HEALTH DEPARTMENT
Public Health Unit

essex county

Workforce Development Plan
Essex County Health Department
Public Health Unit
March, 2017

Signature Page

This plan was approved on _____ and has been approved and adopted by the following individuals:

Director of Public Health:

_____

Name   **Date:**

Director of Preventative Services:

_____

Name   **Date:**

Accreditation Coordinator:

_____

Name   **Date:**

Public Health Advisory Committee Representative:

_____

Name   **Date:**

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

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INTRODUCTION AND AGENCY PROFILE

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities. This plan serves as the foundation of the Essex County Health Department (ECHD), Public Health Unit's (PHU) ongoing commitment to the training and development of its workforce.

MISSION STATEMENT, VISION AND CORE VALUES

It is the mission of ECHD to prevent disease, promote health, and protect life by contributing to the conditions within our communities so people can be healthy.

This mission is achieved by:
- assessing and responding to public health needs;
- educating and empowering people about health issues;
- mobilizing community partnerships;
- assuring effective programming and practices;
- linking people to health services.

Vision

Healthy people in healthy communities.

Core Values

- Collaboration - *We interact respectfully with internal and external partners. We leverage the abilities of all team members to meet common goals.*

- Integrity - *We act with trust and accountability. We treat people with dignity, demonstrating humility, reliability, and respect.*

- Excellence - *We continually pursue learning and development opportunities. We strive for continuous improvement through the honest evaluation of our programs and services and the application of innovative strategies to achieve goals.*

- Professionalism - *We maintain flexibility to adapt to the changing public health climate, taking responsibility for efficiency in processes/practices to meet arising needs.*

Location and Population Served

ECHD is a local government, public agency that serves approximately 38,762 residents in a 1,916 square-mile area of Essex County, a rural upstate New York county nestled within the Adirondack Park and Champlain Valley, 60 miles from the Canadian border.

There are two small hospitals, totaling 40 beds and 102 beds per 100,000 residents. There are 340 nursing home beds (870 beds per 100,000 population) and 194 adult

home beds (497 beds per 100,000). Essex County has five (5) primary care health professional shortage areas (HPSAs), one mental health HPSA, and one dental health HPSA. There are almost 55 primary care physicians practicing in Essex County per 100,000 residents.

This health system profile, combined with the geographic and rural nature of the county, poses significant challenges for access to health care and healthy lifestyles resources. The Essex County Health Department includes the Public Health Unit, the Home Health Unit, the Women, Infants and Children (WIC) Unit, and the Children's Services Unit.

Funding

ECHD receives the NYSDOH Article 6 State Aid for General Health Work Program for a base grant and 35% of net expenses after revenue above the base grant for eligible programs and services. The agency is also awarded multi-year NYSDOH grants including Rabies, Immunization Action Plan, Lead Poisoning Prevention, Emergency Preparedness, and a sub-contracted Creating Healthy Schools and Communities grant from Clinton County.

ECHD makes every effort to bill third party payers to capture additional revenue for more efficient use of local health department (LHD) resources.

In addition, the Health Department maintains eligibility for an annual NYSDOH Communicable Disease Performance Incentive and currently administers three mini-grants from other funding sources providing a coordinated response to the opioid epidemic, client Coaching for Activation, and agency accreditation services. The agency is registered with the New York State Grants Gateway portal, with timely notification and access to funding opportunities. The Essex County government funds the portion of the Health Department that exceeds these funding sources.

Governance

The Essex County Board of Supervisors serves as the Board of Health in Essex County. ECHD functions through the Human Services Committee of the Board of Supervisors.

The ECHD convenes a Public Health Advisory Committee (PHAC) that meets quarterly with the following responsibilities:

- Advising the agency on professional issues;
- Participating in evaluation of agency programs and services;
- Serving as liaison with other health care providers and coordinating with other agencies and organizations;
- Reviewing agency policies and recommending approval by the governing body (Board of Supervisors);
- Offering recommendations on adequacy and appropriateness of services;
- Assuring the agency's capacity to serve the community's needs.

The PHAC committee structure is defined by ECHD policy and includes defined positions:

- Agency administrators
- Practicing physician
- One or more members knowledgeable about the health care needs of the county
- One or more consumer representatives
- One or more professional nurses of the agency staff
- Representative professional service and therapy providers.

Organizational Structure

The Director of Public Health oversees the ECHD. The Director of Preventive Services oversees the Public Health Unit programs and supervises public health staff. Please refer to the Agency's Organizational Chart below.

Essex County Health Department Organizational Chart 2017

Director of Public Health (1)

Public Health Unit	Home Health Unit	Children's Services Unit	WIC Unit
Director of Preventive Services(1)	Certified Home Health Agency Patient Services Director (1)	Coordinator (1)	Coordinator (1)
Family Health, Communicable Disease & Environmental Public Health Nurse (2) RN (1) LPN (.5)	**Home Health Administrator (1)** Supervising PH Nurse (1)	**Program Staff** Specialist (1)	**Program Staff** Nutritionist (2)
Emergency Preparedness Program Coordinator (1)	**Skilled Service Providers** RN (12) LPN (1) PT (3) Per Diem RN (2)	**Clerical** Senior Account Clerk (1) Account Clerk Typist (.75)	**Clerical** Acct Clerk/Typist (1) Clerk (1)
Education PH Educator (1)		**Contracted Providers**	**Contracted Provider (.4)**
Chronic Disease Prevention Outreach Coordinator (2.6)	**Clerical** Principal Account Clerk (1) Senior Account Clerk (1.5) Account Clerk Typist (1) Clerical Per Diem (1)		
Clerical Senior Account Clerk (1.5) Account Clerk Typist (0.5)	**Contracted Providers** PT (3) PTA (1) OT (2) Speech & Language (2) Home Health Aides		
Contracted Providers Registered Dietician STD Testing PPHNCNY			

Learning Culture

An informed staff is ready to serve and exceed expectations, earns confidence, promotes awareness, and keeps people healthy. ECHD supports a learning culture, by

starting at the top. Top leadership embraces and promotes continuing education, and promotes learning to naturally flow through the department(s).

Our mission, vision, and values encourage employees to increase their knowledge, develop their skills and enhance their performance on a continuous basis – not just once or twice a year. The ECHD is committed to empowering employees to advance the practice of public health. Our Director of Public Health, Emergency Preparedness Coordinator, and Health Educator each hold MPH degrees. Our Director of Preventive Services holds an MS degree in Nursing and Graduate Certificate in Public Health. Our Chronic Disease Outreach Coordinator is enrolled in the SUNY Albany MPH Program with Public Health Leaders of Tomorrow (PHLOT) funding.

All other Public Health employees are required to take an initial Public Health course via the Learning Management System and additional training as identified in the Core Competencies and Educational Requirements section of this document.

The Department will pay the cost of registration for all meetings, trainings and conferences when the employee's attendance is required. Paid leave, registration and travel costs may also be granted by the Director of Public Health to an employee at their request for work-related education conferences, professional organizational meetings, and training seminars that are not required but will provide a benefit to both the employee and the department.

Workforce Policies

As a department of county government, county-level documents govern workforce policies and are listed on the county website at: https://www.co.essex.ny.us/wp/personnel-and-civil-service/

The two major documents are:
1. Essex County Policy Manual
   http://www.co.essex.ny.us/downloads/Essex%20County%20Policy%20Manual%202005.pdf
2. Annual Agreement by and between Essex County and the Civil Service Employees Association, Inc. Local 1000 American Federation of State, County and Municipal Employees AFL-CIO Essex County Unit 6800 Essex County Local 816
   https://www.co.essex.ny.us/wp/wp-content/uploads/UnionContract2016-2017FINAL.pdf

Training and performance evaluations are addressed in the Essex County Policy Manual.

Links to Relevant Agency Plans

The following agency plans are relevant to this workforce development plan. A brief summary and links for each follow.

Community Health Assessment (CHA) and   ***Community Health Improvement and Service Plan (CHIP/CSP) 2016-2018***
Link: https://www.co.essex.ny.us/ecph/wp-content/uploads/CHA.CHIP_.CSP_.2016.EssexCountyHealthPartners-Report.NoAppendices.pdf
The CHA/CHISP uses an ongoing, systematic process of compiling and analyzing health data to set targeted initiatives to improve population health.   The *2018 CHIP/CSP Priorities, Emerging Issues and Disparities* sections describe crosswalks of other initiatives with Essex County Health Partners. These initiatives support, not supplant efforts to achieve the shared community health improvement goals of reducing obesity in children and adults and increasing access to high quality chronic disease preventative care and management in clinical and community settings.

