2016-2018

# Workforce Development Plan



Coos Health & Wellness

Public Health Division

2016-2018

# Workforce Development Plan

## *Coos Health & Wellness*

## Signature Page

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

_____          _____

Ginger Swan, Coos Health & Wellness Director

_____          _____

Florence Pourtal-Stevens, Public Health Director

# Table of Contents

# Executive Summary

This document provides a comprehensive workforce development plan for the Public Health (PH) Division at Coos Health & Wellness (CHW). The ultimate goal of the plan is to ensure a competent workforce that receives the training and guidance they need to be successful in the implementation of the Public Health programs we provide and serve our patients and clients to the best of their abilities, while also rising to meet any future workforce needs. This plan closely aligns with the PH Division Performance Management and Quality Improvement Plans and is another step towards achieving a culture of quality and continuous improvement throughout our division and organization.

This plan contains a description of the PH Division's current workforce demographics and an examination of upcoming retirements and other future workforce needs. The PH Division participated in Oregon's Public Health Modernization self assessment, and the results are examined as potential future workforce needs for our organization.

The PH Division completed a gap assessment in November and December of 2015. We used the Council on Linkages between Academia and Public Health Practice's Core Competencies to create a self-assessment which was distributed to all staff in the PH Division using Survey Monkey. The results and findings can be found in the needs assessment section of this plan.

This plan contains goals that the PH Division of CHW is committed to achieving, and barriers that the organization anticipates facing as it moves forward with workforce development. The all staff training schedule for the division is conveniently located within this document as well.

There is a plan for how information regarding workforce development will be communicated within the PH Division to all staff and team members. The plan for tracking and monitoring this document is outlined as well as how trainings will be evaluated.

Finally, this plan also serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

# Introduction

This document provides a comprehensive workforce development plan for the PH Division at Coos Health & Wellness (CHW). The ultimate goal of the plan is to ensure a competent workforce that receives the training and guidance they need to be successful in the implementation of the Public Health programs we provide and serve our patients and clients to the best of their abilities, while also rising to meet any future workforce needs. This plan closely aligns with the PH Division Performance Management and Quality Improvement Plans and is another step towards achieving a culture of quality and continuous improvement throughout our division and organization.

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.

# Description of CHW Public Health Division and its Workforce

## CHW's Mission & Vision

CHW promotes and provides innovative quality health services, prevention, and education for our communities.

Its vision is: Together, inspiring healthier communities

Guiding Principles:
- Every individual has value
- Community members have a right to lead healthy and happy lives
- Healthy individuals are the foundation for healthy communities
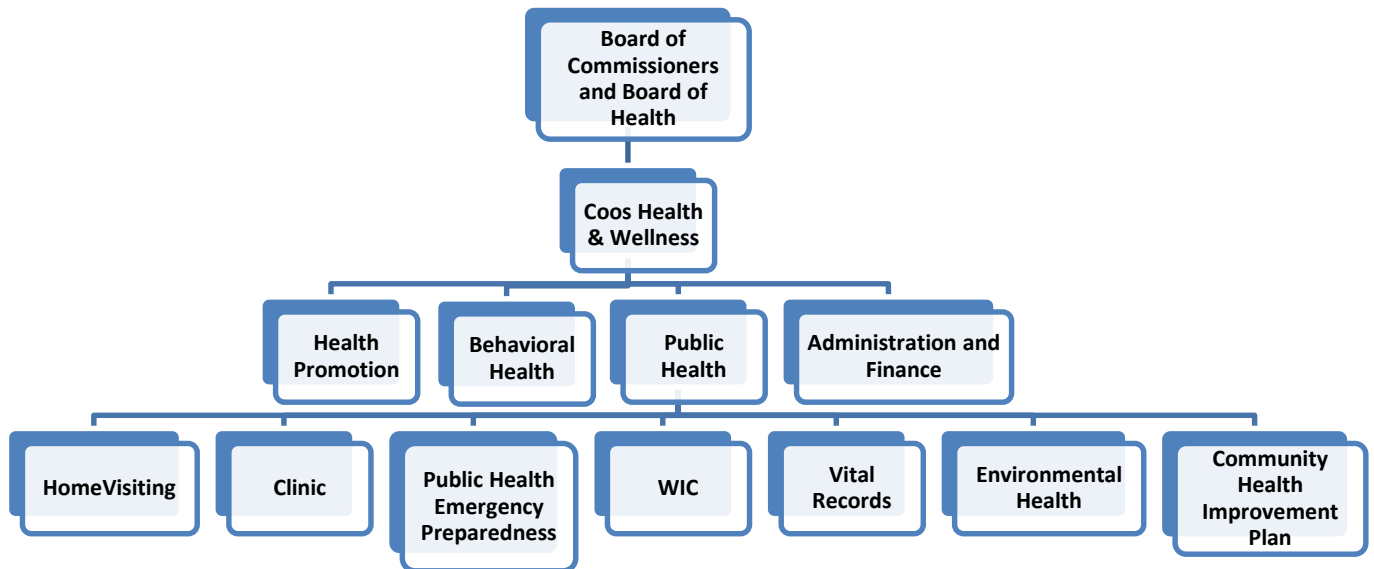- Our health today influences generations to come

Core values:
- Appreciation
- Integrity
- Making a difference and being impactful
- Empathy
- Respect
- Fun and teamwork
- Quality
- Communication

## CHW's Organizational Structure

CHW provides services and programs under the direction of the Director of CHW and the Board of Commissioners/ Board of Health.

