Strengthening the Population Health Workforce:

Recommendations from a Mixed Methods Analysis

Report for the Population Health Division, San Francisco Department of Public Health
By the Center to Advance Community Health and Equity (CACHE) / Public Health Institute

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POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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PROJECT INVEST
INNOVATIONS that VALUE EQUITY and STRENGTHEN TEAMS

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Executive Summary

This report provides a summary of findings and recommendations from an analysis of current structures, functions, programs, and activities of the Population Health Division (PHD) at the San Francisco Department of Public Health with a focus on assessing the state of the current PHD workforce and its foundational capabilities in public health. The inquiry was conducted by the Center to Advance Community Health and Equity at the Public Health Institute, and includes a review of literature, collection and analysis of quantitative data on recruitment, hiring, retention, and attrition over the last six years, and a series of both key informant interviews and focus groups with internal leaders and key external stakeholders.

WHAT'S WORKING

There is much to commend the leadership and staff at PHD for what has been accomplished in recent years despite the many challenges associated with the emergency response to the COVID-19 pandemic. Aligned with the Division's workforce development plan, a concerted hiring effort since 2022 has reduced the vacancy rate across PHD by more than half which has restored, and in many cases increased, vital capacities. PHD is successfully leveraging multiple workforce-focused grants (e.g., CDC-supported Public Health Infrastructure Grant [PHIG] and the California DPH-funded Future of Public Health) to hire and retain staff. There has been a significant increase in the racial and ethnic diversity of senior leaders and entry level staff with strong local knowledge and experience to increase coordination, alignment, and connection with community assets. The Center for Learning & Innovation (CLI), the Reserve for Accelerated Disease Response (RADR), and other organized workforce development efforts throughout the Division have fostered professional development and retention through team building, cross-training, staff recognition, and career planning with employees.

HIRE AND UPSKILL TO ADDRESS GAPS AND ACHIEVE MISSION

Among the most significant actions needed to ensure the Division maintains sufficient capacity are to reduce the time to hire and bolstering retention. According to data collected from PHIG-funded jurisdictions, the median time for PHD to hire is 2-3 times longer than at health departments nationwide. Central efforts are underway to further streamline hiring and these should be expanded. To foster retention, PHD should continue to rely on regular employee assessments (e.g., staff surveys, training needs assessments, exit and "stay" interviews) and craft responsive action plans based on identified areas for improvement. PHD also should continue to invest in leadership development and succession planning; staff recognition; employee wellness programs, and other ways to foster an inclusive work environment where staff thrive as they fulfill the PHD's mission. In addition, staff need additional support to fully integrate advances in communications, data modernization, predictive analytics, and artificial intelligence while adopting common standards to partner effectively and authentically with San Francisco communities and institutions committed to addressing persistent health inequities.

HOW TO SUSTAIN INNOVATIONS AND ACCOMPLISHMENTS TO DATE

At the core of sustaining these efforts and innovations already in play, there is a need for senior leadership to advocate for dedicated funding streams at the state and city/county level so that the Division's newfound capacity and evolving capabilities are maintained. This requires PHD to make a concerted effort to tell the stories of what's working well and provide strong rationale for their ongoing value. These narratives need to be shared routinely with key stakeholders to influence resource allocation. While PHD has an extensive track record to secure grants from a variety of sources, the inevitable ebbs and flows in these funding streams threaten the stability of public health infrastructure and the Division's efforts to cultivate strong external working relationships. Operationally, there is a need for a multi-year plan to commit city resources for the formalization of grant-funded training and capacity building initiatives that develop leaders, train staff, and create real pathways for career advancement. Finally, there are immense opportunities to deploy the analytic capabilities that have been established at PHD to deepen community engagement in support of more strategic allocation of health institution and related sector assets. One near term opportunity is the use of geographic information system (GIS) analyses in public presentations to highlight preventable emergency room and admissions in specific low-income neighborhoods. The mapping of these types of findings creates an opportunity to show how PHD's ability to tap population level data is closely aligned with the desired focus of hospital community benefit resource allocations. It also creates the opportunity for sustainability through negotiated shared risk arrangements between providers and payers.

Detailed documentation of strengths, challenges and potential opportunities, and threats, including selected quotes from participants in the key informant interviews and focus groups are shared in the Findings (Chapter 3) of this report. Full recommendations, including potential metrics to track success are outlined in the final section of the report (Chapter 4). A brief summary of recommendations to emerge from the findings is provided here.

RECOMMENDATIONS

Recruit, Retain, Sustain the Workforce

1. **Streamline hiring processes**
2. **Revise minimum qualifications for several staff positions**
3. **Expand and formalize staff recognition programs to support strong retention**
4. **Conduct annual "Stay" interviews to reinforce activities that work to retain talent**
5. **Expand access to employee wellness programs**

Train/cross-train the workforce and encourage professional development

1. **Expand access to a broad range of impactful online and face-to-face training**
2. **Establish a PHD mentoring program to support career development and advancement**
3. **Ensure sustainable training infrastructure to ensure key capabilities maintained**
4. **Improve coordination and reduce siloing across Branches by increasing visibility of staff capabilities at the Deputy Director level**
5. **Expand access and expertise to integrate data systems**

Community and Stakeholder Engagement

1. **Leverage analytic capacity and data access to align investments**
2. **Strengthen alignment with relevant sectors**
3. **Identify and strengthen community partnerships for shared policy advocacy**
4. **Leverage CalAIM and BH-CONNECT to strengthen focus on vital conditions**
5. **Craft stories that highlight growth in foundational capabilities**

CHAPTER 1

Introduction

State and local public health agencies across the nation have faced chronic underfunding for decades, presenting challenges to recruiting people with the required background and skills, as well as retaining staff and leaders with the experience to chart an effective future. As of 2021, these critically important public sector organizations had lost approximately 15% of their workforce over the prior decade.[1]

The COVID-19 pandemic presented these agencies with immense challenges in the demand for vaccination, treatment, and other support, with particular attention to populations most at risk in terms of age and potential exposure. While many public health agencies faced challenges associated with misinformation and political opposition, the San Francisco Department of Health (SFDPH), in close collaboration with health partners and community groups, received significant local support. Coordinated efforts resulted in some of the highest vaccination rates and lowest COVID-associated death rates of any metropolitan area in the country.

The SFDPH benefitted from resources allocated by federal, state, and local governments to scale the COVID-19 response. As the pressures of the emergency response to the pandemic have eased, a key challenge for SFDPH and other public health agencies is how best to further **enhance recruitment, foster retention, strengthen capabilities,** and **sustain the increased workforce capacity** that was made possible by COVID-19-related funding. A high state of readiness is a particular priority in San Francisco, not only because of infectious disease threats (e.g., COVID-19, mpox, H5N1), but also the ongoing overdose and behavioral health crises that require sustained responses.

San Francisco city and county has a population of 873,965 residents, is the second most geographically dense, and is one of the most racially and ethnically diverse cities in the country. Local leaders view their diversity and geographic concentration as assets, as well as opportunities to demonstrate what is possible when people of many backgrounds and origins come together.

The SFDPH is charged with two core functions: 1) Protect the health of the population, which is the primary responsibility of the Population Health Division (PHD), and 2) Provide healthcare and promote the health of the patients it serves, which is the primary responsibility of the San Francisco Health Network (SFHN). The total SFDPH workforce is approximately 8,000, and approximately 540, or 15% of those work in PHD as permanent civil service, temporary exempt and/or contract staff. The organizational chart for PHD can be found in Appendix A.

SFDPH'S TWO CORE FUNCTIONS

1. **Protect the health of the population, which is the primary responsibility of the Population Health Division (PHD), and**
2. **Provide healthcare and promote the health of the patients it serves, which is the primary responsibility of the San Francisco Health Network (SFHN).**

PHD WORKFORCE DEVELOPMENT PLAN

As a requirement of public health re-accreditation (Domain 8), PHD released a **five-year Workforce Development Plan in 2022** with four major goals: 1) Describe the makeup of the current workforce; 2) share frameworks that underpin the approach to recruiting, retaining, sustaining, and training a diverse and talented staff; 3) summarize data on the capacity and capabilities of our workforce and current state of efforts to advance equity; and 4) articulate data informed strategies and activities that help to address key gaps in capacity, capabilities, and equity.

The plan is aligned with the strategic priorities of the Division, which are identified as **Seven True North Pillars**, and are outlined in Appendix B. CLI develops and coordinates workforce development efforts for PHD and works in close partnership with PHD Operations and the Office of Anti-racism and Equity (OARE) to advance activities that address workforce priorities. In addition, CLI convenes a People Development Working Group (PDWG) with representatives from all Division branches to plan highly responsive training and professional development offerings.

PHD EFFORTS TO ADVANCE WORKFORCE CAPACITY, CAPABILITY AND EQUITY

As part of efforts to evaluate workforce capacity and capabilities, PHD participated in a national survey supported by the de Beaumont Foundation entitled the Public **Health Workforce Needs and Interests Survey (PHWINS)** in 2014, 2017, 2021, and most recently in 2024. Data on training needs will be released in Summer 2025. During the 2021 survey fielding, PHD findings were benchmarked from the Big Cities Coalition (BCC), which includes 35 large urban areas across the nation. The assessment questions are linked to the **Core Competencies of Public Health Professionals**,[2] developed by the Council on Linkages between Academia and Public Health Practice (Council on Linkages).[3] Selected PHD PHWINS responses are included in the Findings section.

WORKFORCE DEVELOPMENT PLAN— FOUR MAJOR GOALS

1. **Describe the make-up of the workforce**
2. **Share frameworks to recruit, retain, sustain and train staff**
3. **Summarize PHD capacity and capabilities**
4. **Describe activities to address gaps in capacity, capabilities, and equity**

On July 9, 2019, the San Francisco Board of Supervisors approved Ordinance 188-19,[4] which amended the Administrative Code to create an **Office of Racial Equity** as a Division of the Human Rights Commission Department to assist City departments as they develop **Racial Equity Action Plans** (REAP), and to provide annual updates to those plans. Six of the eight REAP domains center on workforce development (e.g., recruiting and retaining a diverse workforce) and re-accreditation requires an equity lens to be used across all people development activities. Top priorities for FY 24-25 include a **respect at work** campaign and to **develop equitable, inclusive, and responsive leaders**.

In addition to the Core Competencies, SFDPH has adopted the **Racial Justice Competencies for Public Health Professionals**,[5] which are integrated into training needs assessments. Division staff are also required to take mandatory training in trauma informed systems, sexual orientation and gender identity (SOGI) data collection, and harm reduction principles.

A key factor in reducing attrition and building capacity in the current workforce is ensuring that non-supervisory staff and supervisors & managers are provided with training that builds their core competencies and supports their professional development. According to PHWINS 2021, top training priorities include budget and financial management, change management, systems and strategic thinking, community engagement, policy engagement, cross-sector partnerships, and justice, equity, diversity and inclusion.

To ensure a focus on identified gaps and optimal

leverage of existing strengths, PHD's workforce development plan established a **Theory of Action** framework that includes four strategies, including 1) create robust pipelines and pathways, 2) provide professional development opportunities, 3) engage staff through various programs and team building activities, and 4) seek promotive opportunities through a wide range of incentives.

ACCREDITATION RENEWAL

At the end of 2024, SFDPH submitted its reaccreditation application to the Public Health Accreditation Board (PHAB)[6]. The accreditation process focuses on validating the capacity of public health agencies to effectively provide **10 Essential Public Health Services**, under the three core functions of Assessment, Assurance, and Policy Development (**Figure 1**). In addition, accredited public health agencies are expected to demonstrate their abilities across **five Foundational Areas** and eight Foundational Capabilities needed to protect and promote community health and achieve equitable outcomes. These **Areas** and **Capabilities** comprise PHAB's **Foundational Public Health Services Framework**.

NOVEL GRANT MECHANISMS TO SUPPORT PUBLIC HEALTH INFRASTRUCTURE

The COVID-19 pandemic laid bare key gaps in public health infrastructure resulting from years of underinvestment. Novel federal and state funding mechanisms were introduced to address, at least in part, these gaps.

In 2022, SFDPH was one of 107 jurisdictions nationally awarded a Public Health Infrastructure Grant[7] (PHIG) by the Centers for Disease Control and Prevention (locally entitled **Project INVEST**, **IN**novations that **V**alue **E**quity and **S**trengthen **T**eams). PHIG has as its central goal to build a sustainable workforce infrastructure, foundational capabilities, and data systems that a) increase impacts upon community safety and security, b) expand local career opportunities, c) address health inequities, and d) build stronger partnerships with communities.

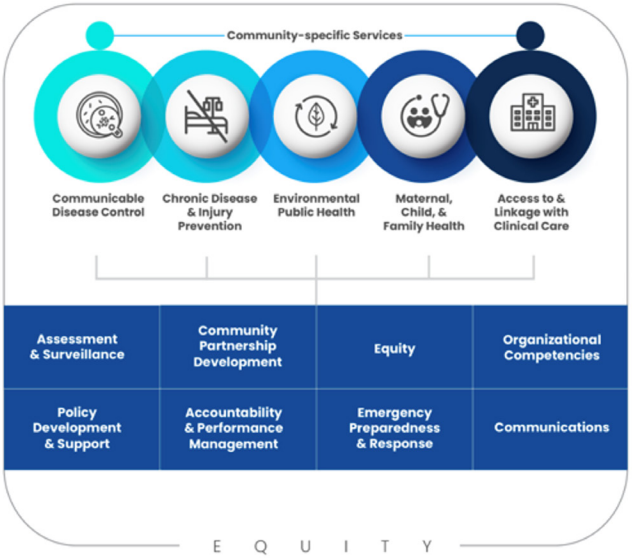
The five-year CDC grant provides recipients flexibility to invest funds in areas that will bolster their specific organizational needs so they are better positioned to improve population health. A key element in the implementation of PHIG at SFDPH

FIGURE 1. Frameworks to Support Public Health Workforce Development Efforts

10 ESSENTIAL PUBLIC HEALTH SERVICES

Foundational Areas

Foundational Capabilities



FOUNDATIONAL CAPABILITIES

is to continue and expand on work to date to increase the diversity of the public health workforce, with a particular eye on diversifying organizational leadership so that the lived experience and local knowledge of this important group that sets the vision for the Division more closely reflects San Francisco's diverse communities. The grant has allowed PHD to add or retain 14.5 FTEs with a focus on strengthening infrastructure in training, operations, (liaisons to facilitate hiring, grants management, and contracting), data visualization, communications, and equity.

