Building Capacity to Support 21st Century Public Health

Protecting and Promoting Health and Equity

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OUR MISSION
Drawing upon community wisdom and science, we support, develop, implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.

OUR VISION
To be a community-centered leader in public health practice and innovation.

STRATEGIC DIRECTIONS

1. Superb knowledge management systems and empowered users

2. Assessment and research aligned with our vision and priorities

3. Policy development with collective impact

4. Assurance of healthy places and healthy people

5. Sustainable funding and maximize collective resources

6. Learning organization with a culture of trust and innovation.

PHD STRATEGIES AND PERFORMANCE MEASURES 2012-2015

STRATEGY 1: Build an integrated information and knowledge management infrastructure that enables us to monitor health, to inform and guide activities, and to improve staff and systems performance.

PERFORMANCE MEASURES:
- 1.1 Build a strong, highly functional information technology (IT) and technical assistance infrastructure in alignment with Department of Public Health IT strategy.
- 1.2 Establish a highly functional, integrated infectious disease system to collect and report data, and to deliver and monitor public health actions.

STRATEGY 2: Integrate, innovate, improve, and expand efforts in community and environmental assessments, research, and translation.

PERFORMANCE MEASURES:
- 2.1 Create an action plan that supports division priorities.
- 2.2 Build cross-section interdisciplinary teams to improve health outcomes and programmatic activities.

STRATEGY 3: Conduct effective policy & planning that achieves collective impact to improve health and well-being for all San Franciscans.

PERFORMANCE MEASURES:
- 3.1 Establish a division-wide Performance Management, Equity & Quality Improvement Program.
- 3.2 Establish systems and partnerships to achieve and maintain Public Health Accreditation.
- 3.3 Develop a prioritized legislative agenda and strategic implementation plan to address health status and inequities.

STRATEGY 4: Lead public health systems efforts to ensure healthy people and healthy places

PERFORMANCE MEASURES:
- 4.1 Establish community-centered approaches that address the social determinants of health and increase population well-being.
- 4.2 Sustain and improve the infrastructure and capacity to support core public health functions, including legally mandated public health activities.

STRATEGY 5: Increase administrative, financial and human resources efficiencies within the division.

PERFORMANCE MEASURES:
- 5.1 Establish a centralized business office for the division.
- 5.2 Appropriately address the human resource issues regarding civil service and contract employees.
- 5.3 Establish a centralized grants management and development system for the division.

STRATEGY 6: Build a division-wide learning environment that supports public health efforts.

PERFORMANCE MEASURES:
- 6.1 Establish a division-wide Professional Development Plan and Workforce Development program.
Our work

• **Internal Capacity Building Assistance (CBA)**
  – Needs Assessment, Training, and Technical Assistance
  – Workforce Development
    • Summer HIV/AIDS Research Program
    • FACES for the Future

• **External CBA**
  – CDC-funded Capacity Building Assistance Program in High Impact HIV Prevention

• **Innovations**
  – Preterm Birth Initiative
    • Human-centered design to inform public health practice

• **Communications**
  – Digital Storytelling
Training priorities informed by several sources

• **Formal needs assessment**
  – Workforce experience survey, ASTHO PHWINS
  – PHD training working group

• **Public Health core competencies**
  – Council on Academic Linkages

• **Leadership-defined priorities**
CLI-organized Trainings

- Crucial Conversations
- Inspiring Trust
- Project Management
- Results Based Accountability
- A3 Thinking (Lean)
- Flu and Infectious Disease Forum
- Collective Impact

- Community engagement in biomedical HIV prevention research
- Culturally responsive care and support for transgender communities (trans 101)
- HIV test counselor training
- Staff webinars (e.g., Zika)
Substantial need for support around training, facilitation, and communications in 2015
Workforce Development: internal requests to support intern onboarding and mentoring

Workforce Development CBA Requests by Branch, 2016

- Bridge HIV
- CHEP
- CPHR
- DPC
- EH
- Office of Policy/Planning
- PHEPR
- SFHN

Technical Assistance
Info Dissemination
Summer HIV/AIDS Research Program (SHARP)

SHARP Summer Activities
- Mentored Research Project
- Seminars and Workshops
- Shadowing
- Kick-Off Event
- “Speed-Matching” Event
- Research Symposium

SHARP Alumnus Activities
- “Buddy” Mentoring
- e-Newsletter
- Social Networking
- Webinars

UCSF minority scholars invited
UCB minority undergrad scholars

Recruitment
- Partner Schools
- HBCUs
- Advisory Board Scholar Selection
- Web Postings
SHARP Outcomes

Table 1  Cohort demographics, program inputs and outcomes of the 20 Summer HIV/AIDS Research Program (SHARP) scholars, San Francisco, 2012–2015