CHW is comprised of four divisions; Behavioral Health, Public Health, Health Promotion and Administration and Finance that are each led by a Director.

```
                    ┌─────────────────────┐
                    │  Board of            │
                    │  Commissioners       │
                    │  and Board of        │
                    │  Health              │
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    │Promotion│ │ Health  │ │ Health  │ │ and Finance  │
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| | | | | | | |
|---|---|---|---|---|---|---|
| HomeVisiting | Clinic | Public Health Emergency Preparedness | WIC | Vital Records | Environmental Health | Community Health Improvement Plan |

This plan focuses only on the PH Division at this time. As of April 2016, there are 23 staff, and 22.12 FTE. The PH Division is comprised of the following programs:

- Public Health Nurse Home Visiting (4 Staff)
- Environmental Health (4 Staff)
- Women, Infant and Children (WIC) (5 Staff)
- Clinic (6 Staff)
- Public Health Emergency Preparedness (1 Staff)
- Vital Records (1 Staff)
- Public Health Administration (1 staff)
- Health Officer (1 staff)

## CHW and Public Health Division's Learning Culture

CHW and its PH Division are committed to building a culture of learning within the organization. The organization Strategic Plan (2015 -2019) includes workforce development as one of the organization's eight strategic goals.

Development of a training program that cross trains staff and develops skill sets and professionalism has been identified as one of our organization's objectives alongside creating a positive culture and recruiting and retaining talented professionals to expand our workforce.

Assuring a competent workforce is one of the ten essential public health services. It is our responsibility as a public health organization to assure and maintain public health workforce standards and use a universally accepted set of core competencies. Continuing education and lifelong learning which includes cultural competency and leadership development are also priorities for the PH Division at CHW.

We are working towards a culture of quality. By implementing our Quality Improvement (QI) Plan in 2016 we are building this culture through a focus on continuous improvement of both our systems and programs. QI and Workforce Development (WFD) go hand in hand. This WFD plan will contribute to our culture of learning and quality by allowing us to establish better systems for training and a management plan for the development of our workforce.

# Current Public Health Division Workforce Demographics

| Category | # or % |
|---|---|
| Total # of Employees: | 23 |
| # of FTE: | 22.12 |
| % Paid by Grants/Contracts: | 100% |
| Gender:                                                    Female: | 19 |
| Male: | 4 |
|  |  |
| Race:                                                     Hispanic: | 2 |
| Non-Hispanic: | 0 |
| American Indian / Alaska Native: | 0 |
| Asian: | 1 |
| African American: | 0 |
| Hawaiian: | 0 |
| Caucasian: | 20 |
| More than One Race: | 0 |
| Other: | 0 |
|  |  |
| Age:                                                          < 20: | 0 |
| 20 – 29: | 1 |
| 30 – 39: | 2 |
| 40 – 49: | 2 |
| 50 – 59: | 9 |
| >60: | 9 |
|  |  |
| Primary Professional Disciplines/Credentials: |  |
| Leadership/Administration: | 6 |
| Nurse: | 5 |
| Registered Sanitarian/EH Specialist: | 2 |
| Health Educator/ WIC: | 6 |
| Social Workers: | 1 |
| Vital Records: | 1 |
| Health Care Provider: | 2 |
|  |  |
| Employees < 5 Years from Retirement: |  |
| Management: | 1 |
| Non-Management: | 11 |

## Continuous Education required by discipline

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensures held by staff, and their associated CE requirements, are shown in the table below.

| Discipline | Oregon CE Requirements (as of 2016) |
|---|---|
| Registered Sanitarian[1] | 20 hours every 2 year |
| Physician | 30 hours every year |
| Certified Health Education Specialist[2] | 75 hours every 5years |
| Certified Prevention Specialist[3] | 40 hours every 2 years |

## Future Workforce Needs

The PH Division is dedicated to ensuring that our future workforce needs are met in the rapidly changing public health environment. There has been a growing concern with public health emergency preparedness as the advent of new diseases rises and other unexpected situations occur. We work to incorporate preparedness into our daily work and will continue to do so by offering regular continuing education and trainings to our staff. Technological advancement is also constant, and CHW requires continuing education in this field as necessary.