Other CDC-supported initiatives include a Strengthening STD Prevention and Control for Health Departments, or STD PCHD, supplement funded program established by the Disease Prevention and Control branch entitled the **Reserve for Accelerated Disease Response (RADR)**. Funded through 2026, this program's goal is to enhance the Division's Disease Investigation Specialist (DIS) response by investing in developing standard work processes and cross-training staff across HIV/STI partner services, communicable disease, TB Control & Surveillance, and Communicable Disease Prevention. In addition, using CDC Ending the HIV Epidemic funding, the Community Health Equity and Promotion Branch has partnered with the San Francisco AIDS Foundation to launch the **San Francisco Health Academy**, a training and mentoring initiative geared toward front line sexual and drug user-focused community health workers. The Academy is offered in both Spanish and English. This program has enabled PHD to expand a critically important workforce in the community and strengthen their population health skills.

Finally, PHD is a recipient of California Department of Public Health funding through the **Future of Public Health** program which provides supplemental funding on an annual basis to local health jurisdictions to help strengthen workforce development efforts and rebuild core public health functions.

GOALS OF THIS WORKFORCE ANALYSIS

As an activity supported by Project INVEST, PHD has engaged the Center to Advance Community Health and Equity (CACHE) at the Public Health Institute (PHI) to conduct a **mixed methods analysis** of efforts to date and opportunities going forward to build and sustain PHD's workforce capacity and foundational capabilities in public health. Throughout 2024, Drs. Brenda Leath and Kevin Barnett of CACHE worked in close partnership with CLI and SFDPH Human Resources to review key internal documents and explore data trends in workforce demographics, recruitment (including time to hire), retention, attrition, and vacancy rates. CACHE also conducted qualitative interviews and focus groups with internal and external stakeholders to understand key strengths and opportunities for improvement, all of which informed recommendations for future action.

The findings and recommendations of this report will serve as a starting point from which to evaluate accomplishments associated with the PHIG implementation process. The opinions expressed herein are those of the authors and do not represent the official policies of the Public Health Institute, the San Francisco Department of Public Health, or the City and County of San Francisco.

CHAPTER 2

Methods

This mixed method analysis is informed by a **review of relevant literature**, a **landscape analysis** of trends, opportunities, and gaps in the field of public health, a **six-year review of quantitative data** on recruitment, retention, and attrition in the SFDPH Population Health Division, and qualitative findings secured through both **individual key informant interviews and focus group discussions** with senior leadership, management team, and key community partners.

Based on findings from these inquiries and associated dialogue with Dr. Jonathan Fuchs, Director of CLI, and his team, this report identifies and examines both accomplishments to date and opportunities to advance and sustain efforts going forward. The report includes specific recommendations for next steps and measurable objectives from which to assess relative progress in the implementation of the five-year **Project INVEST** grant.

The CACHE team collected and reviewed workforce-related documents from local, state, and national sources to provide context for their analysis. They collaborated with SFDPH over nine months to analyze recruitment, retention, and attrition trends by demographics and job classifications, though some questions remained unanswered due to time or scope constraints.

Findings from prior inquiries such as the 2021 PHWINS survey highlight employee characteristics, expertise, and perceptions. Qualitative data in this inquiry was gathered through focus groups with senior Directors and managers, and key informant interviews with internal and external stakeholders, conducted between September 2024 and January 2025. This combined approach provided insights into workforce trends, challenges, and opportunities.

KEY DATA SOURCES

- **Local San Francisco Department of Public Health/Population Health Division Human Resources Data**
- **California State Statutes, Policy Briefs, and Media Reports**
- **Philanthropic and Corporate Research Organization Reports**
  - **de Beaumont Foundation**
  - **McKinsey & Company**
  - **National Network of Public Health Institutes**
- **National Agencies**
  - **Public Health Accreditation Board**
  - **Centers for Disease Control and Prevention (CDC)**
  - **Association of State and Territorial Health Officials (ASTHO)**
  - **Assistant Secretary for Planning and Evaluation (ASPE)**

The quantitative analysis of workforce recruitment, retention, and attrition was led by Nicholas Gonsalves at the SFDPH Human Resources department to document trends for the six years of 2018 to 2024. The intent was to capture workforce dynamics prior to the COVID-19 pandemic, during, and for 2023-2024, the period of emergence from the pandemic.

Focus Group questions were developed in advance for review and comment by the CLI team and Dr. Susan Philip, Director of the Population Health Division. These questions were then further refined and used during a dedicated listening session with Branch Directors in October 2024. A set of tailored questions were developed for each Key Informant Interview to stimulate relevant insights from interviewees (listed in the Acknowledgements). Both sets of qualitative data collection sessions were recorded and transcribed for accuracy in documentation.

CHAPTER 3

Findings

Findings from the mixed methods analysis are presented in three categories, including **Recruit, Retain, and Sustain Staff**; **Training and Professional Development**; and **Community and Stakeholder Engagement.**

Recruit, Retain, and Sustain Staff

STRATEGIES THAT DRIVE SUCCESS: PROVEN APPROACHES IN ACTION

Over the past few years, SFDPH has undergone a transformative journey, emerging from the challenges of the COVID-19 pandemic with a stronger, more unified approach to public health. At the heart of this transformation lies a series of strategic strengths that reflect the department's commitment to best practices, positioning it for long-term success in addressing health disparities and improving outcomes for the people of San Francisco.

One of the most significant changes has been **Staffing Expansion**. Since November 2022, SFDPH expanded its workforce by over 300 individuals, resulting in a significant reduction in position vacancies and substantially increasing the Division's capacity. This rapid growth wasn't just about numbers; it was about aligning and leveraging the skills of each staff member. The Division has invested in integrated training programs, ensuring that staff members are not siloed within their roles and equipped with the cross-functional skills necessary to collaborate effectively. This holistic approach has allowed SFDPH to deliver measurable results across the city, reaching individuals, families, and communities with precision and impact.

At the same time, SFDPH has cultivated **High Analytic Capacity in Human Resources**, allowing it to stay ahead of emerging trends. By regularly conducting in-depth analyses of workforce data, the department has demonstrated an ability to proactively identify challenges and respond with solutions that are both timely and effective. This commitment to analytics ensures that SFDPH is not just reacting to public health issues, but anticipating them, reinforcing its ability to shape a healthier future for San Francisco.

But what truly sets SFDPH apart is the **Passion for the Field** that permeates every level of the organization. As expressed by staff members in key informant interviews and focus groups, it's not just about the work – it's about the mission. The collective drive to protect and promote the health of all San Franciscans, especially those with the least access to care, fuels the department's success. Leaders and staff alike are united by a shared sense of purpose, working collaboratively to break down barriers and innovate for better health outcomes. This passion has been a powerful force, keeping the department moving forward through the toughest times, and will continue to guide SFDPH in the years to come.

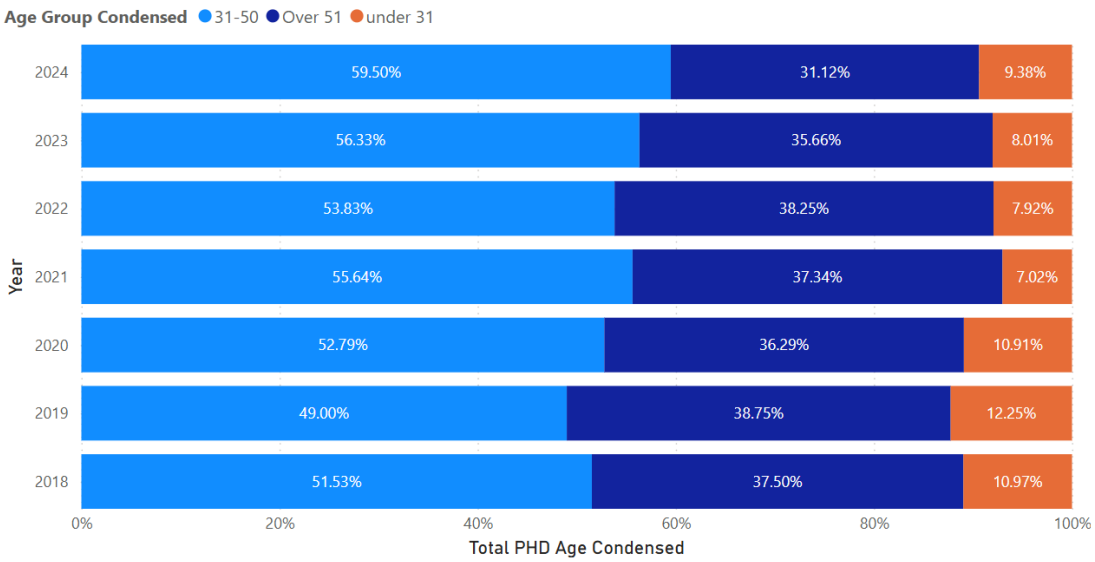
Together, these strengths form a powerful story of resilience, adaptability, and commitment. By expanding its workforce, investing in data-driven decision-making, prioritizing diversity, and fostering a culture of learning and collaboration, PHD has positioned itself to lead in public health. The foundation laid today will ensure that the Division continues to evolve and thrive, driving real change for the health of San Francisco's most vulnerable populations.

The following sections A-F present data on PHD staff from 2018 to 2024 focused on the Age, Gender, and Racial and Ethnic Distribution of employees, as well as vacancies and retention..

A. Age Distribution

Figure 2 highlights the six-year trend in age distribution in three condensed age groups; under age 31, ages 31-50, and over 51 years of age. The findings indicate a growth in the percentage of staff between 31 and 50, a positive indicator of the retention of more experienced staff members. At the same time, there is a similar reduction in the proportion of staff over 51 years of age between 2020-2024, consistent with an observed trend in the public health field overall towards early retirements during and after the COVID-19 pandemic. Perhaps most notably, **less than one in 10 PHD staff under 31 years of age** make up the total workforce, highlighting the importance of increased efforts to recruit and retain the next generation of public health professionals in the coming years.

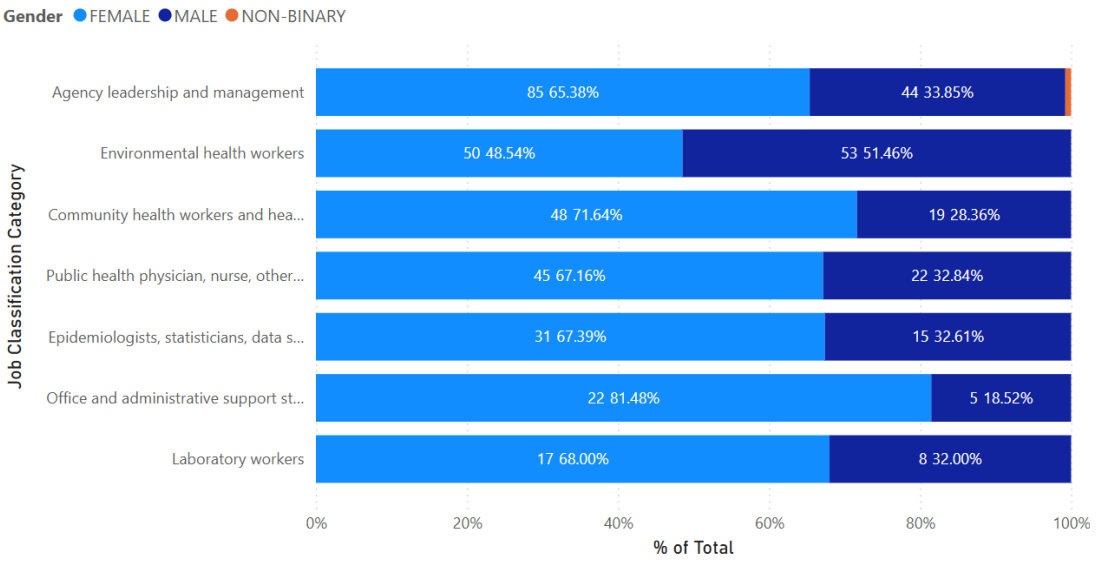
FIGURE 2. Age Distribution (Condensed Categories)



B. Gender Distribution

Women are strongly represented in the field of public health, and PHD is no exception. **Figure 3** provides the gender distribution in PHD by job classification in 2024, with approximately a 2:1 female/male ratio in the categories of agency leadership and management, public health physicians, nurses, and other health care professionals, epidemiologists, statisticians, data scientists, and other analysts, and laboratory workers. Environmental health workers by gender are more equally represented, while over 60% community health workers and health educators, and over 80% of office and administrative staff self-identify as women. Data on non-binary gender has been collected more recently and thus the data may not fully reflect this group.

FIGURE 3. Gender Distribution by Classification 2024



C. Racial and Ethnic Distribution

One of the more striking accomplishments in the last six years is the Division's remarkable **gains in staff racial and ethnic diversity**. Through focused recruitment and retention strategies, PHD has built a workforce that more closely mirrors the diverse communities it serves.

Figure 4a highlights the racial and ethnic distribution of PHD staff from 2018-2024. Over the six-year period, the largest increase of total PHD employees was seen among Hispanic/Latine staff (14.8 to 22.4%) while the proportion of white staff declined from 33% to 24%. It's notable that the percentage increase for Blacks/AA staff was relatively small (13 to 14%) over this time period, given the

growth in the overall workforce, there was a net increase of 13 staff members (49-62). **Figure 4b** further highlights that BIPOC staff comprise the largest proportion of new hires, with Black/AA, Asian and Latine staff making up the greatest number of new hires in 2024.

