeding | Virtual-Learn | November of each year | All staff |
| OSHA Bloodborne Pathogens | Virtual-Learn | November of each year | All staff |
| Worksite Safety/HAZCOM | Virtual-Learn | November of each year | All staff |
| Health Literacy/Social Determinants of Health | Virtual-Learn | November of each year | All staff |
| Respiratory Protection | Virtual-Learn | November of each year | All staff |
| Customer Service | Virtual-Learn | November of each year | All staff |
| PPE | Virtual-Learn | November of each year | All staff |
| Public Health Law | Management Team Meeting | Every two years | Management team |
| Mandatory Reporting of Child Abuse and Neglect | Virtual through NC DPH Women's Health Branch | Every year | All staff |
| NIMS ICS 300/400 | In person | Once upon hire | Nursing Supervisors and SLT |
| HIPAA | Virtual- Learn | June of each year | All staff, IT staff assigned to CCDPH |
| Narcan Administration | | November of each year | All staff |
| Red Cross Shelter Training | | August of each year | All staff |

Note: North Carolina Public Health Accreditation requires the local health director and directors of communicable disease, nursing and environmental health, shall receive ongoing training in current public health law and its application. This includes evidence of at least two trainings each for appropriate directors in relation to applicable laws and their application to public health practice.

Training Specific to Departments

In addition to trainings required for all CCDPH staff, programs and departments have specific trainings staff working in their departments must complete as required by grant agreements, strategic plans, quality improvement opportunities, and/or federal, state, or local requirements.

Family Planning

<https://whb.ncpublichealth.com/provpart/training.htm>

Communicable Disease

STD Enhanced Role RN yearly training and STD update for all staff working in communicable disease.

Training Websites used by CCDPH

NEOGOV—LEARN

NEOGOV's learning management system promotes employee training with an easy-to-use system for HR, department managers, and employees. Learn eliminates the administrative burden of managing multiple employee training programs by providing a centralized online platform designed for the specific needs of the public sector.

All staff are automatically enrolled in NEOGOV to go through orientation and required trainings.

<https://www.neogov.com/>

FEMA Emergency Management Institute

The FEMA Emergency Management Institute is a collection of online courses designed for people who have emergency management/preparedness responsibilities as well as the general public. All courses are free-of-charge.

All independent (IS) examinations require a FEMA Student Identification (SID) Number. To create a number, visit <https://cdp.dhs.gov/femasid>.

Promote and Provide Access to Training

Training is important in assuring a competent workforce and in having the capacity to function as a quality public health agency. CCDPH actively promotes access to training by supporting and encouraging staff to engage in continuing education opportunities. CCDPH also provides access to training by conducting training/ continuing education and paying for or reimbursing staff for training opportunities.

Promotion of Access to Training

CCDPH uses multiple approaches to promote access to training for staff of all levels of the agency. Both supervisors and employees are encouraged to identify training needs and opportunities during Monthly Check-Ins completed during the first 9-12 months of employment. These training needs and opportunities can be documented in the NEOGOV PERFORM platform.

Employees have the option to sign up for free virtual training in LEARN (some training opportunities require supervisory approval). LEARN features a catalog of more than 1600 courses available to employees and supervisors are encouraged to allow employees in good standing to participate. Supervisors may also use LEARN to create Learning Plans for their staff members.

Opportunities for professional development are provided in the CCDPH Weekly Update. Flyers and links to training announcements from internal and external agencies are made available to staff. These agencies include but not limited to University of North Carolina School of Government (UNC SOG), Southern Regional Area Health Education Center (SRAHEC), North Carolina Public Health Association (NCPHA), Racial Equity Institute (REI), and North Carolina Institute for Public Health (NCIPH), etc.

As outlined in the Cumberland County Personnel Policy and Procedures manual additional "Training opportunities are communicated to employees electronically via email"

Staff at all levels of the agency are encouraged to participate in leadership development opportunities as they are eligible including but not limited to:

- Fundamental Supervisory Practices offered by Center for Public Leadership and Governance
- Local Government Federal Credit Union (LCFCU) Fellows offered by the Center for Public Leadership and Governance

As outlined in the CCDPH 2021-2022 Strategic Plan, supervisors must attend at least one supervisory or leadership training within 12 months of hire.