CHW serves 63,121 residents as of 2015[4], which has remained approximately the same since the 1980's. We serve seven incorporated cities[5] with distinct demographics and public health needs. Coos County ranked 33 out of 36 counties in Oregon for health outcomes[6] and has a high need for increased public health work.

Of the PH Division's 24 employees, 8 of them, or 33.3% will be retirement age, or eligible to retire in the next five years or less. Of those eligible, 2 are in management positions.

In July of 2015 Oregon passed House Bill 3100, which has set a path towards modernizing Oregon Public Health system in order to better meet the needs of Oregonians. To achieve public health modernization, the state first had to define a set of foundational programs and capabilities. All local public health departments in Oregon participated in self-assessments to evaluate current capacity against future workforce needs to implement the new programs and capabilities.
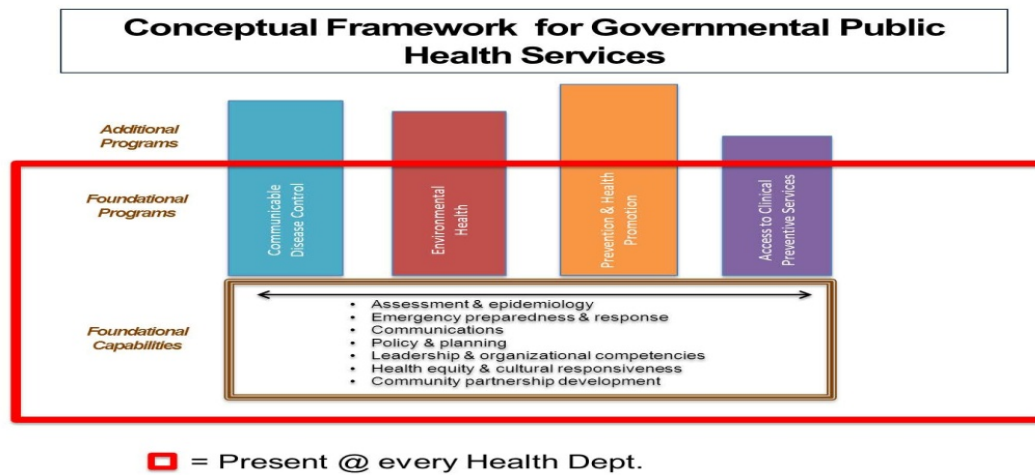
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[1] Oregon.gov
[2] Nchec.org
[3] Accbo.com
[4] http://www.census.gov/quickfacts
[5] http://bluebook.state.or.us/
[6] http://www.countyhealthrankings.org/

**Conceptual Framework for Governmental Public Health Services**

- Assessment & epidemiology
- Emergency preparedness & response
- Communications
- Policy & planning
- Leadership & organizational competencies
- Health equity & cultural responsiveness
- Community partnership development

☐ = Present @ every Health Dept.

The four foundational programs include:

- Communicable disease control
- Prevention and health promotion
- Environmental health
- Access to clinical preventive services

The seven foundational capabilities include:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Assessment and epidemiology
- Policy and planning
- Communications
- Emergency preparedness and response

The breakdown of CHW PH Division's self assessment can be seen in the table below. Under public health modernization, the PH Division will have to hire 19.75 FTE additional staff to cover the new requirements. This self-evaluation will be used to estimate needed budgets for PH Modernization and will be presented to legislature in June of 2016 for further consideration[7].

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[7] https://public.health.oregon.gov/About/TaskForce/Pages/index.aspx

| PH Modernization self assessment of our workforce | | | | |
|---|---|---|---|---|
| **Programs** | **Current (FTE)** | **Needed (FTE)** | **% Increase** | **Break up of total needed workforce (FTE)** |
| Communicable disease control | 0.43 | 4 | 830.23% | • 1.5 FTE PH Nurse<br>• 1 FTE PH Associate<br>• 1 FTE PH Administration<br>• 0.5 FTE Analyst |
| Prevention and health promotion | 3.43 | 5.25 | 53.06% | • 1 FTE Nutrition and Activity Person<br>• 1 FTE MCH & Oral Health<br>• .75 FTE Health Educator<br>• 1 FTE Research Analyst<br>• 0.5 FTE Admin Support<br>• 1 FTE TPEP |
| Environmental health | 3.13 | 5.4 | 72.52% | • 5.4 FTE Sanitarian |
| Access to clinical preventative services | 1.03 | 2.15 | 108.73% | • 1 FTE PH Nurse<br>• 1FTE PH Aide<br>• . 10 Family Nurse Practitioner |
| **Capabilities** | | | | |
| Leadership and organizational competencies | 2.5 | 6.65 | 166% | • 1 FTE PH Admin<br>• 1 FTE Finance Admin<br>• 2 FTE- Deputy<br>• 0.5 FTE Admin Support<br>• 0.5 FTE Fiscal Support<br>• 1.3  FTE IT and Web<br>• .1 FTE HR from County |
| Health equity and cultural responsiveness | 0 | 2.00 | 200% | • 1.5 FTE Health Educator<br>• 0.5 FTE Clerical Support |
| Community partnership development | 0.30 | 0.80 | 166.66% | • .5 FTE Public Liaison<br>• .3 FTE for Addition Management (KC, LH, JW) |
| Assessment and epidemiology | 0 | 2 | 200% | • 1 FTE Epidemiologist<br>• 1 FTE Data Analyst |
| Policy and planning | 0 | 1.5 | 150% | • 1 FTE Policy Analyst/Policy Person<br>• 0.5 FTE Clerical Support |
| Communications | 0.03 | 0.60 | 1900% | • 0.5 FTE Media Person |
| Emergency preparedness and response | 0.93 | 1.11 | 19.35% | • 0.11 FTE PIO<br>• 1 FTE PHEP Coordinator |
| **Total** | **11.77** | **31.46** | **167.29%** | **31.06** |

# Needs Assessment Findings

## Core competencies for CHW's Public Health Division

The PH Division is using the Council on Linkages between Academia and Public Health Practice's Core Competencies[8] which states that the Core Competencies are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. These Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health (2). The Core Competencies are organized into eight domains, reflecting skill areas within public health. These domains are as follows:

1. Analytical/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