FIGURE 4A. Race & Ethnic Distribution of Staff, 2018–2024

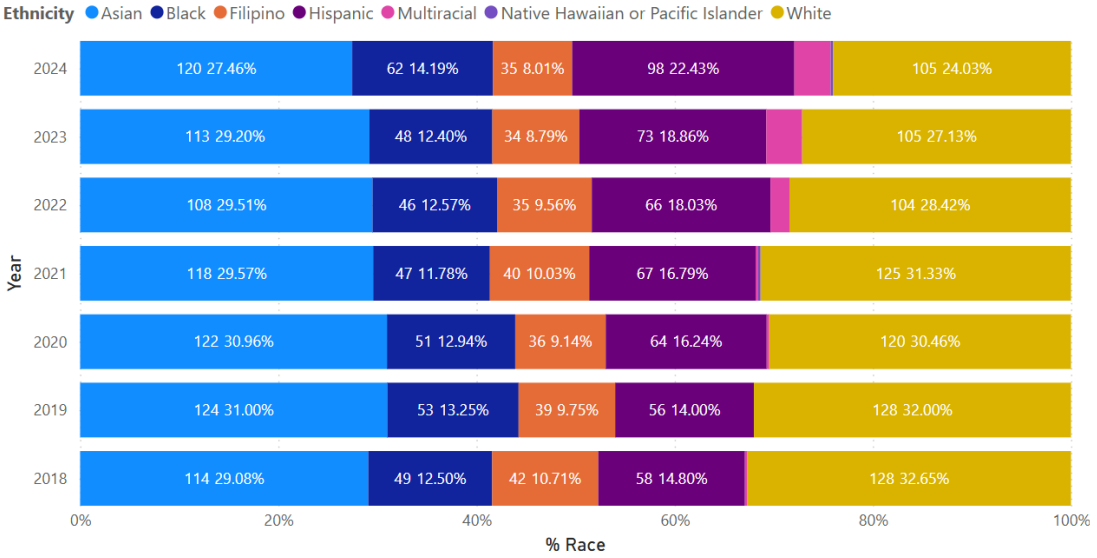


FIGURE 4B. Race and Ethnic Distribution of New Hires, 2018–2024

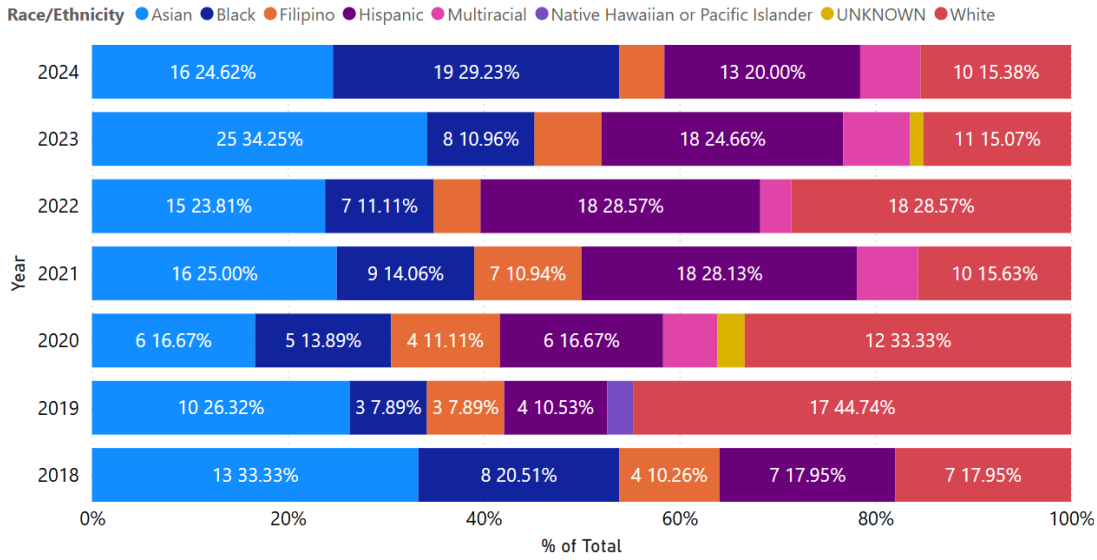


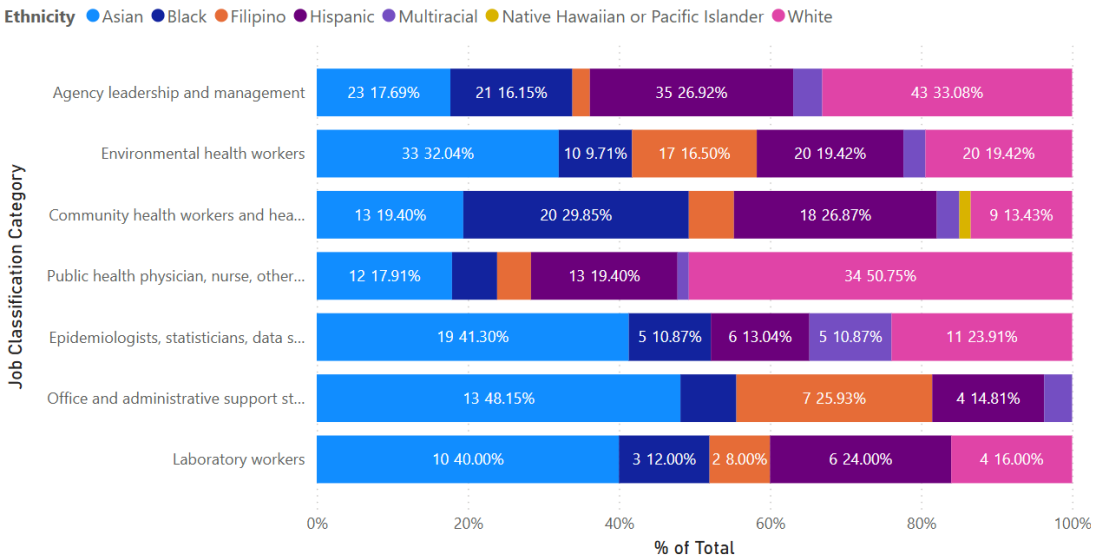
Figure 5 highlights 2024 data on % race & ethnicity by job classification across PHD.

Looking first at **Agency Leadership and Management**, it is important to note an expansion in this workforce category from 80 staff in 2018 to 129 in 2024. Aligned with the SFDPH Workforce Development Plan, PHD has prioritized hiring a more diverse staff into leadership positions, and has observed greater BIPOC representation at the Director and Senior Manager levels. This is a success, ***and*** there is more work to be done.

Among whites, representation is at 43, or 33% (an increase in numbers from 36, but a reduction in representation from 45% in 2018). Representation of Hispanics/Latines is at 35, or 27%, a significant increase from 11, or 13% in 2018. There is also a significant increase in representation among Blacks/AA (from 9, or 11% in 2018, to 21, or 16% in 2024).

Among **Environmental Health Workers** the most significant drop was among whites, from 31, or 31% in 2018 to 20, or 20% in 2024. There was an increase among Filipinos from 13 to 17, and Hispanics from 16 to 20, but other groups remained relatively static. Among **Community Health Workers**,[8] the most significant gains were among Hispanics/Latines (from 11, or 16% in 2018 to 18, or 27% in 2024, and the most significant decreases were among whites (from 36, or 45% in 2018 to 9, or 13% in 2024).

FIGURE 5. 2024 Race & Ethnicity by Job Classification



Among **Public Health Physician, Nurse, and Other Health Care Providers**, the number of total staff increased from 60 in 2018 to 66 in 2024. The number of Asians decreased from 15 to 12 (18%) and Blacks/AA remained static with 4 (7%), but the number of Hispanics/Latines increased significantly (from 7 or 12% to 13, or 19% in 2024). Among **Epidemiologists, Statisticians, Data Scientists, and Other,** representation of Asians decreased from 24 (63%) to 19 (41%), while Hispanics increased from 0 to 6, or 13%. Similarly, those identifying as Multiracial increased from 0 to 5, or 11% in 2024.

Finally, among **Office and Administrative Support Staff**, the number of Asians increased (from 8 in 2018 to 13, or 48% in 2024), while Filipinos decreased by the similar numbers (from 12 to 7). The number of Hispanic staff also decreased, from 5, or 20% in 2018 to 3, or 12% in 2024. The number of Blacks/AA increased from 0 to 2, or 7%.

Figure 6 specifically focuses on newly hired[9] leadership positions, and given the relatively small number of positions, time frames are consolidated before and after 2022. It is notable that over the past 2 years, again aligned with the Division's workforce development plan, that BIPOC leaders represent the majority of new hires.

FIGURE 6. New Leadership Hires

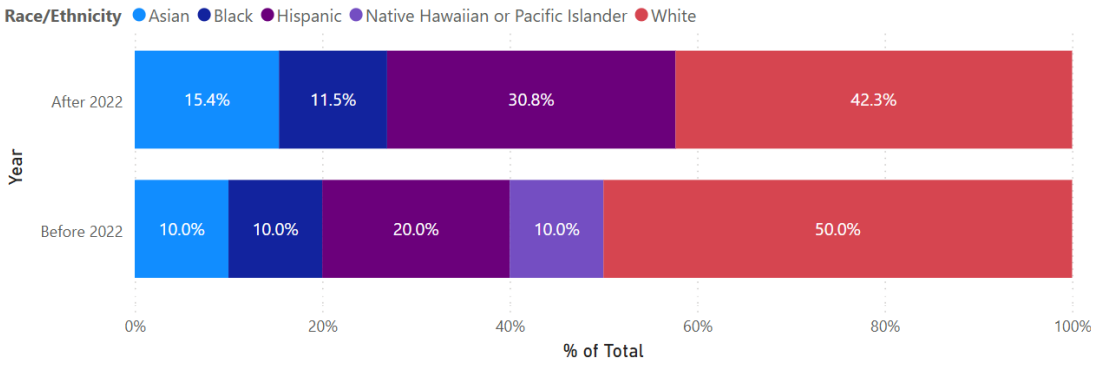
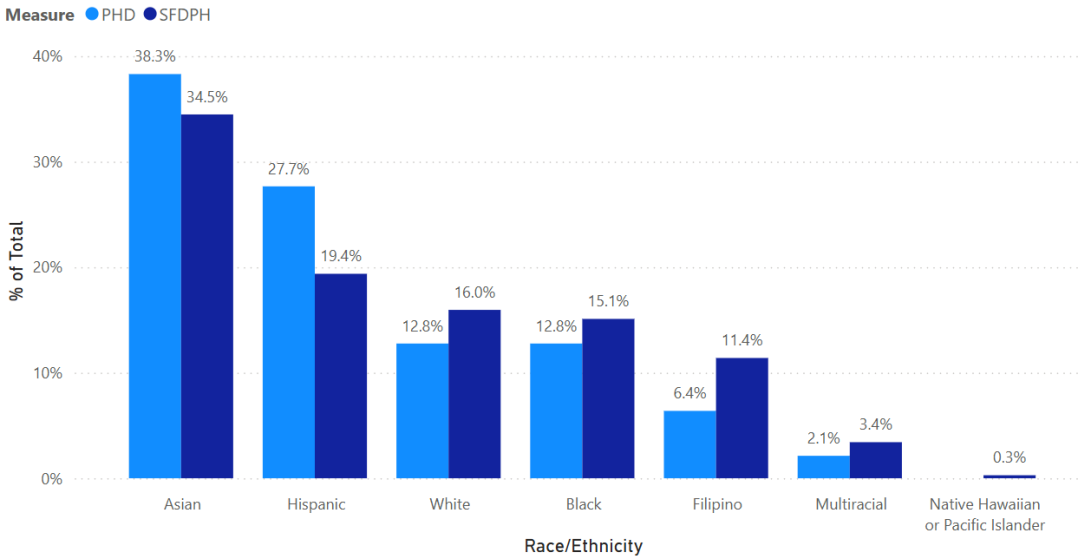


Figure 7 highlights the annual percentage of **promotions by race & ethnicity** for PHD versus SFDPH[10] over the period of July 2020—June 2024. The largest percentage (38% of all promotions) in PHD were awarded to Asian employees. Hispanic/Latine employees were the second largest group with 28% of all promotions. Black/AA and White new hires at PHD were equal at approximately 13% each.

FIGURE 7. Promotions at PHD and SFDPH by Race & Ethnicity



D. Vacancies

PHD has experienced fluctuating vacancy rates over the last six years, driven both by high attrition and an array of obstacles associated with hiring; all of which were discussed in detail in the key informant interviews and focus group discussions. The overall vacancy in PHD in 2022 was 27%, and as of 2024, it has dropped to 9.9%, a significant reduction due to a concerted hiring effort. At this time, the vacancy rate is higher than DPH overall (9.9% vs. 3.6%).

E. Retention

Retention is a core challenge for public sector agencies, in general, and local public health agencies, in particular. Public health agencies are often in competition with higher pay opportunities in the private sector for many of their job categories. For SFDPH, not only are they competing with a high concentration of research institutions and technology firms in the greater Bay Area, but their workforce must also contend with some of the highest costs of living in the country.

As indicated in **Figure 8**, the retention rate[11] at PHD peaked at 89% in 2020, but declined approximately 10% in the succeeding three years. As suggested in the interviews and focus group discussions, at least one factor is a high degree of burnout associated with the COVID-19 pandemic. In findings from the PHWINS survey most recently conducted in 2021, 28% of PHD respondents rated their state of mental well-being as being "poor" or "fair." "Lack of advancement opportunities" was also reported through PHWINS 2021 as an important factor for why individuals were considering leaving in the next year.

