

DIS Workforce Supplement Progress Summary

Key Take Away: Recipients are employing a wide variety of strategies to complete workforce and training assessments, overcome challenges to hiring and training staff, and begin program scale up.

Background: In 2021, the 59 recipients of PS19-1901 STD Prevention and Control for Health Departments (STD PCHD) received supplemental funding¹ for a 5-year effort to begin to build a response ready workforce of Disease Intervention Specialists (DIS) who can strengthen the capacity of public health departments to respond to emerging threats like COVID-19 and other infectious disease outbreaks. Program accomplishments reported by 56 project areas for the first six months (i.e., June 21, 2021, to December 31, 2021) are summarized by the five priorities: A. Establish and Expand the Core Public Health Workforce; B. Conduct Workforce Training and Skills Building; C. Build Organizational Capacity for Outbreak Response; D. Evaluate and Continuously Improve Workforce Hiring, Training and Outbreak Response Efforts; and E. Health Equity.²

What's Working Well So Far?



Obtaining input and buy-in from staff and leadership to reduce hiring challenges



Using standardized training or work plan



Creating a tiered DIS structure/ladder to support advancement and hiring



Having dedicated training staff to deliver/ manage trainings



Developing opportunities for growth, training, and coaching



Widely distributing position postings

Priority A: Establish and Expand the Core Public Health Workforce

Recipients conducted their workforce assessments using one or more approaches listed below, including:

- ▶ Assessment of disease morbidity and disease prevalence
- ▶ Interviews, discussions and listening sessions
- ▶ Needs assessment surveys
- ▶ Review of workload metrics (e.g., completed caseloads per DIS)
- ▶ Identification of areas with emerging disparities and health inequities



Innovative Methods Used



Proactive, non-traditional recruitment strategies



Support flex/remote work



Outreach to local colleges/universities



Workforce investment in growth/self-care



Virtual platforms (MS Teams, Zoom)

¹<https://www.cdc.gov/std/funding/pchd/development-funding.html>

²Fifty-six out of 59 project areas submitted data in a timely manner for inclusion in this report. Data included should be interpreted with caution as there are some issues in data quality due to missing information and misinterpretation of guidance/definitions.

Priority B: Conduct Workforce Training and Skills Building



3 out of every 4

Recipients have a **Dedicated Training or Skills-Building Manager**

Recipients conducted a skills and training needs assessment using one or more approaches listed below:

- ▶ Gap analysis of workforce needs using surveys, interviews
- ▶ Gap analysis of training programs
- ▶ Assessment of DIS training performance
- ▶ Community needs assessments
- ▶ Formal assessment with regional prevention training center

Innovative Methods Used



Virtual platforms
(MS Teams, Zoom,
Webex)



Using national training
resources



Strategic partnership
with
external organizations

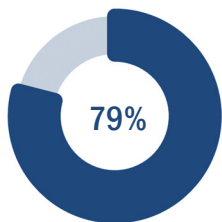


Tailored training
programs



Tailored learning
management systems

Priority C: Build Organizational Capacity for Outbreak Response



Recipients said they have an
STD outbreak response plan in place

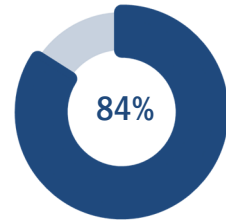
Challenges for Outbreak Response Capacity



Staffing



Systems
Issues



Recipients said they have an
HIV outbreak response plan in place

Innovative Methods Used



Virtual partner
services



Optimizing COVID-19
related technologies
for future outbreak
response efforts



Social media



Automated data
processes



Developing
dashboards for
staff/leadership use

Priority D: Evaluate and Continuously Improve Workforce Hiring, Training and Outbreak Response Efforts

Types of Evaluation Conducted

- ▶ Process evaluation
- ▶ Outcome evaluation
- ▶ Formative evaluation
- ▶ Impact evaluation

Approaches Used to Conduct Evaluation

- ▶ Case reviews
- ▶ Disease surveillance
- ▶ Surveys
- ▶ Mixed methods
- ▶ Staff and key informant interviews

Innovative Methods Used



Dashboards



Mapping workflows and processes



MS Teams, Power BI



SAS programming for automated QA



Real-time data visualization

Priority E: Health Equity

Ways Recipients are Engaging with Communities to Pursue Health Equity

- ▶ Cultivate partnerships with local leaders, local organizations, and community organizers
- ▶ Solicit community voices through focus groups, needs assessments, and community engagement sessions
- ▶ Conduct community outreach

Approaches Used to Recruit Diverse and Inclusive Staff

- ▶ CBOs and community workgroups
- ▶ Local partnerships
- ▶ Community publications and recruitment
- ▶ Remove barriers (e.g., minimum requirements) to apply to jobs
- ▶ Historically black colleges and universities (HBCUs)

Overarching Challenges and Barriers Across Priority Areas



Lengthy hiring process and overburdened human resources



Limited availability of standardized training and curriculum



Staffing: low salaries, staff shortages and turnover, limited pool of qualified staff



Limited evaluation capacity