Strategic Plan 2016-2019 Essex County Health Department Public Health Unit
Link: https://www.co.essex.ny.us/ecph/wp-content/uploads/Strategic-Plan-2016-2019.pdf
The Strategic Plan outlines how goals and objectives are set, following an iterative process that identifies strengths, weaknesses, opportunities, and threats/challenges at an organizational level and then prioritizes goals based on this analysis. This plan focuses on five strategic priorities: Accreditation, **Workforce development**, Partnering/Networking, Fiscal management, and Internal communication. These outlined priorities lay the groundwork for reaching the department goal to seek voluntary national accreditation from the Public Health Accreditation Board (PHAB).   *Strategic Priority #1: Workforce Development*   *Goal #1: Implement a comprehensive workforce development plan to support agency mission, vision, values, and continuous improvement.*

Quality Improvement Policy and Procedure 2016
Link: Access on Prevent shared and in ECHD PHU Policy and Procedure book.
Describes the methods ECHD-PHU employs to conduct Continuous Quality Improvement (CQI) activities. The CQI program integrates the following: (a) **periodic evaluation activities of all Public Health Unit programs and services**; (b) routine assessment of department documentation and tracking mechanisms; and (c) project-based activities that support and improve the department's ability to maximize quality, effectiveness and efficiency during execution of General Public Health Work (GPHW).

Essex County Health Department *Performance Management System Policy and Procedure. April, 2017*
Link: Access on Prevent shared and in ECHD PHU Policy and Procedure book.
*The Essex County Health Department (ECHD) Public Health Unit will maintain a Performance Management System to capture all activities related to performance management including: **program/service evaluation standards**, measures and outcomes; routine quality assurance activities; continuous quality improvement projects; and the goals and objectives identified in various agency plans (Strategic Plan, Quality Improvement Plan, Workforce Development Plan, Community Health Improvement Plan, etc.). A major tracking and reporting component of the system is the Vision, Mission, Services, Goals (VMSG) Dashboard. Use of the Dashboard is described in the Quality Improvement Policy & Procedure.*

Essex County Health Department *Quality Improvement Plan 2016*
Link: Access on Prevent shared and in ECHD PHU Policy and Procedure book.
The 2016 Quality Improvement Plan (QIP) demonstrates this organization's commitment to continually strive to provide high quality programs and services to the residents of Essex County. The plan describes how the Essex County Health Department (ECHD) Public Health Unit will ensure efficient use of resources, while incorporating and sustaining effective change to support and advance the agency's mission, vision, and strategic goals. The improvement approaches and methodologies contained within this plan promote accountability, provide the guidance for and drive updates to the agency's QI Policy & Procedure. Annually, the QI Coordinator with input from QI Committee and leadership team assesses the QI functions and determines the goals and objectives that need to be in place to ensure that continued high standards are maintained. The QIP recommends workforce development/continuing education opportunities for all staff regarding QI.

Essex County Health Department Public Health Unit *Communications Plan 2016-2019*
Link: Access on Prevent shared and in ECHD PHU Policy and Procedure book
Pursuant to national accreditation, ECHD is aligning the Communication Plan with fiscal management, partnerships/networking and workforce development in the strategic planning process. The communications plan has been developed to serve as a blueprint, guiding the department in its wide-ranging communications efforts.

Essex County Health Department *Brand Guidelines & Branding Strategy, March 2017*
Link: Access on Prevent shared and in ECHD PHU Policy and Procedure book
Our brand distinguishes who we are and why we exist, **even as we continue to improve the quality of our services, better engage, and strengthen our community**. Using a consistent identity, we have the opportunity to share our organization's mission, vision, and values of collaboration, integrity, professionalism, and excellence with those we serve.

Essex County Health Department *Delegation of Authority Policy and Procedure, March 2017*
Link: Access on Prevent shared and in ECHD PHU Policy and Procedure book
Essex County Health Department (ECHD) personnel will follow a chain of command for daily operations and an Incident Command System (ICS) for emergencies. Refer to the ECHD Continuity of Operations (COOP) Plan and the ECHD Public Health Emergency Preparedness and Response Plan for ICS delegation, and the agency organizational chart for organizational flow.

WORKFORCE PROFILE

Introduction

The Essex County Health Department consists of a team of dedicated individuals of varying ages, backgrounds, and education levels. We have strived to cross train staff in order to maximize productivity. However, an aging workforce, tight budgets, increased mandates, and documentation requirements threaten our ability to provide core public health programming. At times, it feels that we have created a house of cards. As long as each card is in its place, we maintain our structure. Even small shifts in staffing,

scheduled vacations, unexpected illnesses, and changing job priorities make it difficult to maintain high quality services while ensuring continuity of operations.

Public health has traditionally focused on preventing communicable disease and protecting individuals from injury. Recently, the pendulum has shifted to include population-level interventions that target the prevention of chronic conditions, such as heart disease, cancer and Type 2 diabetes. The number of Essex County residents with obesity-related disease has increased dramatically in the last decade.

Our health department is at the forefront of efforts to reduce the cost and the suffering associated with chronic conditions by promoting evidence-based self-management and lifestyle change programs to our residents and in increasing awareness of preventative measures. We also support and implement policy, systems, and environmental changes that make it easier for community members to make healthier choices. This task cannot be accomplished alone. Through partnerships and collaboration, we increase impact and reach throughout our region.

As we move from workforce planning to implementation, we will continue to lead with our vision, mission, and values serving as our foundation. By aligning with like-minded Organizations--across programs and sectors--we can advance health equity, and protect, promote, and improve health and quality of life for all in our community.

We look to our Workforce Development Plan to provide a consistent and standardized training strategy across all disciplines. In this way, our diversified and competent workforce can adapt to the increasing demands of a changing population base.

Current Workforce Demographics

The table below summarizes the demographics of our current workforce:

Essex County Health Department Public Health Unit Current Workforce Demographic Profile, March 2017			
Category	**# or %**	**Category**	**# or %**
Total # of Employees:	15	**Gender:**	
# of FTE:	11	Female:	14
% Paid by Grants/Contracts:	50%	Male:	1
Race:			
Hispanic:	0	Hawaiian:	0
Non-Hispanic:	15	Caucasian:	15
American Indian / Alaska Native:	0	More than One Race:	#
Asian:	0	Other:	#
African American:	0		

Age:			
< 20:	0	40 – 49:	3
20 – 29:	2	50 – 59:	7
30 – 39:	1	>60:	2

Primary Professional Disciplines/Credentials:			
Leadership/Administration:	4	Dietician:	0
Nurse:	4	Social Workers:	0
Registered Sanitarian/EH Specialist:	0	Medical Director (contracted):	1
Epidemiologist:	0	Outreach Coordinator:	3
Health Educator:	1	Clerical:	3

Retention Rate per 10 Years; by discipline:			
Leadership/Administration: 3	100%	Medical Director:1	100%
Nurse:4	100%	Outreach Coordinator:3	50%
Health Educator:1	20%	Clerical: 3	73%

Employees < 5 Years from Retirement:			
Management:	1	Non-Management:	3

Anticipated Future Agency Workforce Needs

ECHD could experience up to a 25% retirement rate in the next five years. This turn-over includes one Director, two public health nurses, and one RN. The agency must establish and maintain the resources and dedication to train new employees. Existing staff need to remain competent in technology and education in addition to continuing to develop vital leadership skills.

Access to Institutions of Higher Education

A BS degree is preferred for public health employees, other than clerical, although we have one RN and one LPN with 2 years or less of formal college education. SUNY Plattsburgh, 35 miles away, offers a BS degree in nursing with a RN to BSN option and other health related BS programs. There is only one college in the county, a local community college. The closest Schools of Public Health are the University of Vermont, 65 miles away, and the University of Albany, 125 miles away. The University of Albany offers the Public Health Leaders of Tomorrow (PHLOT) tuition reimbursement program with an online option.

Labor Pool Development

Nearly 20% of the Essex Country population 65 years of age or older. Economic development efforts are working to encourage young families to relocate to this area, but with higher costs of living, limited job opportunities, and disparities in broadband and cell coverage, growth of young families is slow and limited to a few communities.

Performing Workforce Productivity and Quality

Future needs also depend on what is expected from a "performing workforce", in terms of coverage of services and populations, of productivity and of quality of output. The ECHD subscribed to the following approaches to recruit and retain its workforce:

- Ensuring that valued, long-term employees have easy access to tools and resources that will allow them to pursue continuing education, get retrained or access support services.

- Determining if any retiring staff could transfer their skills to new caregiving positions like those found in geriatric care, hospice or home health care.