FIGURE 8. PHD Versus SFDPH Retention by Year

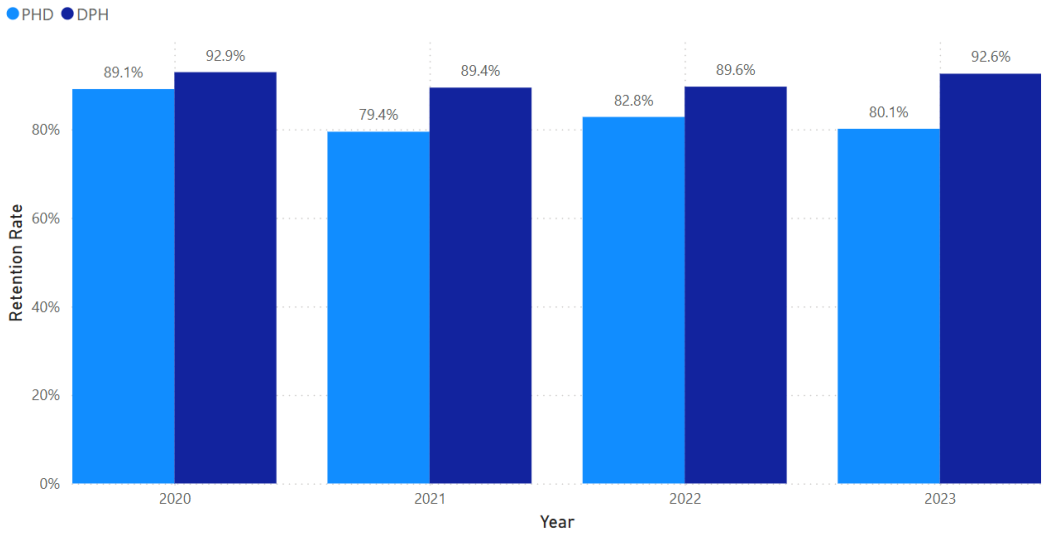
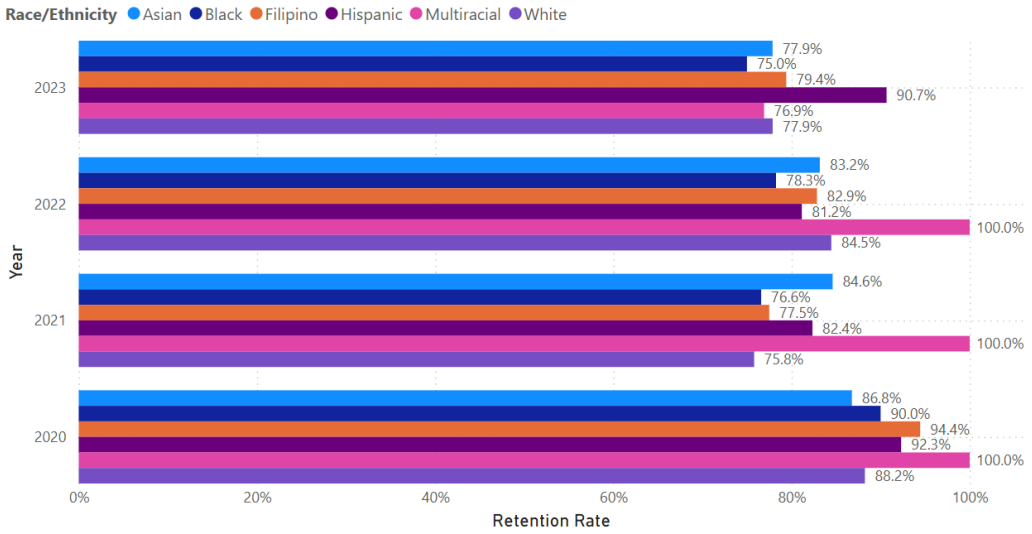


Figure 9 provides a more detailed picture of PHD retention rates by race/ethnicity. The findings indicate that Black/AA employees had the lowest retention rates across years ranging from a high of 90% in 2020 to a low of 75% in 2023. White employees had the lowest retention rates (76%) in 2021 at the height of the pandemic.

Hispanic/Latine employees were retained at a higher rate than other races/ethnicities (91% in 2023) with the exception of Multiracial employees (potentially due to very low numbers). Asian employees had some of the highest retention rates in 2021 and 2022, and then declining to the average retention rate for PHD in 2023. As noted above, retention for Black/AA staff members was at the highest in 2020 (90%) but proceeded to decline year over year, estimated to be 75% in 2023. This suggests PHD should focus attention on why Black/AA staff are leaving PHD, through analysis of exit interview data. It should then develop suitable countermeasures to reduce attrition.

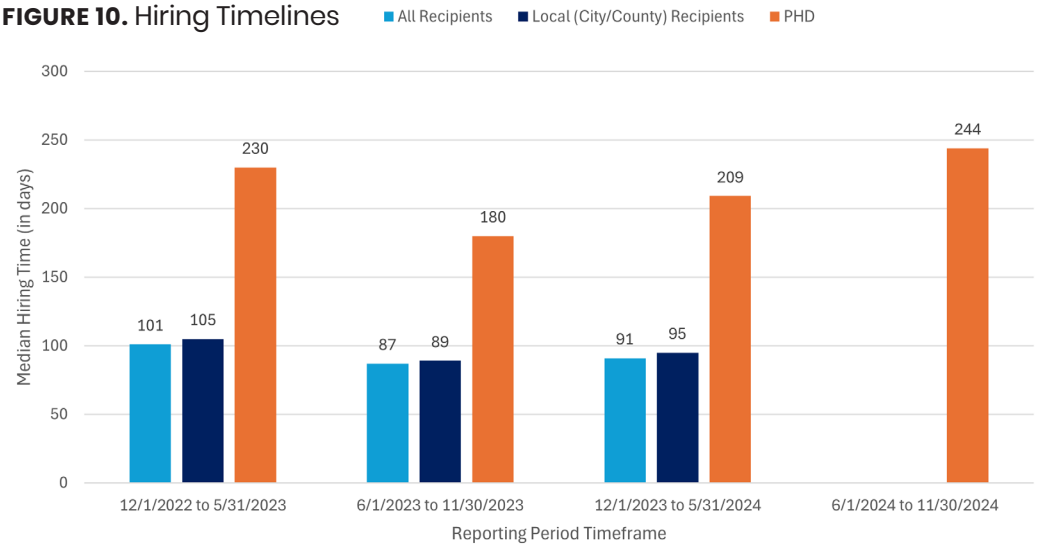
FIGURE 9. PHD Retention by Race & Ethnicity



F. Time to Hire

Figure 10 highlights findings on the significant time to hire for PHD. For example, between December 1, 2022, and May 31, 2023, the average time to hire into PHD civil service positions was 230 days, compared to a national average of 101 days for other public health agencies that participate in the CDC PHIG initiative. There was a significant decrease for PHD between June 1, 2023 and November 30, 2023 to an average of 180 days, while the national average decreased slightly to 87 days. Between December 1, 2023 and May 31, 2024, there was an increase to 209 days for PHD versus 91 days for the national average. In the most recent period, however, (June 1, 2024 to November 30, 2024) the average time to hire has increased again to 244 days. Comparable national data for PHIG participants is not currently available.

FIGURE 10. Hiring Timelines



OPPORTUNITIES TO IMPROVE RECRUITMENT

As SFDPH continues to adapt and evolve, it faces several key challenges that must be addressed to ensure continued success and sustainability. While the department has made significant strides, there are areas for improvement to better support its workforce development efforts.

Obstacles to Timely Hiring – As highlighted in **Figure 10** above, the relatively long time to hire civil service positions is one of the most pressing issues thwarting the Division's ability to efficiently fill vacancies created through attrition or establishment of new positions supported by General Fund or through new grant-funded programs. Community stakeholders shared that applicants often find themselves waiting for approvals and facing opaque processes. Many qualified candidates are often lost to other opportunities before positions are filled, and the long time to hire may be at odds with efforts to hire candidates who simply can't wait to find employment. The frustration among staff and managers was gleaned during interviews/focus groups, with some emphasizing the need for a more transparent and streamlined system to avoid unnecessary delays and advance equitable hiring. As of this writing, several processes are being simplified to hasten hiring including eliminating HR operations approval of hiring panel membership and interview questions. Such efficiencies are welcome and should be amplified across the hiring life course.

Key informant interviewees acknowledged that many of the specialized positions within PHD presented obstacles to timely hiring, both in terms of limited applicant pools, as well as layers of required certifications. Delays in hiring also may be attributed to hiring manager fear that the hiring process may be scrutinized and challenged by applicants. One key informant commented, "***hiring managers and HR need to brace themselves for inspection requests…let's not be afraid if we get inspected. First, we need to do the right thing. If we get an inspection request, we should be willing to respond to it."***

Inefficient Recruitment Processes – Focus group participants also pointed to the relative inefficiency in recruiting new positions. There is a tendency for individual managers to request modified recruitment processes for each position, which can further exacerbate delays. While a bulk or batch hiring process has been introduced to address this issue, focus group participants noted there has been some success in streamlining the process, but improvements are still needed.

Moreover, SFDPH faces challenges in recruiting for specialized managerial roles and those requiring particular licenses or certifications. Complicated approval processes and rigid classifications make it difficult to fill some critical

positions, leaving the department vulnerable to staffing shortages and hindering its ability to innovate and respond to emerging health needs. Given major improvements on the health care delivery side of the Department to reduce nursing vacancy rates to near zero, focused attention by PHD hiring managers and SFDPH HR on these processes should result in improved hiring outcomes for PHD.

Limited Local Pipeline – Despite considerable progress to date, there is a need to expand local pipeline development to address gaps in the diversity of the workforce. While SFDPH has worked with several partner organizations to launch or sustain programs designed to establish pathways into PHD from local high schools and universities, there remains a lack of Bay Area residents entering the public health field. This is a broader national challenge, where public health careers are not always seen as desirable or well-understood. Senior leaders have stressed the importance of raising awareness about the critical work done by public health agencies, particularly within low-income communities.

Additionally, hiring practices should be evaluated to ensure they are maximally inclusive and supportive of individuals from diverse backgrounds who SFDPH seeks to hire. Equity cannot be achieved by simply filling positions; there also must also be commitment to creating a supportive, culturally responsive work environment for all employees.

STRATEGIES TO IMPROVE RECRUITMENT

Focus group and in-depth interview participants highlighted several strategies that have the potential to improve existing hiring processes.

Batch Hiring – Rather than evaluating candidates individually for each position, batch hiring brings multiple individuals into a selection and interview process for a particular job classification. This allows participating branches to more efficiently leverage their collective skills.

A senior manager highlighted how this could minimize human bias in the recruitment process. ***"We've tried everything—redacting names, blinding the process—and it hasn't worked. But bulk hiring may be a way to reduce bias. It's not about the individual; it's about the qualifications. Everyone is equally considered."*** This method holds the potential to level the playing field, ensuring that all qualified candidates are given equal opportunities to contribute to SFDPH's mission while mitigating the influence of unconscious bias.

Revise Minimum Qualifications – There is an imperative to revise the minimum qualifications for many staff positions. Several focus group participants observed a recurring issue with turnover of entry-level staff who often leave shortly after receiving significant training. This high churn is costly and

inefficient, especially when positions that don't require higher degrees are being filled with individuals who may not need a degree to do the job effectively.

In branches such as Disease Prevention and Control, the argument was made that a college degree might not be necessary for certain roles, which could help alleviate the high turnover rate and improve retention. One participant reflected, ***"We recognize the challenge in changing job classifications due to civil service requirements, but a gradual multi-year plan could be an effective solution."*** Revising minimum qualifications would allow SFDPH to better align staff skills with actual job needs, eliminating unnecessary barriers and increasing the overall workforce's effectiveness.

Expand Local Pipeline – PHD has an opportunity to foster a stronger local pipeline for recruitment and internship development. By creating more entry points for area residents, particularly through paid internships, SFDPH could build a more diverse and committed workforce. The idea of internships, particularly those focused on public health roles, could spark interest in the department and help cultivate new talent from within the community.

A senior manager noted, ***"We need to start from the beginning, help grow people into our system,"*** echoing a desire to build a sustainable pipeline that nurtures talent at an early stage. Moreover, PHD could leverage existing paid programs hosted by CDC or CDPH, which offer potential interns the opportunity to gain hands-on experience and a deeper understanding of public health work. By developing this local talent pool, PHD would not only benefit from fresh perspectives but also help ensure that the workforce more closely reflects the communities it serves.

These opportunities present clear pathways for PHD to improve its staffing, reduce turnover, and increase diversity within the organization. By embracing bulk hiring, revising qualification requirements, and investing in local talent

"The biggest challenge is just the difference in salaries between private labs and us."

development, PHD can build a more efficient, inclusive, and resilient workforce, positioning itself to meet the growing demands of public health in San Francisco.

ACKNOWLEDGING INTERNAL AND EXTERNAL THREATS TO MAINTAINING SUFFICIENT WORKFORCE CAPACITY

There are several significant threats that could impede progress and challenge the Division's efforts to build a resilient workforce, foster innovation, and promote equity in public health.

Attrition – A recurring theme during focus group discussions was the immense toll the COVID-19 pandemic had on staff, especially senior managers who worked long hours, often exceeding 12 hours a day, including weekends, for months on end.

The burden of burnout, however, is not the sole reason for attrition. For some staff, their departure represents the fulfillment of a career-long goal. A participant noted, ***"Some people just literally gave all they could give. They're not burned out, they're not bitter. They've done what they set out to do and now it's time to move on."***

Yet, the reality remains that such high levels of dedication lead to an inevitable turnover, as experienced employees move on to new endeavors or retire. As another focus group participant shared, ***"Some people outgrow what we're doing. They want to go into research, they want to go into clinical positions elsewhere—this is a training ground for many."*** As people leave to explore different career opportunities, the department is left to rebuild, which can disrupt the continuity of operations and challenge efforts to retain institutional knowledge.

Private Sector Competition – Private sector advantages in salary offers poses a significant threat to PHD's ability to retain staff. This issue is especially prevalent in the recruitment and retention of lab technicians, a critical area for the department. One senior manager noted that ***"The biggest challenge is just the difference in salaries between private labs and us."*** Recruitment is already challenging due to lengthy hiring processes, but once new staff members are trained, the private sector often swoops in, offering higher wages and more attractive benefits, leading technicians to leave for more lucrative opportunities.

For lab scientists recruited from outside the Bay Area, the **cost of living in San Francisco** becomes a deal-breaker. Despite initially appealing salary offers,

Together, these threats of attrition, private sector competition, and federal policy shifts create an uncertain future for SFDPH's workforce.

many quickly realize that those wages don't stretch as far in such an expensive city, leading to further attrition. The loss of trained and skilled professionals means SFDPH faces the ongoing challenge of retraining staff, which is both time-consuming and costly.

Shifting Federal Policies – Threats to staffing in federal agencies also pose a threat to SFDPH's efforts to hire with diversity, equity, and inclusion (DEI) in mind. The current administration's stance on DEI initiatives has cast uncertainty on the future of racial equity efforts across all government agencies. This new political climate could ripple down to state and local levels, threatening funding for programs that focus on racial equity and potentially leading to the termination of DEI-focused initiatives altogether. For an organization like PHD, which has made strides in increasing diversity and prioritizing racial equity in public health, the possibility of losing federal funding or being forced to scale back these efforts would be a major setback. The threat is not just one of the resources but of undermining the Division's ability to advance equity as a core component of its True North. Given the observed trend in declining retention of Black/AA staff, identifying barriers and remaining steadfast in addressing them is a high priority.