Provide Access to Training

Each CCDPH program has funds designated for staff to participate in training and continuing education based on requirements outlined in grant or program agreements. CCDPH will pay or reimburse staff for all required training. Limited funds may also be available for staff to participate in professional development and continuing education as gaps are identified and needs arise. Supervisors are responsible for working with CCDPH finance staff to prioritize training needs based on available funding. During the annual budget process supervisors should notify finance staff if any additional funds are needed to support training for staff. Final budgets are approved by the Board of County Commissioners.

The CCDPH SLT identifies six staff members annually to become members of NCPHA. Staff members are selected from all levels of the agency and across programs and services.

Examples professional development opportunities available to staff paid for or conducted by CCDPH:

- NCPHA Fall and Spring Education Conference
- NCPHA Emerging Leaders Conference
- North Carolina Public Health Leaders Conference
- North Carolina Public Health Leadership Institute
- Management and Supervision for Public Health Professionals
- Grant writing Bootcamp
- Human Trafficking
- 5As
- Monthly Provider Lunch and Learns

Identification of Training Gaps and Needs

Based on the “Driving the Future: Assessment of the North Carolina Local Public Health Workforce” completed by UNC Gillings School of Global Public Health, the major gaps found in the state of North Carolina were broken into five categories: Strategic Skill Sets, Specific Skills, Leadership Skills, Cross Cutting Skills and Public Health 3.0 Awareness.

Cumberland County participated in this assessment. However, participation was not statistically significant as the number of participating staff was nominal. For a more in depth look at this report, please visit https://sph.unc.edu/wp-content/uploads/sites/112/2019/07/LHD_Survey_FINAL.pdf.

Supervisors may identify additional training needs for staff members during the year based on each members’ annual goals or performance improvement plans, Corrective Action Plans, quality improvement or strategic planning initiatives, or new grant funding.

In addition, Cumberland County participates in the Foundational Capabilities Gap Analysis. This analysis examines the North Carolina public health system’s capacity to deliver on the Foundational Public Health Services. The assessment was commissioned by the North Carolina Department of Health and Human Services (NCDHHS) Division of Public Health to provide actionable, region-specific data to public health leaders as they plan their work to improve public health infrastructure and workforce development in each region. Cumberland County participated in the Region 6 Gap Analysis.

The gaps in workforce capacity (staffing) for Region 6 included Communicable Disease Control and Chronic Disease and Injury Prevention. Staff in the region report a gap in expertise in the area of Chronic Disease and Injury Prevention and Environmental Public Health. Staff in Region 6 also reported a gap in the following - Foundational Capabilities: Health Equity and Assessment and Surveillance.

Training gaps and needs were also identified during the CCDPH strategic planning process with Board of Health members and CCDPH staff. The following were identified:

- Cross-training across programs and services
- Supervisory and/or leadership training for supervisors
- Interview training (conducting interviews) for supervisors and interview training (being interviewed) for all CCDPH employees.
- Increasing opportunities for professional development
- Customer service training
- Mental health and substance abuse resources and referrals
- Training on technology used by CCDPH (NCCARE360, Electronic Health Record, PEFORM, LEARN, Language Line, DocsInk, etc.)
- Diversity training, implicit bias, and health literacy training
- Transition planning

Addressing Training Needs

Staff identified strategies to address training gaps and needs in the CCDPH Strategic Plan. These strategies include:

- Supervisors attend County Supervisor Training, UNC supervisor training, or another leadership training
- Train CCDPH yearly on customer service strategies via observational training involving practice and role play
- Employees required to complete at least four hours of cross training annually
- All new supervisors and clinic coordinators will complete interview training and media role play scenarios
- Staff training on current mental health and substance abuse resources
- Health Equity; diversity equity and inclusion
- Introduction to Public Health
- Customer Service

PERFORM

Perform is a program created by NEOGOV that allows the County to track and review staff members goals and competencies each year on their anniversary date in that classification. New employees to their classification will do a monthly review with their supervisor which is comprised of five separate questions for the employee and supervisor for their first year in the classification.