- Creating a progression chart elevating people to the top of their skill level, credentials, and/or education. For example, a career ladder for each department can assist employees in envisioning their career path. Posting these career ladders on bulletin boards and in other shared spaces will allow employees to see specifically how they can grow professionally.

- Offering skill enhancement programs that allow employees to obtain new skills and increase their confidence—and their investment in the organization.

- Evaluating whether a "nurse needs to do this job?" Reassigning non-medical tasks to staff members who have the competencies, credentials and/or education/training to complete the work.

- Inquiring, "Do you want to be a nurse manager?" "What are your clinical, as well as management skills?"

- Considering other positions that may by suitable for older workers. An example of this is moving an older nurse to an intake nurse so there is less need for him/her to stand on his/her feet for 8 to 10 hours each day.

<u>Anticipated Workforce Issues and Needs</u>
- ✓ Staff dedication/motivation
- ✓ Staff experience/public health expertise
- ✓ Many staff members are cross-trained
- ✓ History of community service and knowledge of community
- ✓ Positive public perception/reputation
- ✓ Teamwork
- ✓ Variety of programs offered

- ✓ Focus on QI
- ✓ Networking
- ✓ Willingness to rethink, reposition, reform
- ✓ Academic partnerships
- ✓ Technological expertise
- ✓ Staff turn-over, position changes, impending retirements
- ✓ Lack of staff for key priorities
- ✓ Program evaluation/performance management
- ✓ High cost related to employee health benefits
- ✓ QI – staff knowledge of and resources to maintain rigorous program
- ✓ IT – employee readiness and resources needed to implement

COMPETENCIES & EDUCATION REQUIREMENTS

ECHD uses the _Council on Linkages Core Competencies for Public Health Professionals_. These are considered to be the national standard guidelines for the development of the current and future workforce.

> _The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health._
>
> _The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies._
>
> _The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs (2014 Council on Linkages)._

The Core Competencies can be accessed at:
http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf

Currently Held Competencies

Competency & Education (CE) required by discipline, licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	NYS CE Requirements (as of 6/1/17)	Currently Held
Medical Director	Physician	Physician
Director of Public Health	MPH or BS/MS with Graduate Certificate Public Health (GCPH)	MPH
Director of Preventive Services	BSN	MSRN, GCPH
Nursing	RN, LPN	AND (1), BSN (2), LPN (1)
Program Coordinator EPR	BSN	MPH
Health Educator (CHES/MCHES)	BS	MPH
Outreach Coordinator	BS	BS (3)
Account Clerk	High school grad	High school grad (3)
Receptionist	High school grad	High school grad (1)
PHAC members	See pg. 3	All - CE pg. 3
Board of Supervisors Members	Elected	Elected

In July of 2016, ECHD PHU also conducted an evaluation of the workforce and prepared an analysis entitled, "Responsibilities/Activities & Workforce Distribution (7/7/2016)." This analysis codified existing staffing and organized data by Article 6 (General Public Health Work), 10 NYCRR Part 40 Regulations, Required Services, Enhanced Services (Not required), Grant Services and Primary/Secondary Staff relationships. A copy of this analysis is attached as Appendix 1.

TRAINING NEEDS

Assessment Methods

ECHD PHU conducted an employment workforce competency needs assessment of the PHU staff from December, 2016 through January, 2017. The first step was to conduct PHU staff self-evaluations using the Tier 1, 2, or 3 *Competency Assessment Public Health Professionals* (2014 Version), adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina. The tool was provided by the Council on Linkages Between Academia and Public Health Practice.

Organization of the Core Competencies
The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains
- *Analytical/Assessment Skills*
- *Policy Development/Program Planning Skills*
- *Communication Skills*
- *Cultural Competency Skills*
- *Community Dimensions of Practice Skills*
- *Public Health Sciences Skills*
- *Financial Planning and Management Skills*
- *Leadership and Systems Thinking Skills*

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

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

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

A total of 15 employees completed the 2014 version of the Core Competencies for Public Health Professionals assessment for a response rate of 100%.

Following the self-evaluation, the Director of Preventative Services conducted one-on-one interviews with staff members to review and clarify competency needs and interests.

An independent researcher was retained to aggregate and analyze the results. Three quality improvement (QI) tools were used to effectively prioritize competency development efforts.

Competency Gap Analysis

In order to identify relative strengths and areas for development across the 8 Core Competencies domains, a Competency Gap Assessment was conducted, aggregating data drawn from individual assessment activities. The results of the gap assessment are presented in the following section entitled <u>Assessment Results</u>.

Competency Prioritization and High-Yield Competency Analysis

The Director of Public Health and Director of Preventative Services served as a focus group with a professional facilitator to conduct a prioritization of workforce competency needs.

In this setting, the focus group compared the self-reported gaps and identified the relative importance (ranking) of the 8 Core Competencies domains within the context of the public health organization's strategic objectives. The group then selected the core competency domains for immediate development (Top 4 Picks) and for evaluation in 2018 (bottom 4). The results included a two-phase prioritization of workforce development needs and a curriculum to accompany the prioritization.

The results of the competency assessment are present in the following section entitled <u>Assessment Results</u>.

Assessment Results

Staff	Analytical/Assessment Skills	Policy Development/Program Planning Skills	Communication Skills	Cultural Competency Skills	Community Dimensions of Practice Skills	Public Health Sciences Skills	Financial Planning and Management Skills	Leadership and Systems Thinking Skills
Essex County Health Department, Public Health Unit Workforce Competency Assessment: Unmet Needs-Workforce Development Preventative Services: Self Assessment: Competency Evaluation								
1. Public Health								
1.A. Public Health Nursing								
LPN	2.4	2.8	2.6	3	3	3	2.6	2.9
RN	3	2.9	3.1	3.1	3.1	2.7	2.6	2.8
PHN	2.2	2.5	3	2.9	2.7	2.8	2.3	2.1
PHN	2.5	3	3	3	3	2.8	2.3	3
1.B. Public Health Program								
OC	2.4	2.5	2.9	2.7	2.9	2.3	2.6	2.9
PHEP Coordinator	3.8	3.6	3.3	3.5	3.4	3.6	3.4	3.7
HE	2.7	3	2.6	2.8	2.6	2.7	2.7	2
1.C. Public Health Grants								
OC	2.6	2.3	3	3	3.3	2.6	2.6	3.1
OC	3.1	2.7	3.3	3.6	2.9	1.9	2.5	2.8
2. Fiscal								
AC	2	2.4	1.3	1.7	1.3	1.2	2.3	1.9
Rec	1.5	1.3	2	1.9	2	1.6	2.4	2.4
AC	1.6	1.7	1.4	1	1.1	1	2.6	1.4
PAC	2.3	2.7	2.6	2.4	2.2	1.8	2.4	2
3. Management								
DPS	3.1	3	3	3	3	3	2.9	3
DPH	2.9	2.9	3.1	2.8	3.2	2.4	3.1	3.2

Interpreting Your Results Based on the averages you have for each domain in the "Your Results" section above, you are now ready to identify the strengths in your practice and the areas that you would like to improve or strengthen. For example, if you have scored a "1" in any domain, you will want to consider focusing your time and energy toward achieving the competencies in that domain, followed by domains in which you scored a "2," with a lower priority given to domains in which you scored a "3" or higher. Once you have identified your priorities, you can use this information to guide you in developing a learning plan with one or more personal professional goals for the next year; in engaging in a discussion with your supervisor, mentor, or coach; and in choosing learning opportunities that will help you reach your goals and meet the requirements for continuing competence in your occupation

1 = None	I am unaware or have very little knowledge of the skill
2 = Aware	I have heard of, but have limited knowledge or ability to apply the skill
3 = Knowledgeable	I am comfortable with my knowledge or ability to apply the skill
4 = Proficient	I am very comfortable, am an expert, or could teach this skill to others

Essex County Health Department, Public Health Unit Workforce Competency Assessment: Unmet Needs-Workforce Development Preventative Services. Existing Staff

Unmet Needs

Competency Subject AreaCompetency Assessment of Public Health Professionals... by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina). Provided by the Council on Linkages Between Academia and Public Health Practice. May be modified as needed.