Together, these threats of attrition, private sector competition, and federal policy shifts create an uncertain future for PHD's workforce. While the Division has achieved much, the challenges ahead will require innovative solutions and strategic planning to maintain momentum and continue serving the community effectively.

Training And Professional Development

COMMITMENT TO BUILD TALENT, INNOVATION, AND EXCELLENCE

At the heart of building a workforce for the future lies a vision of continuous growth, engagement, and innovation. PHD's strength shines through its commitment to building and nurturing the talent it needs to tackle public health challenges, ensuring that the workforce is equipped for today and tomorrow.

PHD has recognized the importance of partnerships in fostering a resilient public health workforce. As a dedicated participant in the Association of State and Territorial Health Officials (ASTHO) Public Health – Hope, Equity, Resilience, and Opportunity (**PH-HERO**) Learning Community initiative, PHD engages in ongoing dialogue with public health agencies across the nation. This network facilitates the sharing of resources and expertise, helping to shape a workforce ready to meet the demands of diverse communities. PH-HERO has proven itself as an invaluable platform, offering over a hundred online courses that strengthen public health staff and leadership through critical learning and engagement opportunities.

As PHD planned to apply for public health accreditation in 2016 on behalf of the Department, the Division reorganized and centralized several workforce development efforts through its **Center for Learning & Innovation** (CLI). CLI seeks to foster a learning culture, to cross-train staff, and to expand connections between branches through several cross-Division grant-funded programs (e.g., PHIG, Capacity Building Assistance in HIV Prevention, Summer HIV/AIDS Research Program). Focus group and interview participants highlighted ways in which CLI has created novel professional development opportunities for staff and new pathways for trainees to gain a deeper understanding of public health practices and services.

Diversity, Equity, and Inclusion are at the core of SFDPH's mission, and the department's commitment to these values is reflected in its comprehensive training programs.

Diversity, Equity, and Inclusion are at the core of SFDPH's mission, and the department's commitment to these values is reflected in its comprehensive training programs. From defining what racial equity means in public health to operationalizing trauma-informed care practices, PHD is dedicated to ensuring that staff understand how to create supportive, inclusive environments for all individuals. PHD is committed to expanding these efforts, making equity training a cornerstone of its workforce development strategy.

Empowering Through Learning: Boost Awards – Professional development is a cornerstone of PHD's workforce strategy. The Boost Awards is a novel mini-grant program funded by Project INVEST aimed at providing resources to teams to fostering team building and group learning. Funds have been used by applicants to attend external conferences and workshops who are then encouraged to share insights with their teams, and in some cases, the Division

as a whole through organized report-back webinars. After a year of implementation and over 36 awards made, preliminary evaluation data suggest these mini-grants offer a high return on investment for program recipients.

Nurturing Leadership: Succession Planning – As PHD continues to grow, so does its commitment to developing the next generation of leaders. Succession planning has become a priority, with a focus on cultivating promising new leaders and ensuring effective knowledge transfer from those leaving PHD due to retirement or other reasons. Senior managers have embraced a new model where staff are not only trained in their specific roles but are also encouraged to explore opportunities for growth within the department. This holistic approach to development ensures that employees understand the bigger picture and are ready to take on leadership roles when the time comes. By nurturing talent from within, the Division is hoping to lay the groundwork for longer-term organizational stability.

Innovating Training in Administration: The BEAM Program – PHWINS 2021 revealed the need for additional training in budgeting and fiscal management. PHD has partnered with the University of Miami to rollout their Building Expertise in Administration and Management (BEAM) online certification course to those in PHD who are interested in building these skills. Funded by Project INVEST, participants enroll in the online course supplemented with targeted instruction by PHD subject matter experts in the areas of program management, budgeting, procurement, and contracting. This multi-component strategy helps to ensure learners understand how the principles covered in the online course are directly applied in SFDPH.

Manager Communities of Practice: Fostering Peer Learning – Recognizing the value of peer-to-peer learning for managers and supervisors to enhance their leadership skills, PHD launched in 2023 a "Manager Community of Practice,"— a monthly forum for managers and supervisors to share best practices, troubleshoot challenges, and learn from each other. Now in its second year, this initiative fosters collaboration and continuous improvement within the PHD leadership team, strengthening management skills and empowering leaders to better support their teams.

Preparing the Next Generation: Internal Lab Technician Training – In a bid to retain talented lab technicians and address the challenge of competition from the private sector, the Public Health Laboratory has developed an internal training initiative aimed at accelerating career development. By providing state-required training and facilitating access to national certification, the Laboratory has created a pipeline that ensures lab technicians have the skills and credentials needed to thrive in their roles. This program not only benefits employees by advancing their careers but also ensures that PHD has a highly skilled, dedicated workforce that can advance internally and be retained over time.

These and other bright spots such as the aforementioned RADR Disease Investigator training program and community health worker training and mentoring programs demonstrate a clear commitment to building a workforce that is knowledgeable, resilient, and adaptable. From robust training programs to leadership development initiatives, SFDPH is not just responding to the needs of today's public health landscape; it is actively shaping the workforce that will lead the way forward.

OVERCOMING CHALLENGES

"Everyone needs to have their performance assessed and have their professional development goals documented."

Low PPAR Completion Rates – The Performance and Professional Appraisal Review (PPAR) is designed to help staff reflect on their professional development and engage in meaningful growth. Yet, participation in this important tool has dropped significantly after the emergency pandemic response, with only 30% of staff completing their reviews during the 2022-2023 fiscal year. Data on completion rates from the 2023-2024 fiscal year are forthcoming. A lack of formally documenting how employees are progressing or what support they need could stymie professional development and threaten whether staff can enhance their capabilities to effectively do their jobs. Dr. Fuchs pointed out, ***"Everyone needs to have their performance assessed and have their professional development goals documented."*** By not addressing these reviews, SFDPH is missing out on valuable opportunities to guide staff development, align goals, and foster growth.

Limited Access to a broad range of training – The PHWINS 2021 survey found that a lack of advancement opportunities was the major reason cited by those considering leaving the organization in the next year. Ensuring that staff have the ability to expand their skills through robust training is essential for employee mobility. However, focus group participants from Operations and Administration acknowledged that access to leadership training, for example, is limited through the City, and the 24 Plus refresher training fails to present more complex concepts over time. One participant remarked, ***"Sometimes [DHR] offers a particular training two or three times a year, and the enrollment capacity is nowhere near half of what's needed for the people that should or need to go. It's like this scarcity thing, which I don't quite understand."*** Additionally, clinical staff may struggle taking advantage of DPH HR, DHR, or CLI-organized training resources due to time constraints. All focus group participants pointed to the need for the Division to maintain readily accessible in-person and online training offerings that are well matched to the developmental goals of front line staff as well as organizational leaders.

Increase Access to Staff Wellness Options – Staff wellness is another area where SFDPH faces room for improvement. While there are wellness resources available, many employees are unaware of what's offered, especially those in non-clinical roles. One participant admitted, ***"I didn't know I could get discounts at Kaiser after five years of working here."*** Others mentioned how wellness programs—such as yoga and Zumba—are well known at ZSFG, but less so in other departments. HR Deputy Director Richa Dhanju notes that ***"It is important to acknowledge the dynamics of campus-oriented services. There is a larger sense of community and cohesion, and easier access to support services for clinical employees in comparison to PHD."***

In short, non-clinical staff have limited visibility into wellness programs, and often, the resources feel hidden. By making wellness initiatives more visible and accessible across the department, PHD can ensure that all staff members feel supported in maintaining their health and well-being. As one participant shared, a simple sign in the bathroom or hallway reminding staff to "take a deep breath" can go a long way in creating a culture of wellness.

Expand Collaboration Opportunities Across PHD Branches – Alignment of strategies and services across PHD branches is an important area that needs attention. Many focus group participants expressed the frustration of working in silos, with little understanding of what other branches are doing. This lack of communication not only leads to inefficiencies but can confuse the public as well. One participant shared, ***"We need to think about how to streamline communications... so we can collaborate more effectively and at least support each other."***

Another echoed the sentiment, noting that different branches often duplicate efforts or unknowingly overlap with one another. This disconnect creates confusion within the department and for the communities SFDPH serves. With better coordination, especially at the newly established Deputy Director level, resources could be used more effectively, and the department could create a clearer, more unified experience for the public. As one manager put it, ***"We need to reduce redundancies and improve how we coordinate efforts."***

These challenges—low PPAR participation, limited access to relevant training, staff wellness support, and internal collaboration—are areas that PHD must address to optimize resources and expand working relationships with external stakeholders. By improving access to training, fostering communication across branches, and prioritizing wellness and staff development, PHD can not only enhance employee engagement but also better serve the community. With the right focus and commitment, these areas of improvement can turn into opportunities for long-term success.

In the face of budgetary constraints and a hiring freeze, PHD is being urged to adopt a bold new approach to improve coordination and professional development within the organization.

UNLOCKING POTENTIAL: OPPORTUNITIES FOR GROWTH AND DEVELOPMENT

In the face of budgetary constraints and a hiring freeze, PHD is being urged to adopt a bold new approach to improve coordination and professional development within the organization. Senior managers and focus group participants alike have stressed the urgent need for better integration across branches to streamline services and create more cohesive strategies.

Expand Rapid Response and Disease Investigator Support – Another promising opportunity lies in replicating approaches used by the RADR (Reserve for Accelerated Disease Response) training team to expand cross-training among disease investigators and standardize onboarding. This cross-training model has proven to be highly effective in broadening the skill sets of disease investigators, allowing them to adapt their expertise to a range of communicable diseases. This is clearly a "best practice" that merits both expansion and sustainable funding as part of outbreak investigation readiness. By applying similar cross-training strategies in other areas such as epidemiology or biostatistics, PHD could significantly increase the reach and versatility of its workforce.

Best Practices for Growth and Development

- Cross training
- Mentoring
- Stay Interviews
- Professional Development

Develop a Mentorship Program – Increasingly, health departments are seeing the value of mentoring to retain early career staff.[12] Dr. Fuchs envisions a future where PHD could adopt a voluntary mentoring program where these employees are matched with more experienced PHD mentors — an idea inspired by the program model he co-leads through the UCSF Center for AIDS Research, now in its twentieth year. By focusing on early career staff and providing them with the tools to succeed, this mentorship model could help staff gain confidence in their work, receive tailored guidance on career development, and foster a culture of continuous learning. While the concept is still in its infancy at PHD, discussions with key stakeholders, such as Drs. Fuchs and Hernandez, suggest that a mentorship framework would be a powerful addition to the division's overall professional development offerings.

Capitalize on strengths by identifying why people stay with PHD — At the heart of these opportunities is the recognition that staff retention is directly tied to engagement and job satisfaction. In addition to exit interviews with departing employees, Dr. Fuchs advocates for the implementation of "stay" interviews. These proactive conversations would allow PHD to take a strengths-based approach to gain deeper insight into why employees choose to stay with the organization, what keeps them engaged, and where improvements can be made. This approach could be a game-changer in terms of retention, enabling PHD to identify and invest in areas that positively influence employee satisfaction and well-being over time.

Capture and share the impact of people development efforts. While professional development is a key focus for the department, there is a growing need to demonstrate the tangible impact of these training programs. Currently, PHD evaluates the success of its training programs by gauging whether learning objectives are met, but there are limited data on long term outcomes from these investments. Dr. Fuchs sees an opportunity to build on the success of initiatives funded by Project INVEST, the Future of Public Health, RADR, and other workforce initiatives by ensuring individual, organizational and community level outcomes are assessed and stories about their impacts are shared with key internal and external stakeholders. By doing so, PHD can create a more robust case for securing sustainable funding to support these vital people development programs.

By seizing these opportunities for growth, PHD has the potential to build a stronger, more coordinated workforce—one that is not only well-equipped to meet the challenges of today but also positioned to thrive in the future.

LOOKING TOWARD SUSTAINABILITY OF PHD WORKFORCE DEVELOPMENT EFFORTS

"If you're not investing in the professional development of your workforce to ensure that they have the capabilities they need to excel, the lack of professional development can have a negative impact on retention."

At a time when budgets are tight and financial constraints weigh heavily on every decision, the future of professional development within PHD is at a significant crossroads. The limited General Fund support for centrally organized training programs in PHD as some workforce-focused federal and state funding sunset threatens the long term sustainability of growing workforce capabilities. This issue is not only a matter of resources; it represents a larger challenge for PHD's long-term success in meeting the needs of the public health community. Dr. Fuchs highlights the critical issue: ***"A lot of these efforts in PHD, unfortunately, are grant funded or temporarily funded. Within our training center, for example, we only have 2.5 FTE that are funded by the City General Fund to support training and workforce development for a Division of over 525 staff."*** With such limited funding, the Division is left vulnerable to the ebb and flow of grant cycles and short-term financial commitments.

This dependency on grants is especially precarious when vital capabilities are being nurtured. For example, the RADR model for cross-training disease investigators, is entirely grant-funded. The risk is clear: ***"When that goes away, there is real potential that the training capacity goes away."*** The potential loss of this program could weaken PHD's ability to rapidly scale the response to a large communicable disease threat.

Also concerning is the potential to reduce or eliminate training and development to spare service delivery programs when budget cuts hit. As Dr. Fuchs reflects, ***"Training is often the first thing to be cut when there are***

Without sustainable funding for professional development, PHD runs the risk of jeopardizing both staff satisfaction and the quality of population-based services and programs offered to the community.

budget constraints, which can be short-sighted." Without consistent investment in professional development, the Division risks losing its competitive edge and, worse, its talented staff. ***"If you're not investing in the professional development of your workforce to ensure that they have the capabilities they need to excel, the lack of professional development can have a negative impact on retention,"*** he adds.

The current fiscal shortfalls in the City and County of San Francisco also present challenges to the implementation of key proposals to strengthen retention and reduce attrition. While PHD leadership and senior managers endorse "stay interviews" as described above, the HR Deputy Director, Dr. Richa Dhanju, expressed concern about their implementation, noting that ***"given the hiring situation and budget limitations, I'm not hopeful we have the staffing to conduct these. This is a valuable approach, but it may take us a few years to get to a point where we can do stay interviews."***

In this environment, the imperative for sustainable funding for professional development has never been more urgent and should be aligned with the similar investments made in other parts of the department (e.g., at ZSFG and Laguna Honda where training centers are funded and linked to maintenance of accreditation). Without it, PHD runs the risk of jeopardizing both staff satisfaction and the quality of population-based services and programs offered to the community. The looming threat of diminished training capacity is a stark reminder that in order to build a strong, capable workforce, the investment must be consistent, long-term, and protected from the uncertainties of temporary funding.