## Training needs assessment results

In order to measure the PH Division staff's understanding of the core competencies, a self-assessment was assembled using the Core Competencies statements presented in the *Core Competencies for Public Health Professionals* document. All PH Division staff and Health Promotion staff were required to complete the self-assessment. The staff was split into three tiers, which are as follows:

- Tier 1- Front Line Staff/Entry Level: This is staffs that carries out the day-to-day tasks of public health organizations and are not in management positions.
- Tier 2- Program Management/Supervisory Level: This is staff in program management or supervisory roles.
- Tier 3- Senior Management/Executive Level: This is staff that is in senior management level positions and leaders of public health organizations.

All staff were given the same amount of time to complete the self-assessment and offered a brief vocabulary guide prior to beginning the survey. The self-assessment was distributed using Survey Monkey, which is online survey development software. Participants rated their level of proficiency for each of the core competency statements on a scale of "none" (1) to "proficient" (4).
Possible answers are as follows:

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[8] http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

1- I am unaware or have very little knowledge of the skill

2- I have heard of, but have limited knowledge or ability to apply the skill

3- I am comfortable with my knowledge or ability to apply the skill

4- I am very comfortable, am an expert, or could teach this skill to others.

The following are the results of the self-assessment:
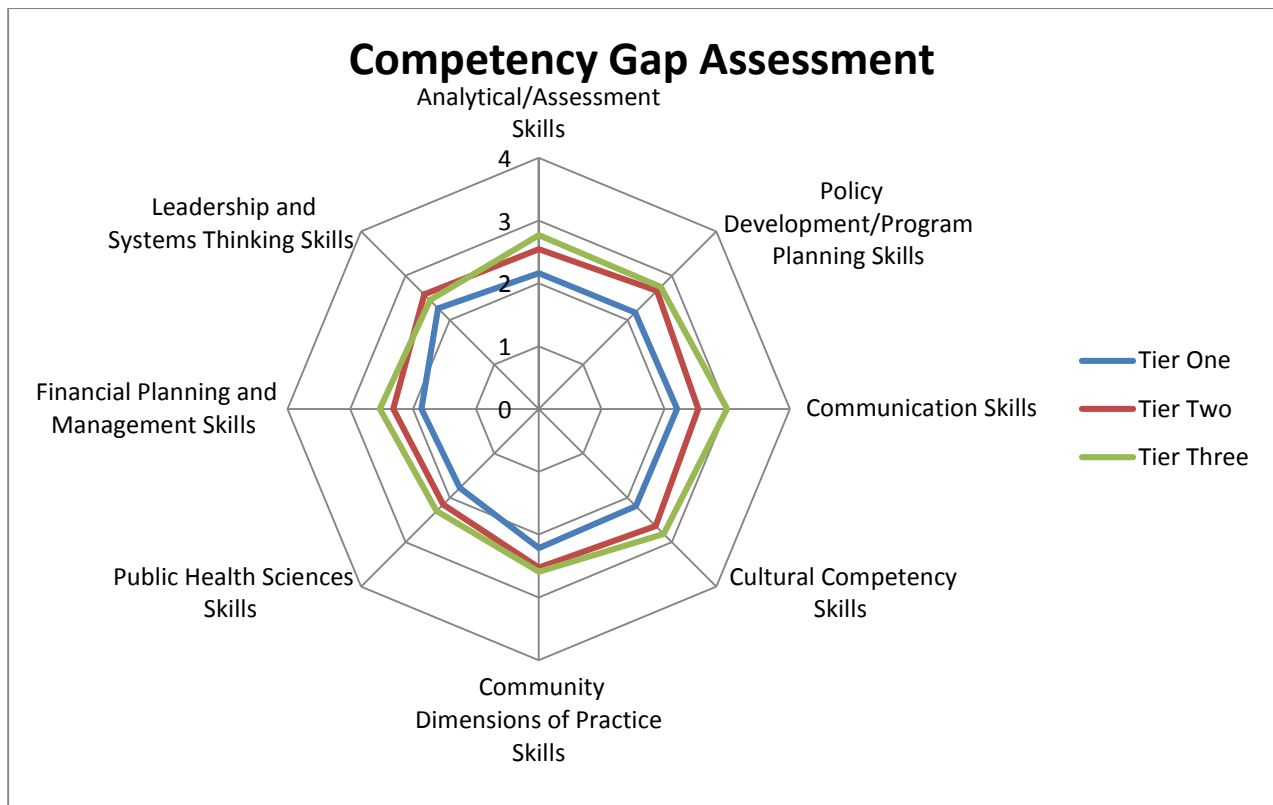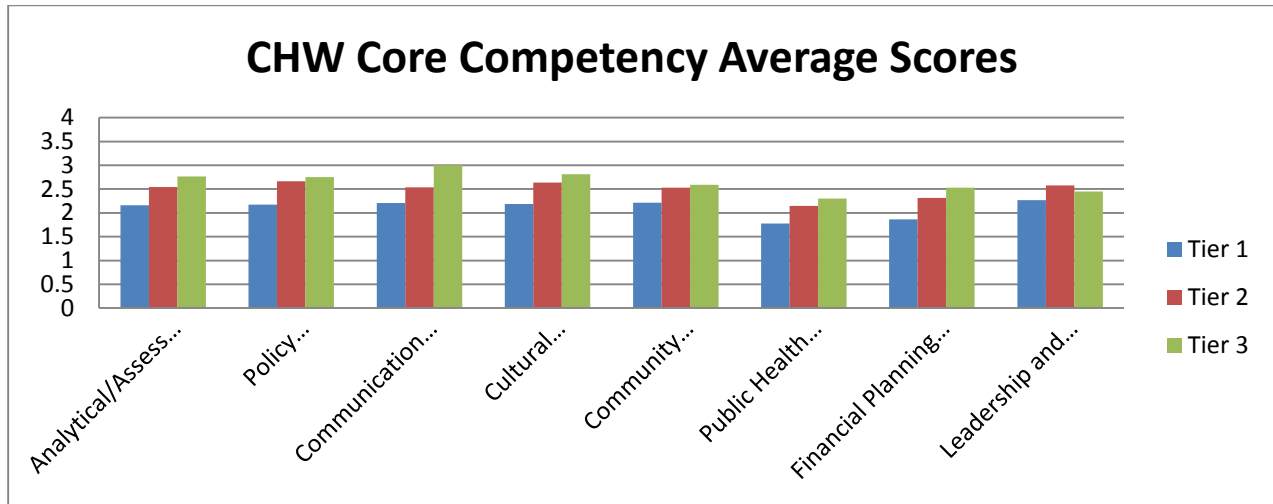
## High-Yield Competency Analysis

After analyzing the results, the Accreditation team decided to use a prioritization matrix alongside the core competency self assessments to determine which competencies to focus on in future trainings. With the bigger picture in mind, all of the competencies were ranked against one another in order to determine relative value at this time. By assessing both CHW's current understanding, as well as identifying which competencies are priorities we are able to produces a high-yield competency analysis. This analysis allows for a clearer understanding of where to focus training efforts.

## The Big Picture[9]
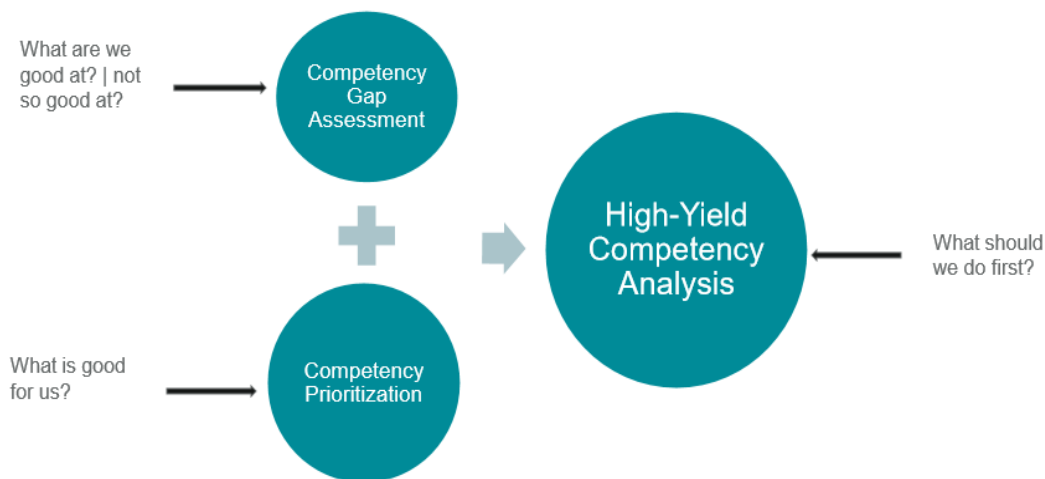


## Prioritization Matrix

According to *The Public Health Quality Improvement Encyclopedia,* the goal of the prioritization matrix is to compare choices that are numerous, complex and interrelated[10].  It allows for compromise regarding the areas that are most important and where to focus limited energy and resources.  The Accreditation team also examined the relationship of each core competency to CHW's strategic goals.

 A numerical value was assigned to each comparison of competencies using the following ranking scale: 0-no relationship, 1- equally important, 5- significantly more important, 10- exceedingly more important, 1/5- significantly less important, 1/10- exceedingly less important. The Accreditation team used statements such as "Are _____ skills more, less or equally relevant to the entire organization than_____ skills?" to help them decide which value should be assigned to which competency pairs. When numerical scores were inserted into corresponding rows, the reciprocal values were recorded in the subsequent cell for the same pair of factors.

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[9] Courtesy of Bloomington Public Health Department, Bloomington, Minnesota
[10] (Moran & Duffy, 2012)

Each competency's scores were added up across the matrix. The competency with the highest score is ranked as the most important skill set for CHW training and the competency with the lowest score is ranked as the least important skill set at this time.  The prioritization matrix can be seen below.

## CHW's Competency Prioritization Matrix

| | COMPETENCY PRIORITIZATION | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | Score | Rank |
| Analytical/Assessment Skills | | 5.00 | 1.00 | 5.00 | 5.00 | 0.20 | 5.00 | 5.00 | 26.20 | 2.00 |
| Policy Development/Program Planning Skills | 0.20 | | 0.20 | 1.00 | 1.00 | 0.20 | 1.00 | 1.00 | 4.60 | 4.00 |
| Communication Skills | 1.00 | 5.00 | | 5.00 | 5.00 | 0.20 | 5.00 | 5.00 | 26.20 | 2.00 |
| Cultural Competency Skills | 0.20 | 1.00 | 0.20 | | 1.00 | 0.20 | 1.00 | 1.00 | 4.60 | 4.00 |
| Community Dimensions of Practice Skills | 0.20 | 1.00 | 0.20 | 1.00 | | 0.20 | 1.00 | 1.00 | 4.60 | 4.00 |
| Public Health Sciences Skills | 5.00 | 5.00 | 5.00 | 5.00 | 5.00 | | 10.00 | 10.00 | 45.00 | 1.00 |
| Financial Planning and Management Skills | 0.20 | 1.00 | 0.20 | 1.00 | 1.00 | 0.10 | | 1.00 | 4.50 | 7.00 |