Staff	Tier 1	Tier 2	Tier 3	Health Literacy	Lifestyle Coaching (Change Theory)	Strategic Plan	PH Informatics	Data Analysis/Manipulation/Dissemination	Excel	Application of Knowledge in PH	Communication	Quality Assurance/Quality Improvement	Population Health implementation	Research	Bridges out of Poverty	PH Basic course in LMS	PHLOT	Stages of Change	PH policy and development of	Community Health Factors & data	CHA	PH Sciences #1 and #3	Budget (Vanesky report)	Population health and 10 Essential Health Services	*Governmental Accounting	Statistics	Vanesky budget report	Using VMSG Performance Management System	HIPPA r/t IT data	Access	Customer Survey with clients, partners and stakeholders	Leadership and Management/Women and Leadership	PH Social Media	Available assets for CHA	PH ROI	Solicitation of info from stakeholders/Soliciting	Guide to Community Preventive Services	Available community resources (community based care transitions
1. Public Health																																						
1.A. Public Health Nursing																																						
LPN	1			1	1	1	1																															
RN	1					1		1								1						1	1	1				1										
PHN		1		1		1										1												1										1
PHN		1				1			1					1												1	1	1										
1.B. Public Health Program																																						
OC	1				1	1		1	1	1	1	1	1	1	1																							
PHEP Coordinator		1					1																					1					1	1	1	1	1	
HE		1						1	1												1								1	1		1		1				
1.C. Public Health Grants																																						
OC	1					1										1		1	1																			
OC	1					1			1			1				1	1	1																				
2. Fiscal																																						
AC	1					1										1		1				1	1															
Rec	1					1		1								1		1																				
AC	1			1		1						1				1		1							1													
PAC		1						1	1																													1
3. Management																																						
DPS			1																				1					1				1					1	
DPH			1																																			
Total	3	2		10	2		4	6	1	1	3	1	2	1	5	1	6	1	1	2	1	2	1	1	1	1	5	1	1	1	3	1	1	1	2	1		

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		Priority Core Competencies 2017-2020 Essex County Health Department Public Health Unit								
Core Competency Domain and ID#'s		**Policy Development/Program Planning Skills**		**Communication Skills**		**Financial Planning and Management Skills**		**Leadership and Systems Thinking Skills**		
Unit	TIER	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	
1. Public Health 1.A. Public Health Nursing	1	2A10	Data Collection for Evaluation	3A2; 3A5; 3A6	Effective Communication (writing, speaking, presenting; audience, voice, approach). Using Evidence to Influence Behavior	7A7; 7A8	Contracts & Agreements; Financial Analysis Methods	8A4; 8A5	Visioning; Organizational Assessment	
	1	2A3; 2A12	Understanding the Strategic Plan; Applying PH Informatics, Evaluation			7A7; 7A14	Contracts & Agreements;Performance Management Systems	8A2; 8A5	Public Health Infrastructure; Organizational Assessment	
	2	2B3; 2B5; 2B7	Strategic Plan Development; Monitoring Public and Community Health Trends; Conducting Feasibility Analyses.			7B12; 7B16	Team-Building; Performance Management Systems	8B4; 8B5; 8B6; 8B8; 8B9; 8B10	Visioning; Organizational Assessment; Professional Development and Performance; Change Management; Quality Improvement; Advocacy and Community Engagement;	
	2					7B9; 7B10; 7B12; 7B14; 7B15; 7B16	Negotiation: Contracts & Agreements; Financial Analysis Methods; Team-Buildings; Performance Management Systems; Performance Evaluation;			

						Priority Core Competencies 2017-2020 Essex County Health Department Public Health Unit			
Core Competency Domain and ID#'s		**Policy Development/Program Planning Skills**		**Communication Skills**		**Financial Planning and Management Skills**		**Leadership and Systems Thinking Skills**	
Unit	TIER	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied
1.B. Public Health Program	1	2A4; 2A10	Strategic Plan Implementation; Data Collection for Evaluation	3A6	Using Evidence to Influence Behavior	7A1; 7A4; 7A5; 7A8; 7A11	Formative Evaluation; Public Health Funding Infrastructure; Budgeting; Financial Analysis Methods; Team-Building; Leadership Skills	8A2; 8A5; 8A6	Public Health Infrastructure; Organizational Assessment; Professional Development Needs Assessment;
	2					7B15; 7B16	Performance Management Systems		
	2			3B1; 3B5	Assessing Population Literacy; Communicating Data using different media to various audiences.	7B1; 7B4; 7B10; 7B13; 7B14	Public Health Services & Funding Infrastructure; Financial Analysis Methods; Team-Building; Supervision; Formative Evaluation	8B1; 8B2; 8B4; 8B6; 8B8; 8B10	Public Health Ethics; Public Health Infrastructure; Visioning; Performance Management and Professional Development; Quality Improvement; Advocacy and Community Engagement
1.C. Public Health Grants	1	2A2; 2A3; 2A5; 2A6; 2A7; 2A11	Developing Program Goals and Objectives; Understanding Strategic Plans; Current Development and Implications in Community Health; Basic Data Collection; Quality Improvement Strategies; Keeping up with Current Events in Public and Community Health.	3A8	Community Health: The Role of Government and other partners.	7A2; 7A4; 7A7; 7A10	Community & Public Health Infrastructure-Services and Funding; Contracts & Agreements; Teambuilding		
	1	2A3; 2A11	Understanding Strategic Plans; Quality Improvement Strategies			7A4; 7A6; 7A7; 7A8;7A14	Public Health Funding Infrastructure; Proposal Writing; Contracts & Agreements; Financial Analysis Methods; Performance Management Systems.	8A2; 8A3; 8A5	Public Health Infrastrucure; Public Health Networks; Organizational Assessment

Priority Core Competencies 2017-2020
Essex County Health Department Public Health Unit

Unit	TIER	CC-ID#	Policy Development/Program Planning Skills — Topic(s) to be Studied	CC-ID#	Communication Skills — Topic(s) to be Studied	CC-ID#	Financial Planning and Management Skills — Topic(s) to be Studied	CC-ID#	Leadership and Systems Thinking Skills — Topic(s) to be Studied
2. Fiscal	1	2A7; 2A9; 2A10; 2A11	Evaluation Methods and data collection approaches that support Continuious Quality Improvement	3A1; 3A2; 3A6; 3A8	Effective Communication (writing, speaking, presenting; audience, voice, approach);Using Evidence to Influence Behavior; Community Health: The Role of Government and other partners.	7A1; 7A4	Community & Public Health Infrastructure-Services and Funding;	8A2; 8A3; 8A4; 8A5; 8A6; 8A7; 8A8; 8A9	Public Health Network Development; Visioning; Organizational Assessment; Performance Management and Professional Development; Personnel Evaluation;
	1	2A3; 2A8; 2A9; 2A10; 2A11	Understanding Strategic Plans;Evaluation Methods and data collection approaches that support Continuous Quality Improvement	3A1	Assessing Population Literacy			8A6; 8A7; 8A8; 8A9	Performance Management and Professional Development; Personnel Evaluation;
	1	2A2; 2A3; 2A5; 2A8; 2A9; 2A10; 2A11	Developing Program Goals and Objectives; Understanding Strategic Plans; Current Development and Implications in Community Health; Evaluation Methods and data collection approaches that support Continuous Quality Improvement.	3A1; 3A2; 3A6	Asessing Population Literacy; Effective Communication (writing, speaking, presenting; audience, voice, approach);Using Evidence to Influence Behavior.	7A1; 7A2; 7A4; 7A14	Community & Public Health Infrastructure-Services and Funding; Performance Management Systems;	8A1; 8A2; 8A5; 8A6; 8A7; 8A8; 8A9	Public Health Ethics; Public Health Infrastructure; Organizational Assessment; Performance Management and Professional Development;
	2	2B10; 2B11; 2B12	Evaluation Methods and data collection approaches that support Continuous Quality Improvement.	3B1	Assessing Population Literacy	7B14	Formative Evaluation	8B1; 8B2; 8B3; 8B6; 8B7; 8B8; 8B9	Public Health Ethics; Public Health Infrastructure; Productivity and Performance; Change Management; Quality Improvement;
3. Management	3	2C10	Advocacy and Change Management in External Relations			7C2; 7C6; 7C10	Advocacy & Coalition Building; Budgeting; Financial Analysis Methods	8C5	Recent Trends in Quality Improvement; Performance Management
	3	2C7; 2C13; 2C14	Conducting Feasibility Analyses; Systems Thinking in Continuous Quality Improvement.	3C2	Effective Communication (writing, speaking, presenting; audience, voice, approach)	7C10; 7C14	Financial Analysis Methods; Formative Evaluatuion	8C7	Performance Management Incentives