Community And Stakeholder Engagement

UNITED FOR CHANGE: THE POWER OF COLLABORATION IN PUBLIC HEALTH

"I credit the health systems with stepping up and being willing to do that in that time of need. It made all the difference in terms of getting people vaccinated faster because these were big, trusted sites that people knew they could go to."

The foundation of public health as a field is a recognition of the myriad ways that biological, psychological, sociological, and environmental factors impact health and well-being at the individual, family, community, and societal level. This recognition creates an imperative for ongoing multi-disciplinary scientific inquiry, as well as trust building and genuine collaboration across sectors and with residents facing significant health inequities.

PHD sustains strong partnerships with diverse community-based organizations, academic institutions, health centers and governmental and non-governmental stakeholders. Despite the challenges posed by inconsistent funding and occasional fragmentation, there is an unwavering commitment to further deepen these relationships. The people behind the organizations work tirelessly toward a common goal, knowing they are supported by one another. As noted by Dr. Hernandez, "***Synergy between PHD units and community-based programs can significantly amplify the impact of health initiatives by leveraging the strengths, resources, and reach of both entities."***

One of the most significant achievements has been the close working relationships established with key provider organizations. The COVID-19 pandemic was a defining moment for the city's public health efforts, and it became clear that these partnerships with local hospitals were essential for success. Hospitals stepped up during the most critical moments, hosting multiple vaccine events that became lifelines for many. As one senior manager reflects, ***"I credit the health systems with stepping up and being willing to do that in that time of need. It made all the difference in terms of getting people vaccinated faster because these were big, trusted sites that people knew they could go to."***

"I want to say that we have a pretty good working relationship with our hospitals here in our little 7 by 7 square mile city,"

This collaboration highlighted the power of teamwork and the shared responsibility of tackling public health challenges. The strength of these partnerships was particularly evident within the small, close-knit community of San Francisco. ***"I want to say that we have a pretty good working relationship with our hospitals here in our little 7 by 7 square mile city,"*** the manager continues, underscoring the critical role of strong connections in this densely populated urban landscape.

Looking ahead, PHD also is setting its sights on strengthening data analytics. The CDC-funded Public Health Infrastructure Grant signals a clear commitment to modernize data systems and improve data collection and

analysis capabilities. This will not only inform the strategic delivery of public health services but also raise awareness and foster engagement among both city and county leaders, as well as the public. By enhancing the data analytic infrastructure and harnessing more powerful predictive analytics and use of artificial intelligence, PHD is poised to improve ways in which it can make data-driven decisions that benefit the community at large. At every step of the way, the commitment to collaboration and data-driven action remains steadfast.

Public health has long been a field driven by collaboration, but as the current landscape shifts, there are areas that require more focused attention and alignment to continue the momentum of positive change. From the challenges faced by local public health agencies in coordinating interventions, to the critical need for sustainable funding and stronger partnerships, these obstacles reveal where more work must be done to truly build a healthier, more unified community.

Current Challenges in Community and Stakeholder Engagement

- **Chronic Underfunding of Core Public Health Functions**
- **Lack of City-wide Alignment and Coordination of Population Health Interventions**
- **Limited Support to Engage Community Health Workers/ Promotores**
- **Lack of Attention to the "Lived Experience" of Community Health Workers/ Promotores**

CURRENT CHALLENGES IN COMMUNITY AND STAKEHOLDER ENGAGEMENT

PHD is a leader among local public health agencies for its demonstrated expertise, innovation, and commitment to improve health in local communities. At the same time, its accomplishments are threatened by challenges that are both internal and external in nature.

Chronic Underfunding of Core Public Health Functions – Underfunding of key governmental public health functions is a widespread issue, one that has plagued public health departments across the country for decades. In the context of these challenges, the PHD has done remarkable work securing grant funding to support community partnerships and health improvement initiatives.

This funding, however, comes with a major potential drawback. The cycle of "boom and bust" funding can leave staff stretched thin, with temporary support leading to a lack of continuity in building relationships and sustaining long-term impact. As one manager described, this funding shortfall hinders ***"strategic actions, including local policy development,"*** further exacerbating the difficulty of creating lasting change. It's a challenge felt in every corner of the department, but with a clear path toward improving stability and securing sustained investment, it's possible to move toward a more consistent and strategic future.

Lack of City-wide Alignment and Coordination of Population Health Interventions – SFDPH collaborated closely with the health care community in San Francisco during the pandemic which bolstered vaccine rates and reduced COVID-19-associated mortality. Prior to the pandemic, there is also a long history of SFDPH collaborating with nonprofit hospitals through the Community Health

Needs Assessment (CHNA) process. With few exceptions, however, once the CHNA process is concluded, work to align efforts dissipates, and hospitals independently develop their own strategies. As one senior manager explained, ***"these engagements end at the completion of the CHNA process."***

In the absence of a more cohesive strategy across hospitals, SFDPH, community-based organizations, and other relevant stakeholders, the Division can miss opportunities to leverage assets and maximize collective impact. The story of disjointed efforts is not new, but it's becoming ever more urgent to tackle it head-on to create a unified force for change.

Nonprofit hospitals are required to submit their community benefit Implementation Strategies to the State of California as part of their fulfillment of their obligations under SB697, passed in 1994. Unfortunately, those plans, with few exceptions, lack sufficient information to determine specifically what is being done, where, how many are being served, and what are the targeted outcomes. This lack of specificity undermines a substantive potential role for SFDPH to facilitate the alignment and focus of services and activities in specific neighborhoods where health inequities are concentrated.

For example, UCSF is a powerful force in the San Francisco healthcare system and plays a pivotal role in shaping the city's health landscape. However, despite the institution's significant financial leverage and commitment to community health through its most recent CHNA, its partnership with SFDPH and the broader health department to address population-level health inequities remains unclear.

In their 2022-2024 Implementation Strategy,[13] UCSF highlighted broad priorities such as Access to Care, Behavioral Health, and Economic Opportunity, but conspicuously absent was any mention of specific collaboration with PHD, and with few exceptions, specific neighborhoods of focus. Dr. Fernandez, UCSF Associate Dean for Population Health and Health Equity noted during an interview the distinction between UCSF's Zuckerberg San Francisco General Hospital, which has a clear safety net focus, and the broader UCSF medical system. This gap between the two entities highlights a missed opportunity for deeper integration of resources and strategies, creating a disconnect that undermines the potential for holistic, system-wide improvements.

As San Francisco's public health landscape faces a host of challenges, these areas of improvement serve as a call to action. The pieces are in place—strong partnerships, committed staff, and valuable community connections. What's needed now is alignment, funding, and a focused investment in the people who work on the frontlines of public health. By addressing these gaps, we can build a more cohesive, efficient, and sustainable public health system that benefits everyone in the community. The path to change is clear—it's time to act.

Limited Support to Engage Community Health Workers/Promotores – Community Health Workers/Promotores (CHWs/Ps) are often inadequately appreciated for their efforts to improve community health and well-being. The COVID-19 pandemic opened many eyes to their value in facilitating access to clinical services while addressing social determinants such as housing and food insecurity. To date as one senior manager emphasized, despite their obvious impact, ***"there is a lack of sustainable funding for community health work."***

These essential workers, the backbone of community-level health improvement, often lack the sustainable support required to maximize their impact. The need for greater engagement with CHWs/Ps in the identification of structural obstacles to health at the community level and in policy advocacy at regional, state, and national levels has never been more pressing. Without a consistent funding base, it is impossible to maintain their presence in the community and sustain their vital work.

Whether or not additional funding is secured, it will be important for PHD to prioritize the development of a comprehensive care model that incorporates CHWs/Ps. **PHD currently engages a well-developed network of Promotores, providing essential support and technical assistance. A comparable model is needed for Black/AA, Asian, Pacific Islander, and other communities.** These workers possess sophisticated cultural knowledge and community trust that is essential for the effective dissemination of health information and support. PHD must commit to full and ongoing engagement with these communities, particularly in the context of current challenges.

Lack of Attention to the "Lived Experience" of Community Health Workers/ Promotores – A key value of CHWs/Ps goes beyond their technical expertise. It is anchored by their lived experience, which makes them uniquely positioned to connect with community members on a deep, personal level. There is a need for professional work environments to acknowledge and value their understanding of a community's socioeconomic circumstances and cultural nuances that are achieved through an ethnographic lens.

We must apply anthropological perspectives to assess needs, leverage assets, and develop engagement strategies. This holistic approach will not only enhance empathy and trauma-informed care but also strengthen the bonds between CHWs/Ps, providers, and the communities they serve. It's clear that to build lasting change, attention to both technical and emotional intelligence in the workforce is essential.

Opportunities to Transform Public Health in San Francisco

- **Use of Data Visualization to guide action planning**
- **Formalize Cross Training Across Branches**
- **Leverage Cal-AIM and BH-CONNECT 1115 Waiver**

SEIZING OPPORTUNITIES TO TRANSFORM PUBLIC HEALTH IN SAN FRANCISCO

Opportunities are emerging that could redefine the way the city tackles its most pressing health challenges. From leveraging cutting-edge data tools to formalizing community mobilization strategies, there are new avenues to improve collaboration, strengthen partnerships, and create lasting change. The potential to harness these opportunities is vast, and with the right focus, improvements in health outcomes for San Francisco's marginalized communities are possible.

Proactive Use of Data Visualization to Align Health Improvement Interventions PHD has access to a wealth of health care utilization and Vital Conditions (VC) data at the census tract level, a resource few cities are fortunate enough to possess. To date, this treasure trove has been largely untapped to align efforts across competing providers and with related sectors. The ability to pinpoint specific neighborhoods faced with high rates of preventable emergency department visits and hospital admissions is one of the Division's greatest potential assets. When paired with a review of hospital community benefit implementation strategies, these data could become a roadmap for PHD facilitation of more precision-targeted interventions at the individual, family, and community level.

As noted previously, the health priorities identified by UCSF in their Community Benefit Implementation Strategy,[14] while important, remain too broadly framed and inadequately focused in the city's most vulnerable communities. This is where opportunity arises—by using data visualization to illustrate where interventions are most needed, the stage is set for aligned action across sectors that produce meaningful and sustainable results at scale. For example, rather than just focusing on provider-driven clinical interventions to address high rates ED utilization for preventable childhood asthma at the individual level, a GIS-focused analysis can help identify opportunities for aligned efforts with other city agencies to address indoor environmental factors in specific neighborhoods where housing quality is substandard.

"With health plans now required to participate in the Community Health Needs Assessments (CHNAs), we have a powerful new tool to drive collaboration."

The new state requirement for managed care plans (MCPs) to participate in CHNAs brings another set of key stakeholders to the table to advance the design and implementation of evidence-informed strategies. Engagement of MCPs, use of their data for strategic allocation of resources, and exploring opportunities for shared risk financing arrangements offer the potential, not only for improved health and well-being, but the reduction in health care costs. As one senior manager noted, ***"With health plans now required to participate in the CHNAs, we have a powerful new tool to drive collaboration. Developing a plan that moves health forward as an entire collective has been difficult in the past, but this new lever will be incredibly helpful in pushing us toward a more strategically aligned approach."***

Pulling together the assets of UCSF, Sutter Health, Kaiser Permanente, and other stakeholders around these data-driven opportunities, San Francisco can align its resources and efforts in a way that transforms health outcomes in its most challenged neighborhoods. The power of shared accountability for results is within reach—and with it, the chance to make measurable, meaningful change. The recruitment of a new Chief of the Surveillance, Data, and Analysis is timely, bringing both expertise and fresh leadership to advance this important initiative.

Formalize Training Across Branches for Community Mobilization – PHD is uniquely positioned to spearhead cross-sector partnerships, bringing together diverse stakeholders to address the root causes of health disparities. Yet, as the Division grows, there is a clear need to formalize training programs that enhance this collaboration and community mobilization.

"It's a huge part of our work. We've discussed formalizing education around community mobilization and engagement. I would love for us to formalize a training program so that every person on our team is prepared to work effectively with community and facilitate cross-sector partnership work."

CLI is well positioned to develop a training program that equips team members from across the Division with the tools needed to foster community partnerships. Dr. Fuchs emphasized, ***"It's a huge part of our work. We've discussed formalizing education around community mobilization and engagement. I would love for us to formalize a training program so that every person on our team is prepared to work effectively with community and facilitate cross-sector partnership work."*** This vision echoes past successes, such as the Collective Impact community of practice organized by CLI in collaboration with FSG and colleagues from across SFDPH who were nurturing coalitions focused on HIV, Hepatitis C, preterm birth, and other public health priorities. By reigniting this model and expanding its reach, PHD can harness the strengths of partners in housing, healthcare, education, and business to tackle these and other health conditions.

In addition, experts from within and outside DPH can be tapped to develop an evidence-informed core curriculum on community outreach and engagement. Requiring this training will help to ensure each Branch that works closely with community partners shares common theoretical frameworks and approaches to build and sustain authentic relationships. Building these skills will undoubtedly strengthen the Division's foundational capabilities in engagement and support collaborative work to address health inequities as was done during the COVID-19 pandemic response.

Potential Leverage of the BH-CONNECT 1115 Waiver – Sometimes the most transformative opportunities come from the unexpected—such as the federal approval of the 1115 waiver, which paves the way for a $1.9 billion behavioral health initiative. Scheduled for launch in July 2025, the "Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment" demonstration is poised to revolutionize behavioral health support in the city. The program will not only provide vital transitional rent for qualified Medicaid recipients but also fund training for providers and innovations to address the needs of those with significant behavioral health conditions.

For the first time, there's a real opportunity to build long-term, sustainable support systems for those struggling with behavioral health issues. As one senior manager pointed out, ***"The transitional rent[15] will serve as a bridge to California's Proposition 1, which will provide permanent rental subsidies. This is exactly the kind of opportunity we've been waiting for to provide comprehensive support for people with behavioral health needs."***

This demonstration holds the promise of expanded partnerships across sectors, from healthcare to housing, to provide holistic care that addresses the full spectrum of needs for those most at risk. It's a chance to build not just a system of care, but a network of support that works in harmony to improve the lives of those who need it most.