| Leadership and Systems Thinking Skills | 0.20 | 1.00 | 0.20 | 1.00 | 1.00 | 0.10 | 1.00 | | 4.50 | 7.00 |

After completing the self assessments and the prioritization matrix, the Accreditation team examined the results to determine which competency would take priority in the high yield analysis. For each competency, the team determined the desired score outcomes. PH Science skills, Communication Skills and Analytical & Assessment skills were rated highest in the prioritization matrix and lowest in the self assessment.  Due to these results, the team scored PH Science skills, Communication Skills and Analytical& Assessment Skills with a desired future score of 3.5 for all tiers. The remaining five categories were all rated with a desired future score of 3.

By graphing the desired scores alongside the current self assessment scores, the largest gaps in understanding can easily be seen. The graphs below show the gaps for each Tier, by domain. The lighter color in the graph represents the current self assessment scores, and the darker color represents the desired scores for future self assessment.
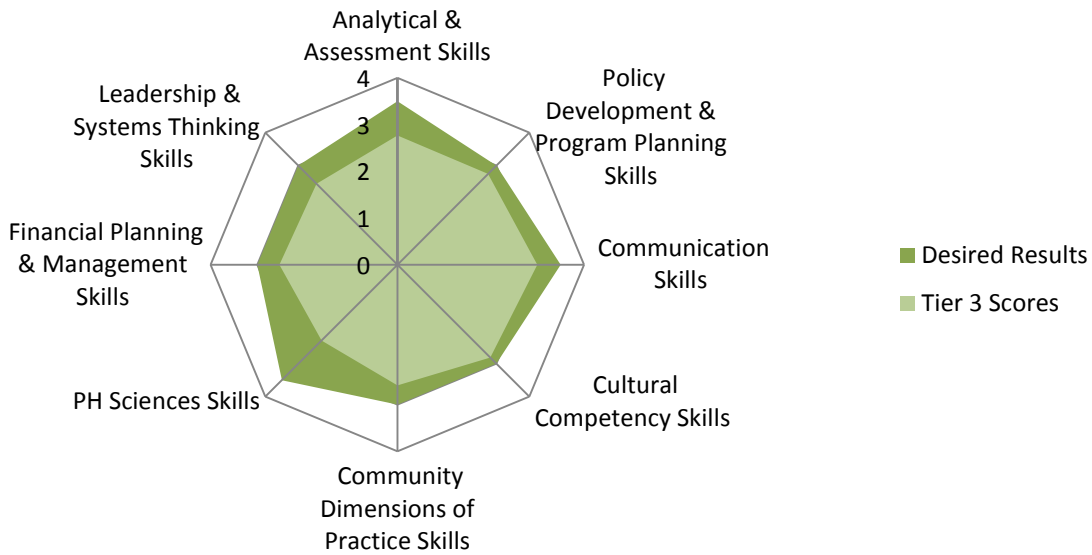
## Tier 1 Gap Assessment
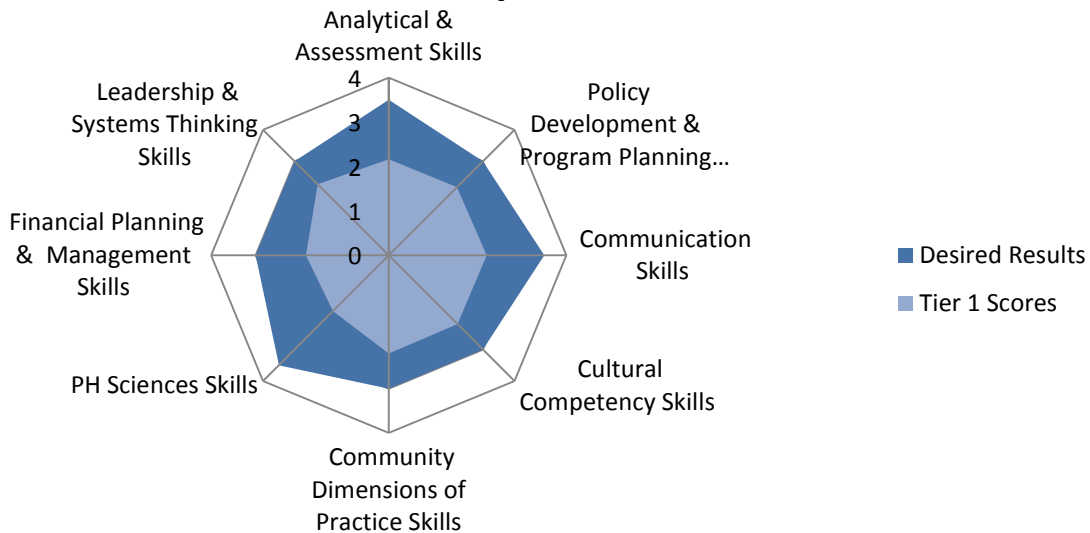


## Tier 2 Gap Assessment
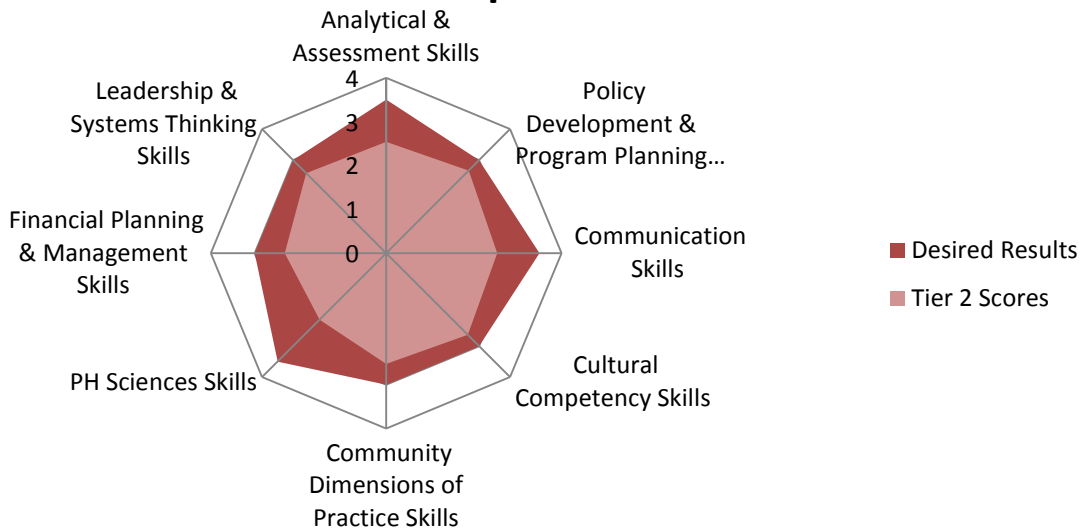
# Tier 3 Gap Assessment



The PH Division will be focusing on the largest gap beginning in June or July of 2016, Public Health Science Skills. These trainings will require staff to work as a group to prepare a presentation on various public health topics. This will form a knowledge base for staff as we move forward in core competency trainings. This will also help staff have a better understanding of the ever changing public health landscape.

CHW will have a secondary focus on Communication Skills as this was identified as a priority area for staff during a quality improvement project in 2015. Analytical/Assessment Skills training will also have a secondary focus, as a result of CHW's commitment to monitoring performance management and pursuing quality improvement. Both of these training will begin in the second half of 2017.

# Goals and Objectives

This section outlines the goals and objective of CHW's in regards to workforce development as well as any barriers that may hinder CHW's achievement of closing gaps or addressing future needs in capacity and capabilities.

## Goals and Objective Table

| Goal | Objectives | Target Audience | Resources | Responsible Party |
|---|---|---|---|---|
| **Maintain Professionalism** | • Every year the PH Division will complete and maintain mandatory training requirements.<br><br>• During every annual performance review an employee Individual Development Plan (IDP) will be developed and reviewed by the individual and their supervisors.<br><br>• Develop and maintain a comprehensive orientation plan for new PH employees that will make them feel comfortable and confident with expectations and navigation of the organization within 60 days of hire, and be completed by end of fiscal year 2015/16. | • All Staff<br><br><br>• All Staff<br><br><br><br>• New Hires | • Mandatory Training table<br><br>• IDP template<br><br>• Current orientation checklist | CORE & the Public Health Leadership Team |
| **Sustain a Culture of Learning** | • All PH Division Staff will participate in group training sessions in Public Health Skills, Analytical and Assessment Skills, and Communication Skills by December 2017.<br><br>• PH Leadership Team will begin work on Objective 3.1 of the Strategic Plan, to develop a program that cross trains staff and develops skills by developing and | • All staff<br><br><br><br>• PH Leadership Team | • Council on Linkages between Academia and Public Health Practice's Core Competencies | The Public Health Leadership Team |

| | | | |
|---|---|---|---|
| | maintaining a comprehensive orientation plan for new PH employees. | | • Public Health books we will use or copies of the relevant chapters |
| | • Clinic staff, Billing staff and Intake staff will work together to create a new intake manual which allow for cross-training, increased communication between staff, and a clearer process to avoid redundancy confusion at the front desk. | • PM Team/ PH Leadership Team | • CHW Performance Management plan |
| | • Ongoing efforts to increase staff knowledge about the CHW QI and PM systems will be monitored monthly and implemented as needed by the Performance Management Team/PH Leadership Team as outline in the Performance Management Plan. | | • CHW Strategic Plan |