Core Competency Domain and ID#'s		Analytical/Assessment Skills		Cultural Competency Skills		Community Dimensions of Practice Skills		Public Health Sciences Skills	
Unit	TIER	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied
1. Public Health — 1.A. Public Health Nursing	1								
	1	1A9;1A10	Describing, Using, and Applying Q&Q Data to public health settings.					6A3	Public health sciences and the delivery of the 10 Essential Public Health Services.
	2	1B2; 1B4; 1B9; 1B10; 1B14	Making Evidence-Based Decisions; Technology-Friendly Data selection and design; Analyzing, Interpreting, and Applying Results.			5B8	Collecting and Using Community Input in Program Planning		
	2								
1.B. Public Health Program	1	1A2; 1A3; 1A4; 1A5; 1A6; 1A7; 1A8; 1A9; 1A10	Describing, Using, and Applying Q&Q Data to public health settings.	4A1; 4A6	Understanding Diversity in Context; Program Impact on Sub-Populations	5A8	Collecting Community Input for Program Planning	6A5; 6A6	Evidence: Research Limitations; Application to developing, implementing, evaluating, and improving policies, programs, and services.
	2								
	2	1B3; 1B4; 1B13; 1B15	Research Ethics; Technology-Friendly Data Selection & Design; CHA Development; Promoting Evidence-Based Decisionmaking	4B6	Program Assessment on Sub-Populations	5B2; 5B3; 5B8	Buiding Collaboratives and Consortia using Representational Statekholder Analysis; Collecting and Using Community Input in Program Planning		
1.C. Public Health Grants	1	1A13; 1A14	Interpreting and conveying data-driven results in academic and professional reports.	4A6	Program Impact on Sub-Populations	5A9	Education & Outreach		
	1								

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Essex County Health Department, Secondary Core Competencies 2017-2020									
Core Competency Domain and ID#'s		Analytical/Assessment Skills		Cultural Competency Skills		Community Dimensions of Practice Skills		Public Health Sciences Skills	
Unit	TIER	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied	CC-ID#	Topic(s) to be Studied
2. Fiscal	1	1A1; 1A13; 1A14	Factors affecting the health of a community; Interpreting and conveying data-driven results in academic and professional reports.	4A1; 4A2; 4A3; 4A4	Understanding, Interpreting, & Applying Diversity in Context; Stakeholder Representation in Decision-making.	5A2; 5A3; 5A7	Public Health and the Community: Improving Partnerships; Collaborative Planning		
	1	1A1; 1A13; 1A14	Factors affecting the health of a community; Interpreting and conveying data-driven results in academic and professional reports.	4A1; 4A2; 4A3; 4A6	Understanding, Interpreting, & Applying Diversity in Context; Program Impact on Sub-Populations	5A7; 5A9	Collaborative Planning; Education & Outreach		
	1	1A1; 1A13; 1A14	Factors affecting the health of a community; Interpreting and conveying data-driven results in academic and professional reports.	4A1; 4A2; 4A3; 4A4; 4A6	Understanding, Interpreting, & Applying Diversity in Context; Program Impact on Sub-Populations	5A1; 5A2; 5A7	Public Health Regional Infrastructure-current status; Collaborative Planning		
	2			4B1; 4B2; 4B3	Understanding, Interpreting, & Applying Diversity in Context;	5B1	Public Health Regional Infrastructure-current status		
3. Management	3			4C6	Evaluating Program Impact on Sub-Populations	5C7	Evaluating and Improving Community Engagement in Public Health		
	3	1C4; 1C8; 1C9; 1C14	Technology-Friendly Data Design; Validity and Reliability in Research; Analytical Methods: Trending; Evidence-Based Decisionmaking	4C4; 4C7	Representative Stakeholder Engagement in Public Health Planning; Diversity in the Workplace-Asset Management	5C9	Shared Services Planning, Contracts and Memoranda	6C5; 6C6; 6C7	Evidence: Research Limitations; Synthesis Methods and Trends; Application to, and evaluation of- developing, implementing, evaluating, and improving policies, programs, and services.

Competency-Based Training Needs / Findings

The training needs and findings are presented in the four distinct tables included in the prior section. Current staff competencies were assessed against the eight, tiered core competencies as presented in the preceding Assessment Results Section. The competency prioritization process of stratified the training needs assessment into two separate sets or priorities:

Core Competency Domains with Highest Priority Needs:

- **Policy Development/Program Planning Skills**
- **Communication Skills**
- **Financial Planning and Management Skills**
- **Leadership and Systems Thinking Skills**

Core Competency Domains with Lower Priority Needs:

- Analytical/Assessment Skills
- Cultural Competency Skills
- Community Dimensions of Practice Skills
- Public Health Sciences Skills

A descriptive summary of the training needs includes the following topics:

Health Literacy	Strategic Plan
PH Informatics	Communication
Application of Knowledge in PH	Research
Lifestyle Coaching (Change Theory)	Bridges out of Poverty
Excel	PHLOT
Quality Assurance/Quality Improvement	Stages of Change
CHA/CSIP	PH Sciences #1 and #3
Budget (Vanesky report)	Governmental Accounting
Statistics	Vanesky budget report
HIPPA r/t IT data	Access
PH Social Media	Available assets for CHA
Available community resources	PH ROI (Return on Investment)
PH Basic course in LMS	
Data Analysis/Manipulation/Dissemination	
Population Health implementation	
PH policy and development of Community Health Factors & data	
Population health and 10 Essential Health Services	
Using VMSG Performance Management System	
Customer Survey with clients, partners and stakeholders	
Leadership and Management/Women and Leadership	
Guide to Community Preventive Services	
Solicitation of info from stakeholders/Soliciting feedback from customers and stakeholders regarding need for service/product and satisfaction with service/product provision.	

Barriers and Solutions

Inhibitors to addressing workforce development training needs including the following:

➢ Overcoming individual reticence to dynamic change
➢ Home care and health care services are evolving
➢ Insurance and benefits changing policies and practices
➢ Isolation
➢ Rural geography and high transportation costs
➢ Embracing a positive view of lifelong learning and a willingness to rethink, reposition, and reform.
➢ Limited access to academic partnerships due to geographic isolation
➢ Staff turn-over and position changes
➢ Limited technical capacity to use online learning resources
➢ Lack of customized online training and the need to create and package specific trainings to address specific, department training needs
➢ Oversubscribed staff

The table below outlines several strategies to address the barriers noted.

Barriers	Needs/Gaps	Strategies
Internal Communication	Staff notification of pertinent program issues that arise in a timely manner. The internal layout of Public Health staff offices on 2 floors is not conducive to communication.	1. Impromptu staff meetings as necessary to advise of changes with written follow-ups for those not present
		2. Monthly staff meetings for reviews /questions
		3. Program specific meetings quarterly and as needed
		4. Group e-mails
		5. Daily e-mail check by all staff
		6. Public Health staff move to the first floor in close proximity to the DPH, HE, Clinic Room, and fiscal staff
Workforce Program Coverage	Small work force presents challenges for program coverage when staff are absent	1. Daily/weekly checks of coverage for programs
		2. Back-up assist as needed for this, utilize Delegation of Authority P&P and implement a cross training plan.
		3. Update calendar to reflect those on /off.
		4. Enlist staff to participate
		5. Consider a group calendar
		6. Communication with reception
Performance Management	Mechanism for tracking performance standards and communicating expectations.	1.Define the performance standards and data base for tracking
		2.Assign internal Workforce Development (WFD) coordinator & Co-Coordinator to track performance standards
		1.Define Branding strategy

Barriers	Needs/Gaps	Strategies
Staff awareness of brand strategy	Accurate internal and external perceptions of the organization.	2. Develop & execute strategy for brand launch

Health Equity / Cultural Competency Training Needs

As part of the self-evaluation, staff were asked to determine their respective competency with various cultural or equity topics. Of the 15 staff evaluated, 80% of staff--including nursing, program, and management staff-- indicated comfort and competency with cultural and health equity topics. The "fiscal" staff, which also includes front office personnel, were less comfortable and competent with health equity and cultural topics.

Essex County demographics continue to diversify, but at a very slow pace. As part of an annual performance and training needs evaluative process, the department will continue to monitor staff cultural and linguistic competence. The Cultural and Linguistic Competency Policy (CLCPA) self-assessment from the National Center for Cultural Competence will be used as a comparative staff assessment against Culturally and Linguistically Appropriate Services (CLAS) standards. Health Equity at Work: Skills Assessment of Public Health, will be administered on a periodic basis.

WORKFORCE DEVELOPMENT GOALS

This section presents high-level, workforce development goals intended to enhance, promote, and maintain a culture of learning.