San Francisco's public health landscape is on the cusp of something extraordinary. The opportunities before it are vast, and with the right strategies, they can be harnessed to create a health system that truly serves its most vulnerable communities. By tapping into the power of data, formalizing cross-sector collaboration and authentic community partnerships while leveraging groundbreaking initiatives like the BH-CONNECT 1115 waiver, San Francisco can set a new standard for what public health can achieve. The path forward is clear—it's time to seize these opportunities and turn vision into reality.

CHALLENGES AHEAD FOR PUBLIC HEALTH RESILIENCE

Challenges Ahead for Public Health

- **Maintaining readiness in the face of a variety of emerging communicable disease threats**
- **Reduced federal funding, including DEI and climate change programming**
- **City and County budget deficit**

In San Francisco, the recent detection of an H5N1 Bird Flu case in a child was a stark reminder of the fragile nature of public health preparedness. Although the case ended without hospitalization, it highlighted the crucial need for the city to maintain readiness in the face of a variety of emerging communicable disease threats. Yet, the looming risk remains that such preparedness efforts may soon become a casualty of tightening budgets. Historically, state and federal agencies have often slashed funding for public health sectors, prioritizing short-term savings over long-term prevention, leaving the city vulnerable to future crises that might not be so easily contained.

Meanwhile, a rising tide of challenges to Diversity, Equity, and Inclusion (DEI) initiatives threatens to undermine decades of progress. At the federal level, funding for DEI programming is under attack, with some officials pushing to strip away support for these vital efforts. As a result, some public health leaders have been forced to adopt "code-switching" strategies—altering the language of DEI while trying to safeguard essential services for marginalized communities. Yet, these covert measures might not be enough in the face of shifting political winds, and the fear is that such critical programs could ultimately be dismantled entirely.

In the face of these threats, the challenge of maintaining a high-functioning public health system has never been more complex. How the city navigates these turbulent waters will determine its resilience in safeguarding public health for years to come.

Adding to these uncertainties is a significant budget deficit in San Francisco, which presents another barrier to progress. With projections indicating a significant shortfall, even the most promising innovations—those with the potential to drive efficiency and effectiveness in public health—could be sidelined. For any new initiative to take root, they must be executed without placing additional significant demands on the city's financial resources. This "net-zero" requirement puts immense pressure on leaders to rethink priorities and make difficult decisions about what can and cannot be pursued.

In the face of these threats, the challenge of maintaining a high-functioning public health system has never been more complex. How the city navigates these turbulent waters will determine its resilience in safeguarding public health for years to come.

CHAPTER 4

Recommendations

In general terms, it is important to acknowledge that over the past six years, PHD has made major strides in hiring to address significant gaps in capacity, diversifying its frontline staff and senior leadership, and post-pandemic, reducing turnover.

The Division also has made significant investments in building infrastructure to support training and professional development. These accomplishments and related actions have contributed to improvements in operations and positioned the Division to work more effectively with the diverse communities it serves. While the constraints of the current fiscal environment and federal administration's emerging policy initiatives are presenting immense challenges, PHD's clear commitment to innovation and continuous quality improvement will serve it well as it strives to protect and promote the health of all San Franciscans.

Consistent with the grouping of findings from Focus Groups and Key Informant Interviews, recommendations from this mixed methods analysis are presented in the three categories: A. Recruit, Retain, and Sustain Staff; B. Training and Professional Development; and C. Community and Stakeholder Engagement. We also offer metrics to track progress and document improvements.

A. Recruit, Retain, and Sustain Staff

1. STREAMLINE HIRING PROCESSES

As highlighted in the findings from the HR analysis, the average time to hire PHD civil service staff is two to three times the national average for public health agencies participating in the CDC PHIG. As noted by one senior manager,

"Often there is a window of 6-9 months before one can get scheduled for a civil service exam, where you're not allowed to hire, and by that time, the list is exhausted."

Actions are needed to expand current efforts to streamline review and approval processes; increase transparency for candidates, hiring managers, and DPH HR; and set reasonable targets for each phase of the hiring lifecycle to guide continuous quality improvement. Where possible, batch hiring should be used to fill multiple positions in the same classification. A digital platform that increases transparency around the hiring process at each step of recruitment and onboarding will support effective process improvement.

Metrics: Time to hire (from Form 3 submission through onboarding). Establish optimal targets for each stage of recruitment. Assess demographic diversity of applicants, interviewees, and selected candidates

2. EXPAND AND FORMALIZE STAFF RECOGNITION

Multiple focus group participants called for expansion and formalization of staff recognition as a significant way to increase retention. A first step is to collaborate with DPH HR to ensure staff are acknowledged for important tenure milestones (e.g., 1 year, 5 years, 10 years, etc.). PHD should gather input from internal stakeholders on additional accomplishments that merit recognition at the Branch level, and for PHD overall (e.g., announcements at PHD Town Hall).

Metrics: Implementation of a program to recognize tenure milestones; evaluate staff satisfaction with recognition efforts through DPH-wide staff engagement survey.

3. REVISE MINIMUM QUALIFICATIONS FOR SELECTED STAFF

Senior managers expressed strong sentiments that minimum educational requirements for entry level staff are often well beyond practical needs. A review is needed to consider what adjustments in civil service and other requirements are possible to increase the volume of successful hires and

reduce the time frame for hiring. These adjustments are primarily needed for entry level positions, and may apply to others where advanced certifications can be pursued post-onboarding and with focused mentorship. As noted by one manager,

"Many of the positions we're having the most difficulty with are entry level, and don't actually require education at higher education institutions. I don't think they require college to enter."

Metrics: Demographic makeup of new hires; reduced average time to hire; reduced # of vacancies; increased retention for hires that receive internal mentoring and training and/or support for completion of degrees/required certifications as employees.

4. CONDUCT ANNUAL "STAY" INTERVIEWS

Managers acknowledged that while exit interviews provide important information, a more proactive, strengths-based approach is needed to identify why staff stay in the organization. Establishing "stay" interviews for predetermined number of staff across different classifications and roles provides an opportunity for PHD to amplify conditions that encourage employees to stay with the organization.

Metrics: Implementation of "stay" interview program in collaboration with DPH HR; reduction in staff turnover and increase in retention, stratified by classification, role, and tenure in the organization

5. EXPAND ACCESS TO EMPLOYEE WELLNESS PROGRAMS

Focus group participants shared that non-clinical office-based staff have less access to employee wellness programs and commented that communication about activities is insufficient. We recommend the development of more comprehensive information on wellness opportunities offered by the City to all employees upon their onboarding, as well as posting opportunities regularly through multiple channels (e.g., email, Teams, newsletters, PHD Town Halls, flyers posted widely). Efforts should also be made to bring wellness activities onsite to different locations.

Metrics: Increased uptake of San Francisco Health Services System wellness activities; implementation of novel onsite wellness activities, and staff participation rates, by site. Reduced turnover and increased retention.

B. Training and Professional Development

1. EXPAND ACCESS TO A BROAD RANGE OF IMPACTFUL ONLINE AND FACE-TO-FACE TRAINING

Focus group participants expressed concern about limited accessible training options for front line, managerial and executive staff. CLI launched the Training Resource and Information Portal (TRIP) Sharepoint site in May 2023 which curates online training options from national training providers (e.g., Regional Public Health Training Centers) but a recent PHD staff survey found fewer than half of respondents regularly access the TRIP. We recommend 1) a formal review of training needs to emerge from the PHWINS 2024 survey, 2) solicitation of content needs from staff and supervisors, and 3) cataloguing training content and availability to identify gaps. CLI should take the lead in creating new content or identifying/procuring high quality training from outside sources that addresses these gaps. In addition, focus group participants noted that SFDPH HR and DHR offer some leadership training opportunities, however, there are few available options that are at sufficient scale to reach the number of staff who could benefit. We endorse current Project INVEST-supported work to develop and pilot test a multi-component leadership academy for PHD Directors and to extend this content to PHD managers across the Division.

Metrics: Unique site visitors to the TRIP Sharepoint site; # of online and face-to-face trainings offered; documented training needs by role (e.g., epidemiologists); proportion of staff reporting they have tools they need, including training, to do their jobs (DPH staff engagement survey)

2. ESTABLISH A PHD MENTORING PROGRAM TO SUPPORT CAREER DEVELOPMENT AND ADVANCEMENT

Recent evidence[16] suggests quality mentoring in public health settings can support career advancement, particularly for individuals from minoritized backgrounds. We recommend the development of a formal internal mentoring program to support early career staff advancement and focused on staff who are historically underrepresented in public health, with particular attention to Black/AA staff who are being retained at lower rates compared to other groups. This would inform the development of more formalized professional development strategies (e.g., 4-5 year plans) when a person first joins the department or early during their tenure in PHD. This could be a phased approach that is first piloted in selected priority areas, then expanded if results meet expectations.

Metrics: # of program participants and mentors; % reporting satisfaction with mentoring experience, proportion of participants vs. non-participants advancing to higher level positions; mentoring program participant retention in PHD

3. ENSURE SUSTAINABLE TRAINING INFRASTRUCTURE

Several best practices have been established in PHD to support cross-training, standardized onboarding, skill building, and advancement. These include RADR and work of the Public Health Laboratory and CLI, among several others. There is a critical need to move beyond grant funding alone to maintain a sustainable training infrastructure that will support a wide range of training priorities including epidemiology and data science, predictive analytics, artificial intelligence to improve public health, project management, budgeting and finance, performance improvement, management skills, public health communication, and community engagement, among others.

Metrics: Staff competency and training needs assessment performed. Description of training needs, stratified by Branch and role. Updated workforce development plan that describes training activities targeted to highest priority needs.

4. FOSTER INTER-BRANCH CROSS-TALK, FACILITATED BY DEPUTY DIRECTORS

A common theme in both focus groups and key informant interviews is concern about significant "siloing" of services and interventions across branches and a need for more seamless coordination. This siloing is most evident around how different branches interface with community partners and facilitate cross-sector partnerships using a collective impact approach. The recent onboarding of Deputy Directors across Public Health Services, Operations, Community, and Data Analytics will provide an important "birds eye" view of capabilities across the Division, and encourage targeted cross-training and adoption of evidence-informed frameworks to support effective community engagement across Population Health.

Metrics: Catalogued community partnerships across PHD branches (e.g., active contracts and non-financial linkages with community groups); # PHD staff engaged in community facing work; # staff trained in agreed upon frameworks/standard work

5. EXPAND ACCESS AND EXPERTISE TO INTEGRATE EXTERNAL DATA SYSTEMS

A major focus in the Data and Surveillance focus group was to expand analytic capacity through interagency data sourcing (e.g., law enforcement, Department of Homelessness and Supportive Housing, Human Services Agency). This priority requires both strategic recruitment and partnerships with diverse entities, as well as internal training and professional development. As noted by one senior manager, ***"As far as technical capacity, we're limited to the capabilities and capacity of IT because they're the ones who control permissions to access those systems."***

Metrics: Identification and securing of data sharing agreements with outside agencies; completed staff training to conduct analyses in accordance with DPH-requirements and data governance standards.

C. Community and Stakeholder Engagement

1. LEVERAGE ANALYTIC CAPACITY AND DATA ACCESS TO ALIGN INVESTMENTS

Given increasing strengths in analytic and data visualization capacity with the growth of the Center for Data Science and hiring of a new Deputy Director overseeing CDS and ARCHES functions, we recommend conducting a formal analysis of opportunities where local hospital community benefit programs could target resources to address health inequities at the neighborhood level. The evidence base can be established through the use of GIS Medi-Cal claims data from the SF Health Plan to identify sub-geographies where there are concentrations of preventable utilization (e.g., AHRQ Prevention Quality Indicators). These data can help make a compelling case for more strategic alignment of hospital community benefit priorities at the patient and community level, addressing the lack of specificity in current reporting.

Metrics: Documentation and mapping of high concentrations of preventable hospital utilization at the census tract level; cataloguing of current clinical and community-based interventions; identification of commitments from local hospitals to develop and align comprehensive community benefit implementation strategies; publication of the Community Health Improvement Plan which may focus on local policies that can be implemented to improve living conditions in specific neighborhoods, measurable reductions in preventable emergency healthcare utilization and associated costs savings for potential gainsharing and/or reallocation.

2. STRENGTHEN ALIGNMENT WITH RELATED SECTORS

We recommend a robust effort to better align the work of PHD with related sectors such as community development, social services, and behavioral health; all working towards more proactive interventions that optimally leverage community assets. For example, many of the individuals to whom individual services are provided are housing and food insecure, and are concentrated in specific neighborhoods where targeted investments in affordable housing and healthy food financing offer potential for moving beyond individually-focused services.

Metrics: Increased number of unhoused and/or housing insecure people placed in progressively more stable living conditions; increased concentration and scale of funding for services; increased philanthropic support; reduction in documented ED visits for drug overdoses, reduction in public intoxication and arrests.

3. IDENTIFY AND STRENGTHEN COMMUNITY PARTNERSHIPS FOR SHARED POLICY ADVOCACY

Additional benefits of the designated responsibility for Deputy Directors to identify opportunities for more strategic alignment of services include the opportunity to look beyond the provision of services to individuals to explore opportunities for taking action at the community and policy level.

As has been demonstrated in findings from GIS analyses in communities across the country,[17] there are significantly higher rates of high cost preventable emergency room utilization and admissions in low income census tracts, representing immense opportunities to identify drivers of poor health ranging from poor housing quality and limited access to affordable healthy food to low public safety. There are an array of stakeholders in the community development community, small business owners, and community advocates who are ready partners in the identification of practical actions to improve conditions and advocacy for local policies that offer more significant potential to produce sustainable solutions at scale.

Metrics: Document GIS-based high rates of preventable clinical utilization in neighborhoods withlimited access to affordable healthy food, absence of or poorly monitored healthy housing ordinances, lack of safe neighborhood lighting, etc. as baseline metrics from which to measure improvements (i.e., reductions in preventable ED utilization and admissions) associated with aligned investments and inputs.

