

Public Health Action Plan

Broad Strategy:					
Baseline: There is no staffing, funding or defined responsibility for coordinating and implementing public health workforce development in CA. CA Public Health Alliance for Workforce Excellence (CPHAWE) is a volunteer coalition that has identified the needs and solutions but needs the resources to implement and achieve goals					
Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
1. Designate and fund entity to coordinate and implement public health workforce development in California; including priority initiatives in the HWDC plan	<p>Designate CPHAWE and/or the CA DPH to be responsible for Public Health Workforce Development in CA.</p> <p>Finalize priority 3 year plan for public health workforce development</p> <p>Provide sufficient staffing and resources to carry out the plan, achieve goals and respond to changing needs and opportunities.</p>	<p>A clear and achievable plan for public health workforce development in CA with the staffing and resources to achieve it.</p> <p>Successful implementation of other priority objectives and action plans</p>	June 2012	<p>CPHAWE and/or the California Department of Public Health</p> <p>125k-200k yr for staffing or equivalent in-kind support plus 20k for meeting expense, 25k for web site and TBD\$ for priority initiatives and space</p>	<p>Entity designated and funded for min 3 years</p> <p>Capable staff hired and in place</p> <p>Priority initiatives implemented and meet objectives</p>
Broad Strategy:					
Baseline: There is no enumeration of the public health workforce nor data on supply and demand. There is no mechanism for defining needed staffing levels to carry out increasing public health workload nor for tracking changes at the same time a major portion of the workforce (30-40%) is expected to retire in 3-5 years.					
Objective #2	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
2. Develop a short-term and ongoing plan for defining, estimating supply and demand and ongoing tracking.	Review methods and tools available from national and other state's public health workforce enumeration, assessment and tracking efforts. Determine best plan for CA given available resources and time line.	<p>Plan for definition of the public health workforce in CA, supply and demand estimates and tracking. (phase 1)</p> <p>Phase 2- understanding of needs and ongoing tracking</p>	<p>April-July 2012 (phase 1)</p> <p>Phase 2- conduct study (TBD)</p>	<p>CPHAWE and/or CDPH</p> <p>TBD</p>	<p>Summary of method options and recommendations</p> <p>Plan for implementation and resources assigned</p>
3. Develop tools for estimating and tracking staffing levels and best practices for	Develop tools and strategies and fund entity to carry out the plan.	Evidence and strategies for public health organizations and the entities that fund them to determine	TBD	CPHAWE	Tools in place with funding to utilize

providing essential public health services and priority initiatives	Survey best practices and tools from other states	appropriate staffing levels and practices for the most efficient use of resources to meet needs.			
4. Ensure essential public health workforce data is collected, tracked and reported via OSHPD Health Care Workforce Clearinghouse or other tracking sources. Standardize job classifications to facilitate this	CPHAWWE leadership and public health workforce data experts are part of OSHPD Clearinghouse implementation efforts.	Clearinghouse becomes central repository for collection and reporting Necessary data for decision-making is available.	TBD	CPHAWWE and OSHPD with CDPH	Solid plan and data in place

Broad Strategy:

Baseline:

Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
5. Invest in increasing the scale, sustainability and impact of California's public health training centers for in-person and on-line trainings. Develop innovative competency training in non-academic settings	Assess the capacity and capabilities of 3 public health training centers in CA and the National Training Center network to delivery priority competency based training in a cost effective way on a large scale in CA	Current public health workforce with greater competency, capacity and performance to complete increased and changing demand with fewer resources	June-Dec 2012 (phase 1)	CPHAWWE and Public Health Training Centers at UCB, UCLA and SDSU	State of the art training on-line and in person resources in place to meet the scale of need and distribution in rural and underserved areas

Broad Strategy:

Baseline: UCOP 2007 Report indicating a 180% increase required in public health graduate program access. This is prior to health reform implementation, major public health retirements and increase in undergraduate public health majors seeking graduate education.

Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
6. Ensure sufficient training program access for public health graduate programs in CA	Revisit and update UCOP analysis and projections based on current and anticipated needs. Assess current demand versus capacity of	Plan for cost effective increased capacity for public health graduate education Increased graduates to meet growing need for public	TBD	TBD	Plan in place

	<p>public health graduate programs. Recommend cost effective strategies for increasing capacity in priority areas.</p> <p>Assess the scalability of current on line programs and secure resources for making degree training more accessible and affordable; particularly for underserved areas</p>	<p>health professionals for health reform and retirements and changing needs; particularly for underserved areas</p>			
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Broad Strategy:

Baseline: Thousands of CA undergraduate students interested in public health and primed to be next generation of public health leaders and professionals do not have access to sufficient internship opportunities to determine that public health is the path for them, gain necessary experience and secure jobs and entry into the profession. Educational institutions are not funded to provide and coordinate internships and organizations cannot afford them.

Objective	Activities	Anticipated Outcome	Timeline	Lead and Resources	Evaluation Method
7. Increase funding and infrastructure for securing internship and post bachelors fellowship opportunities and provide sufficient stipend support for students. Work through proven existing programs and education institutions	<p>Develop a fund for providing internship stipend support for undergraduate students and recent graduates to do internships in public health and community based settings. Emphasize opportunities for under-represented students and place committed students to work in underserved areas.</p> <p>Ensure sufficient coordinating infrastructure to recruit students from all CA Schools, place them in internships, offer strong career and leadership development activities and connect to local graduate programs and employers</p> <p>Designate and fund coordinating infrastructure in statewide organizations and local educational institutions.</p>	<p>Increased pool of capable, diverse CA undergraduate students in the pipeline to meet current and future public health workforce needs.</p> <p>Greater opportunity for students from CA communities to pursue public health and have rewarding careers and jobs.</p>	June-2012 Dec 2013 (phase 1)	<p>CPHAWE and Public Health Training Centers, Health Career Connection.</p> <p>Funds for stipends 3-4k per student X desired # students- 100 in year 1..</p> <p>Funds for infrastructure 1500-2500 per student plus core operating support</p>	<p>Increased number of internships for CA students in areas of need in CA.</p> <p>Sufficient coordinating entities in place and funded.</p>

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