Goal	Measure	Timeframe	Responsible Parties
All employees create an individual professional development plan with the DPS Supervisor during the annual performance review.	Completed individual development plans	6/1/2017 – 5/31/2018	HR, Employee and Supervisor
The Public Health Unit has an assigned internal Workforce Development Coordinator and Co-Coordinator who monitor achievement of individual professional development activities in a performance management system.	Home Solutions, VMSG, LMS performance management systems	6/1/2017	WFD Coordinator and Co-Coordinator
The Public Health budget reflects annual funding for staff to attend educational events outlined in their individual professional development plan, which includes mileage reimbursement, lodging and meals	PH Budget Agency P & P	6/1/2017 – 5/31/2018	DPS, DPH
The Public Health Staff offices will all be housed on the same floor, which will	Communication Plan; P&P; Employee	6/1/2017- 5/31/2018	DPS, DPH

Goal	Measure	Timeframe	Responsible Parties
lead to improved communication and diminish silos.	Satisfaction Survey		
Ensure the seamless relay of information that is needed to promote consistent organization and morale within the Public Health unit.	Floor Plan Revision Executed Employee Satisfaction Survey	6/1/2017 – 5/31/2018	DPS, DPH

CURRICULUM AND TRAINING SCHEDULE

A workforce development curriculum and training schedule for phases one and two are shown below:

Workforce Development Curriculum and Training Schedule 2017-2020
Priority Core Competencies-Phase 1
Essex County Health Department Public Health Unit

Core Competency Domain and ID#'s				Policy Development/Program Planning Skills				Communication Skills				Financial Planning and Management Skills				Leadership and Systems Thinking Skills			
Unit	Division-Title	TIER	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)
1. Public Health / **1.A. Public Health Nursing**	**Licensed Practical Nurse**	1	2A10	Data Collection for Evaluation			3A2; 3A5; 3A6	Effective Communication (writing, speaking, presenting; audience, voice, approach). Using Evidence to Influence Behavior			7A7; 7A8	Contracts & Agreements; Financial Analysis Methods			8A4; 8A5	Visioning; Organizational Assessment		
	Registered Nurse	1	2A3; 2A12	Understanding the Strategic Plan; Applying PH Informatics, Evaluation							7A7; 7A14	Contracts & Agreements; Performance Management Systems			8A2; 8A5	Public Health Infrastructure; Organizational Assessment		
	Public Health Nurse	2	2B3; 2B5; 2B7	Strategic Plan Development; Monitoring Public and Community Health Trends; Conducting Feasibility Analyses.							7B12; 7B16	Team-Building; Performance Management Systems			8B4; 8B5; 8B6; 8B8; 8B9; 8B10	Visioning; Organizational Assessment; Professional Development and Performance; Change Management; Quality Improvement; Advocacy and Community Engagement;		
	Public Health Nurse	2									7B9; 7B10; 7B12; 7B14; 7B15; 7B16	Negotiation: Contracts & Agreements; Financial Analysis Methods; Team-Buildings; Performance Management Systems; Performance Evaluation;						

Workforce Development Curriculum and Training Schedule 2017-2020
Priority Core Competencies-Phase 1
Essex County Health Department Public Health Unit

Core Competency Domain and ID#'s			Policy Development/Program Planning Skills				Communication Skills				Financial Planning and Management Skills				Leadership and Systems Thinking Skills			
Unit	Division-Title	TIER	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)
1.B. Public Health Program	Outreach Coordinator	1	2A4; 2A10	Strategic Plan Implementation; Data Collection for Evaluation			3A6	Using Evidence to Influence Behavior			7A1; 7A4; 7A5; 7A8; 7A11	Formative Evaluation; Public Health Funding Infrastructure; Budgeting; Financial Analysis Methods; Team-Building; Leadership Skills			8A2; 8A5; 8A6	Public Health Infrastructure; Organizational Assessment; Professional Development Needs Assessment;		
	PHEP Coordinator	2									7B15; 7B16	Performance Management Systems						
	Health Educator	2					3B1; 3B5	Assessing Population Literacy; Communicating Data using different media to various audiences.			7B1; 7B4; 7B10; 7B13; 7B14	Public Health Services & Funding Infrastructure; Financial Analysis Methods; Team-Building; Supervision; Formative Evaluation			8B1; 8B2; 8B4; 8B6; 8B8; 8B10	Public Health Ethics; Public Health Infrastructure; Visioning; Performance Management and Professional Development; Quality Improvement; Advocacy and Community Engagement		
1.C. Public Health Grants	Outreach Coordinator	1	2A2; 2A3; 2A5; 2A6; 2A7; 2A11	Developing Program Goals and Objectives; Understanding Strategic Plans; Current Development and Implications in Community Health; Basic Data Collection; Quality Improvement Strategies; Keeping up with Current Events in Public and Community Health.			3A8	Community Health: The Role of Government and other partners.			7A2; 7A4; 7A7; 7A10	Community & Public Health Infrastructure-Services and Funding; Contracts & Agreements; Teambuilding						
	Outreach Coordinator	1	2A3; 2A11	Understanding Strategic Plans; Quality Improvement Strategies							7A4; 7A6; 7A7; 7A8;7A14	Public Health Funding Infrastructure; Proposal Writing; Contracts & Agreements; Financial Analysis Methods; Performance Management Systems.			8A2; 8A3; 8A5	Public Health Infrastrucure; Public Health Networks; Organizational Assessment		

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Workforce Development Curriculum and Training Schedule 2017-2020
Priority Core Competencies-Phase 1
Essex County Health Department Public Health Unit

	Core Competency Domain and ID#'s		Policy Development/Program Planning Skills				Communication Skills				Financial Planning and Management Skills				Leadership and Systems Thinking Skills			
Unit	Division-Title	TIER	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)
2. Fiscal	Account Clerk	1	2A7; 2A9; 2A10; 2A11	Evaluation Methods and data collection approaches that support Continuious Quality Improvement			3A1; 3A2; 3A6; 3A8	Effective Communication (writing, speaking, presenting; audience, voice, approach);Using Evidence to Influence Behavior; Community Health: The Role of Government and other partners.			7A1; 7A4	Community & Public Health Infrastructure-Services and Funding;			8A2; 8A3; 8A4; 8A5; 8A6; 8A7; 8A8; 8A9	Public Health Network Development; Visioning; Organizational Assessment; Performance Management and Professional Development; Personnel Evaluation;		
	Senior Receptionist	1	2A3; 2A8; 2A9; 2A10; 2A11	Understanding Strategic Plans;Evaluation Methods and data collection approaches that support Continuous Quality Improvement			3A1	Assessing Population Literacy							8A6; 8A7; 8A8; 8A9	Performance Management and Professional Development; Personnel Evaluation;		
	Senior Account Clerk	1	2A2; 2A3; 2A5; 2A8; 2A9; 2A10; 2A11	Developing Program Goals and Objectives; Understanding Strategic Plans; Current Development and Implications in Community Health; Evaluation Methods and data collection approaches that support Continuous Quality Improvement.			3A1; 3A2; 3A6	Asessing Population Literacy; Effective Communication (writing, speaking, presenting; audience, voice, approach);Using Evidence to Influence Behavior.			7A1; 7A2; 7A4; 7A14	Community & Public Health Infrastructure-Services and Funding; Performance Management Systems;			8A1; 8A2; 8A5; 8A6; 8A7; 8A8; 8A9	Public Health Ethics; Public Health Infrastructure; Organizational Assessment; Performance Management and Professional Development;		
	Principal Account Clerk	2	2B10; 2B11; 2B12	Evaluation Methods and data collection approaches that support Continuous Quality Improvement.			3B1	Assessing Population Literacy			7B14	Formative Evaluation			8B1; 8B2; 8B3; 8B6; 8B7; 8B8; 8B9	Public Health Ethics; Public Health Infrastructure; Productivity and Performance; Change Management; Quality Improvement;		
3. Management	Director of Preventative Services	3	2C10	Advocacy and Change Management in External Relations							7C2; 7C6; 7C10	Advocacy & Coalition Building; Budgeting; Financial Analysis Methods			8C5	Recent Trends in Quality Improvement; Performance Management		
	Director of Public Health	3	2C7; 2C13; 2C14	Conducting Feasibility Analyses; Systems Thinking in Continuous Quality Improvement.			3C2	Effective Communication (writing, speaking, presenting; audience, voice, approach)			7C10; 7C14	Financial Analysis Methods; Formative Evaluatuion			8C7	Performance Management Incentives		

Workforce Development Curriculum and Training Schedule 2017-2020
Priority Core Competencies-Phase 2
Essex County Health Department Public Health Unit