4. LEVERAGE CALAIM AND BH-CONNECT TO STRENGTHEN FOCUS ON VITAL CONDITIONS

There is increasing advocacy and emerging strategies to better leverage funding for CalAIM and BH-CONNECT to increase reimbursement for the important preventive services provided by Community Health Workers and community-based organizations. Both are 1115 Federal waivers that expand coverage and the scope of coordinated services for MediCal members, ranging from ambulatory services for people with significant behavioral health needs and housing navigation services to incentive payments for delivery system capacity building. These services offer the potential for reimbursement for a more comprehensive spectrum of services by CHWs, working in cooperation with Peer Specialists. More inquiry and advocacy are needed in the coming months, including ensuring an ongoing role and funding for local public health agencies. With this potential in mind, we recommend the engagement of key leaders within PHD in active discussions and planning among stakeholders across the state in the coming months.

Metrics: Near term process measures include expanded enrollment of MediCal members in specified services, outputs such as placement

of homeless MediCal members in housing, and expanded reimbursement of CHWs. Medium term outcomes include reduced ED visits and preventable hospitalizations for cohorts of MediCal members.

5. CRAFT STORIES THAT HIGHLIGHT ADVANCES IN FOUNDATIONAL CAPABILITIES

A key component of building external support with institutional stakeholders, philanthropy, elected officials, community-based organizations, and residents is developing a communication strategy that effectively and proactively articulates SFDPH's commitment to excellence, innovation, and our communities. External audiences should be aware of the kinds of innovations and internal capacity building initiatives that are already underway, and invited to share their own perspectives on what is needed and what opportunities may be at hand. This requires the design and implementation of multiple forms of communication (e.g., radio, social media, community forums) at the local level.

Metrics: Near term process measures include number of identified and secured communication outlets, number of presentations made to key stakeholder groups, number of stories developed by PHD staff aligned with Foundational Capabilities. Medium term indicators of progress include invitations to present at key stakeholder public meetings, secured funding from philanthropy, etc.

Conclusion

The Population Health Division has accomplished much in the past five years despite significant challenges posed by the COVID-19 pandemic, mpox, the opioid overdose crisis, and many others. The Division is now confronting new threats from H5N1 Avian Influenza, constrained resources from the local budget deficit, and negative actions by the new federal administration to limit actions to improve immigrant and LGBT health. By continuing its important work to strengthen its workforce while bolstering the people and processes at the heart of its foundational capabilities, PHD is well positioned to provide the data-driven and community-centered leadership needed to tackle persistent health inequities and help all San Franciscan thrive in the years to come.

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3 https://phern.communitycommons.org/cc_resource/council-on-linkages-between-academia-and-public-health-practice-meeting

4 https://sfgov.legistar.com/View.ashx?M=F&ID=7586870&GUID=9E0222B9-7A4D-4082-8CCE-3F397520FC82

5 https://rjcmph.org

6 https://phaboard.org/accreditation-recognition/resources

7 https://www.cdc.gov/infrastructure-phig/about/index.html

8 This classification includes Health Workers (1-4), Health Program Coordinators (1s), and Health Educators.

9 A new hire is defined as an employee new to PHD and does not include promotions.

10 A promotion is an employee who over the year of comparison changed their job code to a higher paying job. PHD promotions only include employees that stayed within the Division.

11 The retention rate is defined as the number of employees at PHD remaining from one year ago/ the number of PHD employees one year ago * 100.

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13 https://www.ucsfhealth.org/-/media/project/ucsf/ucsf-health/pdf/chna-2022-2024-ucsf-implementation-strategy.pdf

14 https://www.ucsfhealth.org/-/media/project/ucsf/ucsf-health/pdf/chna-2022-2024-ucsf-implementation-strategy.pdf

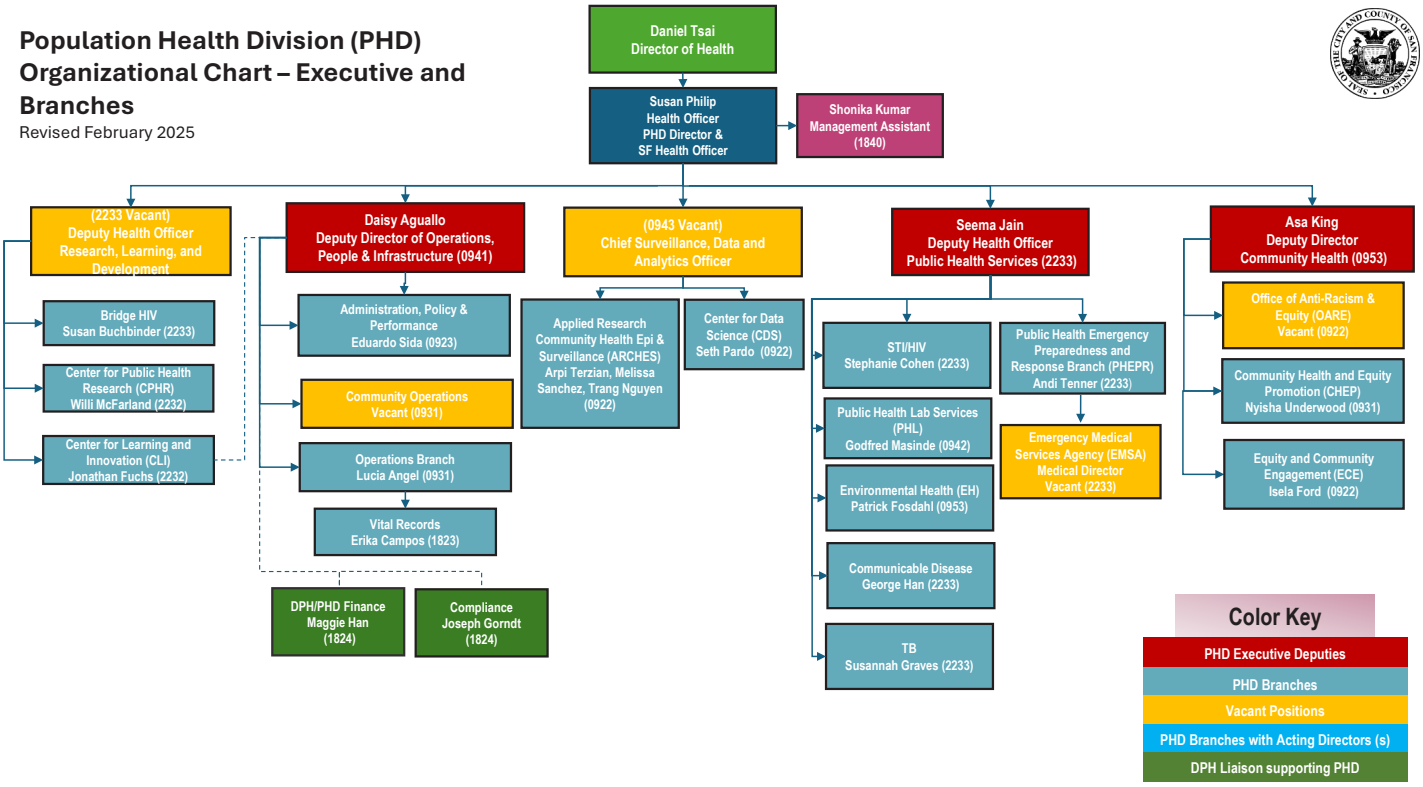
15 "California's Proposition 1, passed in March 2024, includes a provision for "Transitional Rent" as a Medi-Cal service, providing up to six months of rental support for eligible individuals transitioning out of certain settings or facing homelessness , with implementation beginning January 1, 2025, and becoming mandatory for Medi-Cal managed care plans on January 1, 2026."

16 Am J Public Health. 2011 Dec;101 Suppl 1(Suppl 1): S188-95. doi: 10.2105/AJPH.2011.300122. Epub 2011 May 6.

17 Grant funded analyses conducted in Los Angeles, Fresno, San Joaquin, and Sonoma counties, and a statewide analysis in New Hampshire through the Center to Advance Community Health and Equity at the Public Health Institute – Information and data available upon request.

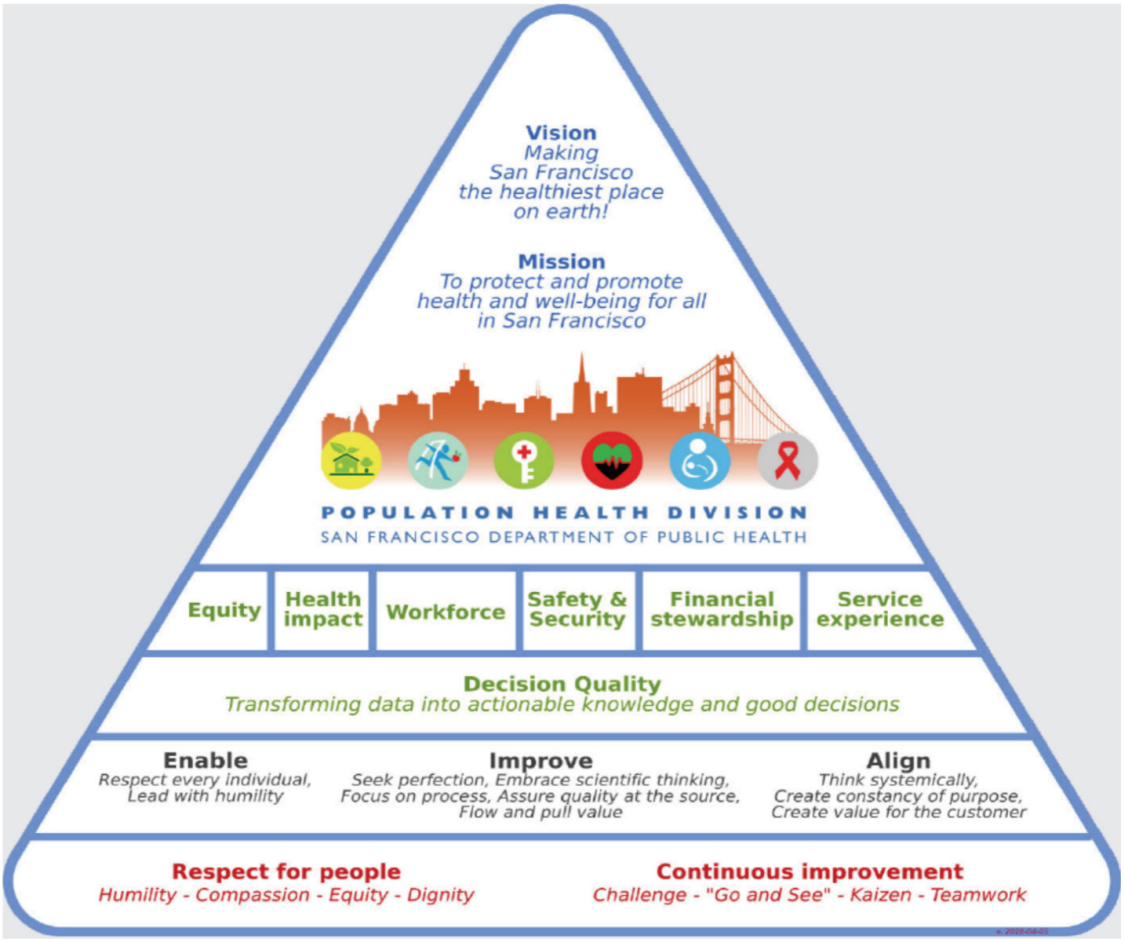
Appendices

Appendix A: PHD Organizational Chart



Appendix B: Seven True North Priorities

The DPH Triangle communicates our Vision, Mission, 7 True North Priorities, and Core values and principles for how we approach our work and shape our culture.



Appendix C: Five Year Trends in Recruitment, Retention, and Attrition

KEY QUESTIONS

Recruitment / Vacancies and Hiring

1. What is the current number of vacancies in each of the 14 job classification categories?
2. Which positions in the 14 job classification categories have been vacant more than once during the five-year assessment period?
3. What are the periods of vacancy for each job classification category during the five-year period?
4. What are the lengths of time for each vacancy during the five-year period?
5. What is the number of positions allocated in each of the nine program area categories?
6. What is the current number of vacancies in each of the nine program area categories?
7. Among which positions have there been reclassifications to better accommodate the skills sets of potential internal candidates? What are the nature and reasons for those reclassifications?
8. How aligned are positions with funding categories, job responsibilities, and emerging priorities?
9. What would you describe as the most significant impact of the pandemic upon recruitment efforts?
10. What couldn't/can't we do due to vacancies?
11. What are the obstacles to hiring, and in which functions in particular?
12. How many internships, residencies, and fellowships were sponsored by in the last five years?
13. What percentage of graduates sought employment at SFDPH in each of the last five years?
14. How many recruitment campaigns were implemented in each of the last five years?
15. What are the most significant obstacles to recruitment of graduates to employment at SFDPH?
16. What types of marketing vehicles (ads, social media, etc.) were used in marketing campaigns?
17. Which marketing strategy yielded the most candidates considered eligible for hire?
18. What new and innovative workforce marketing strategies have been adopted?

External Contracting

19. What is the a) number of contracts and b) types of external entities with whom the Health Department has executed agreements in the last five years to meet workforce needs?
20. What is the average time between the issuance of the requests and the execution contract agreements with external entities?
21. With which a) graduate and b) undergraduate public health programs does SFDPH have established partnerships to support recruitment and training? What are the basic elements of those programmatic relationships?
22. What would you describe as the most significant obstacles to the timely and efficient engagement of external contractors to meet SFDPH's workforce needs?

Training

23. What training activities are conducted annually for positions in each of the 14 job classifications?
24. What percentage of employees in each classification participate in training programs each year?
25. What strategies are used to promote employee retention?
26. Which strategies are most effective, and how do you assess relative effectiveness?
27. What incentives are used to promote senior staff retention?
28. What factors would you describe have had the most influence on employee retention?
29. What are potentially impactful retention strategies that have not been implemented?
30. What impact has the pandemic had on employee retention?

Attrition/Retention

31. What are the annual attrition rates by position class/category?
32. What is the average duration of time that individuals remain in positions before departure?
33. What are the top 5 positions with the greatest turnover rates?
34. What is the average number of terminations annually?
35. What number/percentage of the workforce are eligible to retire within the next 3-5 years?
36. Which talent management strategies would you describe have proven most effective for reducing staff turnover in essential positions?
37. What diversity, equity, and inclusion strategies a) have been used to reduce staff turnover b) have been their impact on staff turnover?
38. What has been the impact of the pandemic on the Department's workforce in terms of attrition?
39. What are obstacles to and impacts of promotions?
40. What specific acts are needed to simplify or streamline functions that would yield higher retention, lower attrition, and higher productivity?

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