Transition Planning

Development of Transition Plans began in 2022 and be complete in July 2024.

At minimum, members of the Program and Clinic Coordinators, Supervisors and all members of the Management and Senior Leadership Team, will develop a written Succession Plan. There is no required format, but the plan should address the following elements, as applicable:

- Program goals and objectives
- Key projects and initiatives
- Key performance indicators or metrics
- Program or department policy and procedures as applicable
- Funding sources
 - Grants, (federal, state, and local),
 - Copies of grant agreements including reporting deadlines and previously submitted reports, as applicable.
- Key partners or stakeholders
- Important meetings or recurring meetings
- Quality Improvement projects and relevant Strategic Planning efforts

Succession plans will be maintained on the **Share (L:) Drive**. Supervisors will update their succession plans annually.

Workforce Development Plan Maintenance

The Workforce Development Plan will be reviewed annually by the HR Manager and Deputy Health Director yearly. It will receive approval by Senior Leadership Team unless significant changes are necessary. In this case, the plan will be placed onto the Board of Health Agenda that year. The Plan will be signed each year by the Health Director for final approval.

Appendix A

Goals and Objectives

The Strategic Planning Team developed goals and objectives for each priority established by the Board of Health. Goals and objectives establish criteria and standards against which you can measure the performance of the strategic plan. A **goal** is a broad statement about the long-term expectation of what should happen as a result of your program (the desired result).

Objectives are statements that describe the results to be achieved, and the manner in which they will be achieved. **SMART Attributes** were used to develop clearly-defined objectives. These attributes include: **Specific, Measurable, Achievable, Relevant or Realistic, and Time-bound.**

Internal Priorities

PRIORITY 1

Increase staff recruitment and retention and improve morale

GOAL: Improve morale by increasing employee satisfaction rate and offering opportunities to give input to administration of CCDPH

OBJECTIVE 1: By December 2024, 67% of staff will perceive employee morale to be good or great as indicated via staff survey data. (Baseline data collected on the employee satisfaction by June 30, 2023)

OBJECTIVE 2: Improve nursing retention in Child Health and immunizations Clinics by 2027. On average child health and immunizations will be at least 80% staff

OBJECTIVE 3: By December 2023, 100% of supervisors will attend leadership or supervisor training within the first 12 months of hire.

GOAL: Increase the number of staff recruited into new positions by December 2027

OBJECTIVE 1: By December 2027, nursing salaries will be equal to the state average

OBJECTIVE 2: By December 2023, 75% of new positions will be posted with a salary within 3% of other counties in NC to be competitive, dependent upon classification and compensation survey

OBJECTIVE 3: By December 2023, increase diversity of candidates to be interviewed to match the demographics of the County

GOAL: Improve the mechanism for training new staff by January 2024

OBJECTIVE 1: By July 2024, 100% of Management Team members will have a leadership transition plan

OBJECTIVE 2: By May 2023, increase by 10%, internal awareness and knowledge of internal staff about Health Department strategies to advance health equity

OBJECTIVE 3: The Health Department will incorporate “Introduction to Public Health” training for all new staff within the first month of their onboarding process. Supervisors are to monitor the staff member’s completion. (NCIPH’s Introduction to Public Health training consists of 5 e-learn (video) modules, 20 minutes each. Each video gives an overview of public health from the federal, state and local level. Certificates of completion are provided at the end of each module.

PRIORITY 2

Improve quality and efficiency of services through Electronic Health Records (EHR) and other technological methods and improvements

GOAL: Fully Implement CureMD within the agency

OBJECTIVE 1: By January 2027, reduce the average no show rate across clinics by 3%

OBJECTIVE 2: By January 2023, each clinic will serve 75% of their targeted number of clients

OBJECTIVE 3: Within 6 months of go-live date of new HER, 50% of clinical staff will be proficient at clinical flow tabs and using properly

GOAL: Improve Preparedness response through new technology

OBJECTIVE 1: By 2023, Preparedness is working with Emergency Management on loading the agency's entire staff on Everbridge (Cumberland Alerts) mass paging service

PRIORITY 3

Normalizing COVID-19 Response and incorporating it into everyday practice

GOAL: Improve local health department and readiness through sustainable staffing, funding, outreach, and education with a focus on vulnerable populations