	Core Competency Domain and ID#'s		Analytical/Assessment Skills				Cultural Competency Skills				Community Dimensions of Practice Skills				Public Health Sciences Skills			
Unit	Division-Title	TIER	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)
1. Public Health / 1.A. Public Health Nursing	Licensed Practical Nurse	1																
	Registered Nurse	1	1A9;1A10	Describing, Using, and Applying Q&Q Data to public health settings.											6A3	Public health sciences and the delivery of the 10 Essential Public Health Services.		
	Public Health Nurse	2	1B2; 1B4; 1B9; 1B10; 1B14	Making Evidence-Based Decisions; Technology-Friendly Data selection and design; Analyzing, Interpreting, and Applying Results.							5B8	Collecting and Using Community Input in Program Planning						
	Public Health Nurse	2																
1.B. Public Health Program	Outreach Coordinator	1	1A2; 1A3; 1A4; 1A5; 1A6; 1A7; 1A8; 1A9; 1A10	Describing, Using, and Applying Q&Q Data to public health settings.			4A1; 4A6	Understanding Diversity in Context; Program Impact on Sub-Populations			5A8	Collecting Community Input for Program Planning			6A5; 6A6	Evidence: Research Limitations; Application to developing, implementing, evaluating, and improving policies, programs, and services.		
	PHEP Coordinator	2																
	Health Educator	2	1B3; 1B4; 1B13; 1B15	Research Ethics; Technology-Friendly Data Selection & Design; CHA Development; Promoting Evidence-Based Decisionmaking			4B6	Program Assessment on Sub-Populations			5B2; 5B3; 5B8	Buiding Collaboratives and Consortia using Representational Statekholder Analysis; Collecting and Using Community Input in Program Planning						
1.C. Public Health Grants	Outreach Coordinator	1	1A13; 1A14	Interpreting and conveying data-driven results in academic and professional reports.			4A6	Program Impact on Sub-Populations			5A9	Education & Outreach						
	Outreach Coordinator	1																

Workforce Development Curriculum and Training Schedule 2017-2020
Priority Core Competencies-Phase 2
Essex County Health Department Public Health Unit

Core Competency Domain and ID#'s			Analytical/Assessment Skills				Cultural Competency Skills				Community Dimensions of Practice Skills				Public Health Sciences Skills			
Unit	Division-Title	TIER	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)	CC-ID#	Topic(s) to be Studied	Frequency	Mandatory (Yes/No)
2. Fiscal	**Account Clerk**	1	1A1; 1A13; 1A14	Factors affecting the health of a community; Interpreting and conveying data-driven results in academic and professional reports.			4A1; 4A2; 4A3; 4A4	Understanding, Interpreting, & Applying Diversity in Context; Stakeholder Representation in Decision-making.			5A2; 5A3; 5A7	Public Health and the Community: Improving Partnerships; Collaborative Planning						
	Senior Receptionist	1	1A1; 1A13; 1A14	Factors affecting the health of a community; Interpreting and conveying data-driven results in academic and professional reports.			4A1; 4A2; 4A3; 4A6	Understanding, Interpreting, & Applying Diversity in Context; Program Impact on Sub-Populations			5A7; 5A9	Collaborative Planning; Education & Outreach						
	Senior Account Clerk	1	1A1; 1A13; 1A14	Factors affecting the health of a community; Interpreting and conveying data-driven results in academic and professional reports.			4A1; 4A2; 4A3; 4A4; 4A6	Understanding, Interpreting, & Applying Diversity in Context; Program Impact on Sub-Populations			5A1; 5A2; 5A7	Public Health Regional Infrastructure-current status; Collaborative Planning						
	Principal Account Clerk	2					4B1; 4B2; 4B3	Understanding, Interpreting, & Applying Diversity in Context;			5B1	Public Health Regional Infrastructure-current status						
3. Management	**Director of Preventative Services**	3					4C6	Evaluating Program Impact on Sub-Populations			5C7	Evaluating and Improving Community Engagement in Public Health						
	Director of Public Health	3	1C4; 1C8; 1C9; 1C14	Technology-Friendly Data Design; Validity and Reliability in Research; Analytical Methods: Trending; Evidence-Based Decisionmaking			4C4; 4C7	Representative Stakeholder Engagement in Public Health Planning; Diversity in the Workplace-Asset Management			5C9	Shared Services Planning, Contracts and Memoranda			6C5; 6C6; 6C7	Evidence: Research Limitations; Synthesis Methods and Trends; Application to, and evaluation of- developing, implementing, evaluating, and improving policies, programs, and services.		

IMPLEMENTATION & MONITORING

Introduction

Several implementation actions in progress were identified as priorities during the ECHD strategic planning process in the Fall, 2016. Ongoing or incomplete actions will be incorporated into the Public Health Unit's performance management system – the VMSG (Vision, Mission, Services, Goals) Dashboard, and/or the Home Solutions and Learning Management System. Progress will be monitored by the Workforce Development Coordinator and/or Co-Coordinator. All strategies will be evaluated for completeness during the overall plan review. The WFD Plan will be reviewed annually by the DPS, PHAC and BOS. The WFD Plan will be revised every three years and an activity will be created in the VMSG Dashboard to document the completion of this task.

Communication

The WFD Plan will be presented to the PHAC and BOS for approval, and recommended revisions will be made. After approval, a copy of the WFD Plan will be distributed to staff, who will initial that they have reviewed it. The document will be archived in the department's policy and procedure manual. Staff access will be provided through the Prevent Shared electronic files.

Training evaluation

Kirkpatrick's Four-Level Training Evaluation Model* will be utilized to objectively analyze the effectiveness and impact of the various training(s) with the goal to improve future endeavors. Subjective evaluation will be conducted by the employee's formal training evaluation submitted post-training.
*http://www.kirkpatrickpartners.com/OurPhilosophy/TheKirkpatrickModel

Tracking

Training will be tracked via the VMSG and/or Home Solutions and/or LMS system and reviewed during the annual performance evaluation.

Roles and responsibilities

The physical Plan resides in the Public Health area on a bookshelf with other Policies, Procedures, and Plans. The plan can also be accessed on the Prevent shared drive. The WFD Coordinator (DPS) is responsible for ensuring that updates will be made.

Review and maintenance

The WFD Plan will be reviewed annually and updated every three years.

The annual review will be conducted by the DPS, DPH, PHAC and Public Health staff in order to address updates to agency/workforce profile, progress towards achievement of workforce development goals, newly identified training needs and the training curriculum schedule.

APPENDICES

<div style="background-color:#CC6600; color:white;">

Workforce Development Plan - Assessment

Responsibilities/Activities & Workforce Distribution (7/7/2016)

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Staff Key: csp = 0.6 FTE Community Health Worker, chsc = FTE Outreach Coordinator, cd = FTE RN, epr = FTE Cordinator, dps = FTE dps, HE = 1 FTE, FH = 2 FTE RNs, lpn = 1 FTE, pph = 1 contract FTE sex ed & SASS, PHD = 1 fte PH Director, rec = 1 fte receptionist, ac = 1 fte account clerk, ac1/2 = shared ps/chha ac, ech = 1/2 fte ECHO outreach coordinator, pac - principal ac

TOPIC	Article 6 (General Public Health Work), 10 NYCRR Part 40 Regulations Subcategory	Required Services	Enhanced Services (Not required)	Grant Services	Primary Staff	Secondary Staff	Completed
Chronic Disease Prevention	**CVD**	1. Use data			dps, epr, he		
		2. Policy, Systems, Environmental change activities			he		
		3. Public health marketing & communication	1. Paid Media		he		
		4. Promote early identification & clinical care			he		
	Cancer	1. Use data		**Cancer Screening Program**	csp	dps, epr, he	
		2. Policy, Systems, Environmental change activities		**Cancer Screening Program**	csp		
		3. Public health marketing & communication	1. Paid Media		he		
		4. Promote early identification & clinical care		**Cancer Screening Program**	csp		
	Diabetes	1. Use data			dps, epr, he		
		2. Policy, Systems, Environmental change activities			he		
		3. Public health marketing & communication	1. Paid Media		he		
		4. Promote early identification & clinical care			he		
	Arthritis	1. Use data			dps, epr, he		
		2. Policy, Systems, Environmental change activities					
		3. Public health marketing & communication	1. Paid Media		he		
		4. Promote early identification & clinical care			he		
	Asthma	1. Use data			dps, epr, he		
		2. Policy, Systems, Environmental change activities					
		3. Public health marketing & communication	1. Paid Media		he		
		4. Promote early identification & clinical care			he		
	Tobacco	1. Use data			dps, epr, he		
		2. Policy, Systems, Environmental change activities		**1. Health Systems for a Tobacco-Free NY 2. Tobacco-Free CFE 3. Reality Check**	1. NCHHN 2. CVFC 3. CVFC		
		3. Public health marketing & communication	1. Paid Media		he		
		4. Promote early identification & clinical care			he		