<table>
<thead>
<tr>
<th>Cohort Demographics</th>
<th>N</th>
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<tbody>
<tr>
<td>Gender</td>
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<td>Male</td>
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<tr>
<td>Female</td>
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<td>Transgender</td>
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<tr>
<td>Decline to state</td>
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<tr>
<td>Race/ethnicity</td>
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<tr>
<td>Black/African American</td>
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<tr>
<td>Latino</td>
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<tr>
<td>Asian/Pacific Islander</td>
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<tr>
<td>White</td>
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<tr>
<td>Other</td>
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<tr>
<td>Program inputs</td>
<td></td>
</tr>
<tr>
<td>Number of scholars funded</td>
<td>20</td>
</tr>
<tr>
<td>Participating scholars not funded by SHARP</td>
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</tr>
<tr>
<td>Program staffa</td>
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<tr>
<td>Primary mentors</td>
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<tr>
<td>Secondary mentors</td>
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<tr>
<td>Average number of seminars organized each summer</td>
<td>24</td>
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<tr>
<td>Professional development workshops per summer</td>
<td>3</td>
</tr>
<tr>
<td>Works in progress/peer mentoring sessions per summer</td>
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<tr>
<td>Networking events per summer</td>
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<tr>
<td>Clinical shadowing placements</td>
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<tr>
<td>Program outcomes</td>
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<tr>
<td>Scholars successfully completing the summer program</td>
<td>20</td>
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<tr>
<td>Professional outcomes</td>
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<tr>
<td>Authored publicationsb</td>
<td>6</td>
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<tr>
<td>Delivered abstract-driven presentationsc</td>
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<tr>
<td>Honors, awards, and leadership rolesd</td>
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<tr>
<td>Employed in health or research-related field</td>
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<tr>
<td>Graduate education outcomes</td>
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<td>Scholars who intend to apply to graduate school at program completion</td>
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<tr>
<td>Applied to a graduate program and awaiting acceptance</td>
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<tr>
<td>Accepted to a graduate program</td>
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<tr>
<td>Matriculated in a graduate program</td>
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<tr>
<td>Currently completing college degree</td>
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</tbody>
</table>

Growing the Pipeline of Diverse HIV Investigators: The Impact of Mentored Research Experiences to Engage Underrepresented Minority Students

Jonathan Fuchs1,2  •  Aminta Konyate1  •  Liz Kroboth1  •  Willi McFarland1,2
• Partnership with the Public Health Institute (PHI) and John O’Connell High School to create meaningful placements for students in PHD and throughout DPH
CBA for Health Departments in High Impact HIV Prevention (getsfcba.org)

Number of External CBA Requests, by Category, 2016

- **HIV Testing**: 18
- **Prevention for Individuals at-risk for HIV**: 34
- **Policy**: 12

Examples include:
- **HIV Testing**
  - Targeted community-based testing strategies, internet partner services, RAPID test and treat

- **Prevention for Individuals at-risk for HIV**
  - PrEP, syringe services programs, Personalized Cognitive Counseling

- **Policy**
  - Data-to-Care, implementing collective impact efforts
Jurisdictions Receiving High-Impact HIV Prevention CBA, 2016

In 2016, we worked with health departments from the following - **States**: Arizona, California, Colorado, Florida, Louisiana, Michigan, Montana, Nebraska, Nevada, South Dakota, Tennessee, Texas, Virginia, and Washington; **Counties**: Alameda, Broward, Fulton, Marin, Orange, Riverside, San Diego, San Francisco, Santa Clara, and Sonoma; **Cities**: Baltimore, Chicago, Houston, Los Angeles, Memphis, New York, and Rochester.
User-centered design as an approach to explore problems and develop solutions.

- **Empathize**: Learn about the audience for whom you are designing, by observation and interview. Who is my user? What matters to this person?
- **Define**: Create a point of view that is based on user needs and insights. What are their needs?
- **Ideate**: Brainstorm and come up with as many creative solutions as possible. Wild ideas encouraged!
- **Prototype**: Build a representation of one or more of your ideas to show to others. How can I show my idea? Remember: A prototype is just a rough draft!
- **Test**: Share your prototyped idea with your original user for feedback. What worked? What didn’t?
Innovations

Informing the development of interventions to prevent preterm birth

Source: FSG interviews; SFDPH data; CADPH birth data
CLI Communications: A focus on digital storytelling to highlight advances in public health practice
Summary

• CLI aims to foster a **culture of learning, trust and innovation** using multiple approaches
  – Competency-based assessment, understanding emerging needs, and developing training collaboratively
  – Face-to-face and online learning
• **Internally** and **externally** facing capacity building assistance
• Commitment to recruiting the **next generation of public health leaders**
• **User-centered design** to solve problems
• **Tell our stories** with broad audiences
Thank you and Questions?