OBJECTIVE 1: By July 1, 2024, utilize AA 546 funds to add a staff member to Epidemiology and a staff member in Immunizations to address communicable disease control

OBJECTIVE 2: By December 31, 2023, implement at least quarterly COVID-19 outreach activities (testing, at home test kits, PPE, vaccines) in areas with high social vulnerability index (SVI) (Ongoing implementation annually)

OBJECTIVE 3: By 2023, improve public understanding of the importance of COVID-19 vaccination through outreach and education as measured on the Community Health Assessment (PG 40 of the Appendix)

External Priorities

PRIORITY 1

Continue increasing partnerships and collaboration with groups from various sectors, including academic, military, healthcare, and faith-based organizations

GOAL: Improve the relationship of external community partners (to include but not limited to Faith based, military, HBCUs and the jail)

OBJECTIVE 1: Health Department staff will interact during meetings or events with faith-based leaders at least 12 times each year

OBJECTIVE 2: By 2024, the Health Department establish a new division focused on mental health, substance abuse, homelessness, and jail health

OBJECTIVE 3: By Fall 2023, establish a paid public health internship program in collaboration with historically black colleges and university and minority serving institutions (ARPA funds)

OBJECTIVE 4: By June 2023, CCDPH will establish a satellite WIC office on Fort Bragg Installation

OBJECTIVE 5: By June 30, 2025, the Triple P program staff will have established a Community Leadership Team (CLT) within the 18-county region to include at least 5-10 members representing public health, social services, mental health, non-profits and faith base communities.

PRIORITY 2

Expand mental health and substance abuse services to include teen substance abuse programming

GOAL: Increase awareness of new and existing mental health and substance abuse services

OBJECTIVE 1: Annually, implement at least 5 efforts to increase awareness of mental health and substance abuse services

GOAL: Reduce opioid overdose and deaths by 5%

OBJECTIVE 1: Prevention of overdoses by increasing Narcan distribution by distributing 5000 doses annually.

OBJECTIVE 2: By December 2027, increase the number of individuals receiving treatment for OUD by 10%

OBJECTIVE 3: By September 2023, train 30 facilitators of SMART recovery groups.

GOAL: Reduce Tobacco Use in Cumberland County among youth and adults

OBJECTIVE 1: By December 2027, the Region 6 Tobacco Control Manager will 75% of the behavioral health sites within Cumberland County with technical assistance, signage, and training for QuitlineNC to become tobacco free and remain tobacco free.

OBJECTIVE 2: The Region 6 Tobacco Control Manager will assist with annual Tobacco Treatment Specialist (TTS) training for Fort Bragg clinicians between 2023-2027 collectively hosting five TTS trainings in general in total for Cumberland County.

OBJECTIVE 3: By December 2027, the Health Department will advocate for a Tobacco Free ordinance or Board of Health rule to be implemented county wide.

GOAL: Increase awareness of new and existing mental health services

OBJECTIVE 1: By July 1, 2025, the Triple P staff will have increased the number of trained mental health practitioners by 10 in Level 2 Selected Seminars, Level 2 Brief Primary Care, Level 3 Primary Care or Level 3 Discussion Group in Cumberland County.

GOAL: Establish a new division in the Health Department focused on mental health, substance abuse and homelessness

OBJECTIVE 1: By January 2023, the health department will hire a Local Public Health Administrator to lead the new division

OBJECTIVE 2: By December 2025, the new Care Coordination program will serve 100 people.

OBJECTIVE 3: By December 2025, decrease rates of Hepatitis C by 5%

PRIORITY 3

Improve external communications through varying platforms to better explain “what we do,” educate and ensure literacy and equity

GOAL: Improve health literacy within at-risk residential communities and schools

OBJECTIVE 1: By December 2024, CCDPH will host quarterly fire side chats in the community to improve health literacy in identified at risk residential areas.