# Potential Barriers to addressing future needs in capacity and capabilities of the workforce

CHW PH Division faces many of the same barriers as other small rural health departments. We fight siloed funding and lack of financial resources by supporting PH modernization, pursuing grants and alternative sources of funding and identifying cost effective or free training opportunities (we use the www.train.org website for a lot of trainings). These strategies also work towards easing the lack of FTE and time that occurs regularly for the PH Division, with limited staff wearing multiple hats.

However on a more local level, CHW PH Division faces a number of barriers to achieving a happy and well informed workforce. These barriers can be seen below:

**Barrier 1: Internal Communication Challenges**

CHW is taking many steps to improve our internal communication as this has been identified as a gap in our core competency self assessment. It was also identified as a priority to be addressed by Quality Improvement projects, at a general staff meeting in July of 2015. CHW PH division is continually working to better communication between staff and leadership as quality communication is the foundation for a successful organization.

> *Strategies:*

> a) Complete a quality improvement project to develop and maintain a new hire orientation plan. This will help ensure that employees have a solid base knowledge before beginning work with CHW and that all orientation activities are clearly designated to specific staff members and not being done in multiples. The orientation plan will also include a list of essential public health readings to ensure at least a low level of knowledge of public health for all new staff.

> b) Complete a quality improvement project surrounding the overhaul of the clinic intake manual to help streamline to process for staff and eliminate miscommunications.

> c) Have a communication specific training as this was identified as a gap in the core competency self assessment. This training will take place in 2017.

**Barrier 2: Workplace Climate Assessment Survey Results**

CHW's is committed to improving the workplace climate and taking steps to ensure the staff has a comfortable, positive and productive environment in which to work. CHW's assessed any potential gaps in workplace climate by distributing a Bladrige climate assessment to examine staff's feelings regarding the following categories: 1) leadership, 2) strategic planning, 3) customer focus, 4) measurement, analysis & knowledge management, 5) workforce focus, 6) operational focus, and 7) results. The results of the baldrige assessment can be found in Appendix 1. Acting on 50% of the gaps identified in the

Baldrige survey within two years was also identified as a system performance standard in CHW's Performance Management Plan.

*Strategies:*

a) Implement the Performance Management Plan and regularly share information at general staff meetings regarding the performance management standards and data collected.

b) Update work environment policies such a breastfeeding policy, and employee wellness policy to better meet the needs of staff.

c) Perform regularly schedule preparedness trainings to help employees feel more prepared to be successful in the case of an emergency.

d) Prepare to deliver a communication specific training as this was identified as a gap in the core competency self assessments. This training will take place in 2017.

e) Within the Performance Management plan, reduce from "75% of the main gaps identified through the Baldrige survey are acted upon within two years" to "50% of the main gaps identified through the Baldrige survey are acted upon within two years" as a performance standard. This is a more reasonable goal and will allow for focused energy on achieving positive results.

# Training Schedule and Description of Materials

This section contains both the mandatory all staff training table and the mandatory training table per division.

## Mandatory Training for All Staff

| Coos Health & Wellness – Public Health Division - All Staff Training | | | | |
|---|---|---|---|---|
| **Topic** | Periodicity | Competencies addressed | Responsible Party | Training Format |
| HIPPA- Confidentiality | Annually in January | Mandate | PH administrator | Online- TRAIN.org http://www.hhs.gov/hipaa/ |
| Mandatory Reporter | Annually in September | Mandate | Home Visiting program manager | In Person – Power point presentation |
| ICS- 100, 200, 700 | Once at time of hire | Mandate | PHEP coordinator | Online- https://training.fema.gov/nims/ |
| AWR 160- Terrorism Awareness for Emergency First Responders | Once at time of hire | | PHEP coordinator | Online- http://ndpc.us/Training.aspx |
| Active Shooter Training | Annual | NA | PHEP coordinator | In Person- PHEP Coordinator |
| Hazard communication including Safety Data Sheets | On hire & as updates occur | NA | PHEP coordinator | In Person |
| Portable Fire Extinguishers | Annual | | PHEP Coordinator | |
| Personal Preparedness | Ongoing | | PHEP Coordinator | |