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TOPIC	Article 6 (General Public Health Work), 10 NYCRR Part 40 Regulations Subcategory	Required Services	Enhanced Services (Not required)	Grant Services	Primary Staff	Secondary Staff	Completed
Chronic Disease Prevention	**CVD**	1. Use data			dps, epr, he		
	Obesity	1. Use data			dps, epr, he		
		2. Policy, Systems, Environmental change activities		**Healthy Schools & Communities**	chsc	he	
		3. Public health marketing & communication	1. Paid Media		he	chsc	
		4. Promote early identification & clinical care			he		
Communicable Disease Control	**Arthropod**	1. Avain, mammal surveillance			cd	epr, dps	
		2. Investigation, reporting, control			cd	epr, dps	
		3. Surveillance for vectors			cd	epr,dps	
		4. Population management for vectors			NA		
		5. Journals, periodicals, etc.			cd	dps	
		6. Other as determined by LHD			cd	dps	
	CD Surveillance, Reporting & Control	A. Use HCS BCDC Program- 24/7 capability			cd	epr, dps	
		B. Surveillance & reporting using ECLRS, CDESS			cd	epr, dps	
		C. Investigation			cd	epr, dps	
		D. Outbreak services - testing, screening, etc. (Ebola, Zika responses)	PH Countermeasure clinic with use of CDMS		cd (required	dps, epr, fh (required 1,2,3)	
		E. Coordinate with providers & labs			cd	epr, dps	
		F. Health Education-public, providers	1. Education plan (print, marketing material, presentations, public marketing)-community, providers		cd	he	
		G. Annual communication to providers			dps		

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TOPIC	Article 6 (General Public Health Work), 10 NYCRR Part 40 Regulations Subcategory	Required Services	Enhanced Services (Not required)	Grant Services	Primary Staff	Secondary Staff	Completed
	Immunization Program	A. 1. Vaccinate school children to be excluded from school who are unable to pay/comply with VFC requirements			lpn, fh		
		2. Vaccinate post-secondary students for MMR who are unable to pay			lpn,fh		
		3. Report all imms adm. to NYSIIS					
		4. Vaccinate childrenrequiring HBV vaccine who are unable to pay. Report newborn children born to HBsAg+ woman within 30 days					
		5. Submit VAERS when indicated					
		B. Surveillance & reporting using ECLRS, CDESS					
		C. Provide assistance with school imm surveys as requested					
		D. Provide community, HCP, school ed, outreach and cooperation to maintain 90% imm levels				he	
		E. Coordinate with providers & labs					
		F. Conduct QI with providers (AFIX)					
		G. Ensure stewardship of IM resources					
		H. IM Clinics - safety net; accesible Make every effort to bill & collect fees for services					
			1. Mass vaccine clinics - emergency				
			2. Adult vaccinations - ACIP recommendations				
			3. Clinics for underserved (migrants, others)				
			4. PEP for CDs				
				IAP Grant			
				Article 28			
				CLIA			
	STD, HIV Services	1. Surveillance					
		2. Clinical & Lab services					
		3. Epidemiology					
		4. Education, outreach & hlth promo	pphncny sex ed. and SASS counselling			he	
			HCV testing		fh (HCVT)	fh, dps	
			HIV Testing		fh (HIVT)	fh,dps	
			Condom distribution				
		Bill for services			dps	chsc	

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TOPIC	Article 6 (General Public Health Work), 10 NYCRR Part 40 Regulations Subcategory	Required Services	Enhanced Services (Not required)	Grant Services	Primary Staff	Secondary Staff	Completed
	Rabies & Other Zoonoses	1. Follow-up on human exposures					
		2. Follow-up on animal exposures					
		3. Authorize RPEP	MOU with 3 county hospitals for PEP	**Rabies Grant**			
		4. Surveillance, prevent & control					
		5. Education & Outreach			he		
		6. Reporting					
			1. Human titer				
			2. specimen submission				
			3. Pre-exposure vaccination				
	TB	A. Surveillance & reporting					
		B. Individual follow-up for TB cases					
		C. Clinical Services for TB cases-directly or thru contract					
		D. Direct Observed Therapy					
		E. Annual communication to providers				he	
Community Health Assessment		1. Produce a CHA	Quarterly meetings		epr		
		2. Distribute the CHA			epr		
		3. Transmit birth & death certificates			rec	lpn	
		4. Produce and follow a CHIP			epr		
				Hlth Foundation Grant (ECHO)	ech	he	
			PHIP/ARHN		epr	dps, dph	
Emergency Preparedness & Response		1. All Hazards Plan a. Medical Countermeasures b. Non-Pharmaceutical Interventions c. Mass Care d. Mass Fatality e. COOP f. I & Q g. SNS h. MRC SOG			epr		
		2. Planning activities: a. Collaborative Meetings b. Community Engagement Activities c. Health Commerce System-roles, applications, etc.			epr		
		3. Medical Counter Measure readiness a. CDMS use b. PPE & other supplies c. POD facility identification, contracts			epr		
		4. Training & health education a. staff & volunteer training in ICS & others			epr		

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TOPIC	Article 6 (General Public Health Work), 10 NYCRR Part 40 Regulations Subcategory	Required Services	Enhanced Services (Not required)	Grant Services	Primary Staff	Secondary Staff	Completed
		5. Exercises & Drills a. announced & unannounced drills b. Documentation - ExPlans, AARs, etc.			epr		
		6. Respond to emergencies - Surveillance, investigation & 24/7/365 communication capacity			epr		
		MRC Coordination a. training opportunities b. volunteer opportunities c. ServNY updates d. monthly updates to national MRC					
				PHEPR Grant	epr		
				MRC Award	epr		
	Imminent Threat to Public Health	Communication, infection prevention, & decontaminatin materials, personnel, vebuesm supplies, transportation, equipment, etc.			epr	dps,dph.cd	
				Ebola Grant	epr		
Zika Action Plan		A. Adopt & Implement a ZAP			epr	cd, he, dps	
		B. Disease monitoring			epr	cd, dps	
		C. Submit Plans to NYSDOH - share with District office, Hospitals			epr	cd,dps	
Environmental Health		Injury Prevention	Distribute car seats to low income population		lpn		
				Car Seat Grant	lpn		
		Lead Poisoning Prevention	Provide car seat checks to all income levels		cd	lpn	
		Lead Testing		**Lead Grant**	cd	dps, fh, lpn	
		Leadweb			cd	dps, fh, lpn	
Family Health (Required services are the same for each subcategory	**Child Health**	1. Use Data - participate in coalitions, task forces, work groups, including schools and providers			dps	fh	
	Maternal & Infant	2. Public health marketing & communication			he	fh, dps	

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	Reproductive	3. Information, referral, assistance - navigators, dentists, WIC, EI, CSHCN, CHW			fh	dps	
		4. Outreach, education, training & TA for providers - provider meetings, provider packet, PPNCNY school ed., school nurse inservice			fh	he, dps	
		5. Policy, systems & environmental - CSB, B to 3, ACAP meetings, DV, DSS, LEICC			dps	fh	
		6. Insurance enrollment - DSS, Health navigators, MOMS			fh		
			Primary care of people<21	not provided			
			Home visits for assessment, information & referral		fh		
			Reproductive healthcare in clinical setting via pphncny contract	contracted PPHNCNY			
				not provided			
Accreditation		Strategic Planning			he	dph, dps, epr	
		Workforce Development			dph, dps, epr, he		
		Emergency Operations Plan			epr		
		QI Plan			he	dps, epr, rn	
		Performance Management System			he	dps, dph	
		Organizational Branding Strategy					
			Communications (website, social media, press, Annual Report)		he		

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GENERAL/MISCELLANEOUS			Policies & Procedures		dps		
			Program Direction/Personnel/Staff Management		dps		
			Grant Writing		dps	epr,he	
			DSRIP		dph		
			Asset Inventory, billing		ac1/2	epr, dps	
			fiscal: grants, billing, pentamation, ordering supplies		ac	pac	
			Requirements due, day sheets, contracts, mail		rec	ac1/2	
			Committees:				
			Infection Control		mch	epr	
			Quality Improvement		he	dps	
			Accreditation		he	epr	
			Work Force Development		dps	phd	
			Branding		epr	he	
			PHAC		dph	dps	
			BOS		dph	dps	
			time reporting				
			Personnel - advertising, hiring, orienting...				
			personnel - evaluations				
			Immunization Coalition ECF		dps	FH	
			Lead Coalition ECF		dps	cd	

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