GOAL: Utilize social media to increase awareness of the role of CCDPH in the community

OBJECTIVE 1: By 2024, at least 10 staff members will complete media spokesperson training including at least one staff member who is bilingual

GOAL: Improve Health Literacy through expanded community platforms

OBJECTIVE 1: By December 2025, increase the total number of followers on social media by 5% and the number of engagements across platforms by 5%

OBJECTIVE 2: By December 2025, increase the total number of followers on social media by 5% and the number of engagements across platforms by 5%

OBJECTIVE 3: By December 2024, 90% of patient education materials on the CureMD Patient Portal will be in English and Spanish

PRIORITY 4

Continue expanding community access to Health Department services to include transportation and mobile outreach events

GOAL: Utilize transportation services and mobile outreach for the purposes of improving access to Health Department services

OBJECTIVE 1: By December 2027, CCDPH will implement at least six community outreach events annually.

OBJECTIVE 2: By December 2023, operate a WIC office on the Ft. Bragg installation at least one day each week

OBJECTIVE 3: At least 74% of eligible two-year-olds will be up to date with each of the recommended vaccinations (4:3:1:3:3:1:4 series, 4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Var, and 4 PCV).

PRIORITY 5

Reduction of the STI/STD incidence rates in Cumberland County

GOAL: Reduction of the STI/STD incidence rates in Cumberland County

OBJECTIVE 1: By December 2024, STI rates will decline by 5% in Cumberland County

OBJECTIVE 2: By December 2027, decrease rates of newly diagnosed HIV and AIDS by 5%

OBJECTIVE 3: By December 2025, decrease rates of Hepatitis B by 5%

OBJECTIVE 4: Increase patient visits at the STI Clinic in the Cumberland County Health Department by 5% by December 2023.

Appendix B

TO: Custodian of Records, Cumberland County Health Department

FROM: _____
Name (*Print Last, First, Middle*)

RE: Review, Acknowledgement and Understanding of Health Department Orientation Presentations

The following is a listing of the Cumberland County Health Department's Orientation Information that has been discussed and/or reviewed by me during New Employee Orientation. Please initial by each topic indicating you understand the Health Department's procedures.

- | | |
|-----------------|---|
| _____ | WELCOME & INTRODUCTION OF HEALTH DEPARTMENT |
| Initial Date | |
| _____ | ORIENTATION POWER POINT PRESENTATION |
| Initial Date | TO INCLUDE PUBLIC HEALTH ORIENTATION-CCDPH SERVICES PUBLIC HEALTH LAW – TRAINING OPPORTUNITIES-RESOURCES |
| _____ | ADMINISTRATION - TIMESHEET & TRAVEL |
| Initial Date | |
| _____ | INTRODUCTION OF HEALTH DIRECTOR/ DEPUTY - Regina Williams |
| Initial Date | |
| _____ | HEALTH DIRECTOR AND OR THE NURSING DIRECTOR - Regina Williams |
| Initial Date | |
| _____ | EMERGENCY ACTION PLAN/FIRE SAFETY PRESENTATION - Regina Williams |
| Initial Date | |
| _____ | HIPAA & CONFIDENTIALITY - Monica Short-Owens |
| Initial Date | |
| _____ | FOREIGN LANGUAGE INTERPRETER SERVICES/TITLE VI - Sara Reyes |
| Initial Date | |
| _____ | CUSTOMER SERVICE & CULTURAL COMPETENCY & - Monica Short-Owens |
| Initial Date | |
| _____ | NONDISCRIMINATION - Monica Short-Owens |
| Initial Date | |
| _____ | BLOODBORNE PATHOGENS - Regina Williams |
| Initial Date | |
| _____ | EMPLOYEE HEALTH FOR IMMUNIZATION REQUIREMENTS - Dr. Krystle Vinson |
| Initial Date | |
| _____ | HEALTH EDUCATION - Dolores McGrath |
| Initial Date | |
| _____ | SECURITY OVERVIEW - Deputy Marc Devone |
| Initial Date | |
| _____ | BREASTFEEDING FRIENDLY TRAINING - Regina Williams |
| Initial Date | |
| _____ | HEALTH - Tanesha Slaughter |
| Initial Date | |

My signature below acknowledges my receipt of the policies listed above that have been initialed and dated by me.

Signature

Date

Appendix C

Cumberland County Department of Public Health Senior Leadership Team