| Cultural Competency and Civil Rights | Biennially | 3, 4, 5, 8 | PH Administrator | Train.org; *Intro to Cultural Competency & Title VI* |
| Non-discrimination policy | **Policy Review-** Annually | 2, 3, 4, 5, 8 | PH Administrator | On shared drive- Presented in person |
| Communication with low English proficiency persons Policy | **Policy Review-** Annually | 2, 3, 4, 5, 8 | PH Administrator | On shared drive – Presented in person |
| Auxiliary Aide for persons with Disabilities | **Policy Review-** Annually | 2, 3, 4, 5, 8 | PH Administrator | On shared drive- Presented in Person |

| Policy | | | | |
|---|---|---|---|---|
| **Core Competency:** | | | | |
| **Public Health Sciences** | Ongoing 2016 | 6 | PH leadership team | *Public Health; What it is & How it works* by Bernard J. Turnock |
| **Analytical/ Assessment Skills** | Ongoing 2017 | 1 | PH leadership team | *Public Health; What it is & How it works* by Bernard J. Turnock |
| **Communication Skills** | Ongoing 2017 | 3 | PH leadership team | *Public Health; What it is & How it works* by Bernard J. Turnock |

## Mandatory Training per Department

| Coos Health & Wellness – Public Health Division - Staff Training per program | | | | |
|---|---|---|---|---|
| **Topic** | **Required By** | **Periodicity** | **Responsible Party** | **Notes** |
| Admin | | | | |
| **Medicare Fraud (should include clinic)** | | Annual | PH Administrator | |
| Clinic | | | | |
| **Blood borne pathogen** | | Annual | Clinic Supervisor | In person training done by Clinic Supervisor |
| **Respiratory Protection and Fit Test** | OR OSHA | Annual | Clinic Supervisor | |
| **Vaccine Management** | | Biannual | | |
| **Respiratory Fit testing** | | Annual | Clinic Supervisor | In person training done by Clinic Supervisor or Home visiting Manager |
| **CPR** | | Tri-annual (?) | Clinic Supervisor | |
| **CD 101 & 303** | | One-Time (?) | Clinic Supervisor | |
| **Birth Control** | | | Clinic Supervisor | RH Program responsible for training |
| **STD** | | | Clinic Supervisor | RH Program responsible for training |
| **Intake Manual** | | At time of hire | Front Desk Supervisor | |
| WIC | | | | |

| | | | | |
|---|---|---|---|---|
| **Introduction to WIC Module** | OHA | One- Time | WIC Coordinator | Paper |
| **Food Package Module** | OHA | Annual | WIC Coordinator | Paper |
| **Breastfeeding Level 1** | OHA | Annual | WIC Coordinator | Online training |
| **PCS- Setting the Stage** | OHA | One-Time | WIC Coordinator | Online training |
| **Anthropometric Course(CPA)** | OHA | One-Time | WIC Coordinator | Online training |
| **Hematology Course (CPS)** | OHA | One-Time | WIC Coordinator | Online training |
| **Basic Nutrition Course (CPA)** | OHA | Annual | WIC Coordinator | Online training |
| **Dietary Rick Module (CPA)** | OHA | Annual | WIC Coordinator | Paper |
| **Nutrition Risk Module (CPA)** | OHA | Annual | WIC Coordinator | Paper |
| **WIC Participate Centered Education Course (CPA)** | OHA | Annual | WIC Coordinator | Online training |
| **Prenatal Nutrition Course (CPA)** | OHA | Annual | WIC Coordinator | Online training |
| **Child Nutrition Course (CPA)** | OHA | Annual | WIC Coordinator | Online training |
| **Infant Feeding & Nutrition Module (CPA)** | OHA | Annual | WIC Coordinator | Paper |
| **Infant Formula Module (CPA)** | OHA | Annual | WIC Coordinator | Paper |
| **Breastfeeding Level 2 Module (CPA)** | OHA | One-Time | WIC Coordinator | 3-4 day In Person Training |
| **Post Partum Nutrition Course (CPA)** | OHA | Annual | WIC Coordinator | Online training |
| **Baby Behaviors Course (CPA)** | OHA | Annual | WIC Coordinator | Online training |
| **Providing Participant Centered Groups (CPA)** | OHA | One-Time | WIC Coordinator | Paper |
| **Customer Service training** | OHA | Annual | WIC Coordinator | |
| **Blood borne Pathogens** | | Annual | Clinic Supervisor | In Person Training |
| **TWIST Training** | OHA | One- Time | WIC Coordinator | In Person Training |
| Environmental Health | | | | |
| **Spring Drinking Water** | | Annual | EH Manager | 2 day in-person training |
| **Fall Drinking Water** | | Annual | EH Manager | 1 day in-person training |
| **Pool Lodging Conference** | | Annual | EH Manager | 3 day in-person training |
| **Fall food, pool and lodging meeting** | | Annual | EH Manager | 1 day in-person training |
| **Annual food Conference** | | Annual | EH Manager | 3 day in-person training |

| | | | | |
|---|---|---|---|---|
| **Food Inspection standardization** | | Annual | EH Manager | 2 day in-person training |
| **CD 101 (CD Staff only)** | | One-Time | EH Manager | |
| **OR EPI (CD Staff only)** | | Every 3 Years | EH Manager | 3 day in-person training |
| **25 CEU's** | | Annually | Individual Staff | Some hours may be obtained via an independently paced program |
| **Blood Borne Pathogen** | | | Clinic Supervisor | In person Training |
| Home Visiting | | | | |
| **CPR** | | Every 3 Years | HV Manager | |
| **10-20 Professional Development** | | Annually | HV Manager | For PAT accreditation |
| **Personal/Home Visitor/Drivers' safety** | | | HV Manager | |
| **Intimate Partner Violence** | | Every 2 Years | HV Manager | |
| **Blood Borne Pathogen** | | Annual | HV Manager | |
| **Respiratory Protection/Fit Pathogen** | | Annual | HV Manager | |
| **Public Health Nurse Orientation** | | | HV Manager | |
| **Public Health Nurse Orientation** | State | | HV Manager | |
| **PAT Trainings (Foundational & Implementation)** | | | HV Manager | Required |

## Mandatory Training for Incident Command Systems

| ICS Trainings  (PHEP) | | |
|---|---|---|
| Responsible Party | Training Title | Periodicity |
| **Admin** | ICS 702 | At time of hire |
| | ICS 703 | At time of hire |
| | ICS 706 | At time of hire |
| **PIO** | ICS 702 | At time of hire |
| **Nursing Supervisor** | ICS 706 | At time of hire |
| **Clinic Supervisor** | ICS 703 | At time of hire |
| **Emergency Coordinator** | ICS 702 | At time of hire |
| | ICS 703 | At time of hire |
| | ICS 706 | At time of hire |
| **First Line Supervisor (All)** | ICS 700 | At time of hire |

## Communication Plan

The WFD Plan will be distributed within CHW (Core leadership, PH leadership, and PH Division staff). Review sessions for staff will be organized during general staff meetings (see general staff meeting calendar).

The CHW WFD Plan is located on the Public Health shared drive in the Accreditation folder for easy access by all employees. WFD efforts will be addressed and discussed as they occur at regularly scheduled Public Health Leadership team meetings and CHW management team meetings. Staff will be informed regularly of any WFD updates via email and during general staff meetings.

Engaging the governing entity is crucial to maintain support of the department's functions. The Public Health Administrator and Director of CHW communicate with the County Board of Commissioners to discuss public health issues in the community, and to provide updates on CHW activities and future plans. The Board of Commissioners meets twice a year as the acting Board of Health, during which it hears testimony from CHW regarding health issues and PH division priorities.

## Tracking and Monitoring

### Tracking Trainings

Managers of each program within the PH Division of CHW's are all responsible for tracking individual staff trainings that occur online, in house, or at an outside training. The Administrative Services Supervisor keeps hard copies of individual training completion certificates, and individual development plans in employee folders in the administration division. Some all staff trainings will be delivered in-house at general staff meetings. These will be tracked with meeting sign-in sheets which are housed on the Public Health shared drive. The Public Health Administrator will be responsible for tracking the trainings for the program Managers.

Trainings will be delivered in a variety of methods to ensure that CHW's is staying abreast of technological advancements. These methods will include: webinar, power points, online trainings, videos, paper tests, and in person conferences. CHW's will also ensure training for advancements in technology as they arise.

The WFD plan will be monitored every year by the PH Leadership team and updated every two years, if needed.

## Evaluation

Evaluation of training will provide CHW with useful feedback regarding its efforts, including content, delivery, and training effectiveness. Accurate evaluation tracking is necessary, particularly for quality improvement purposes. All trainings completed online or out of house will have their own evaluation systems, which will be completed by the individual at the time of training. In house training will use the CHW's training evaluation form to evaluate trainings (see Appendix 2). Training evaluation forms will be used to ensure that trainings are relevant and achieve their desired objectives. In the future trainings will also include pre and post test to ensure the proper knowledge is being transmitted.

## Appendix List

**Appendix 1: Baldrige Survey Report**

**Appendix 2: Training Evaluation Form**

# Appendix 1:

## Coos Health & Wellness
### Public Health Division

# Baldrige Survey Analysis

**2016-2018**

# Baldrige Survey Report

In February of 2015, 25 Coos Health & Wellness staff participated in a Baldrige survey. There were 40 statements and for each statement staff were encouraged to check the box that best matches how they felt (strongly disagree, disagree, undecided, agree, strongly agree). This was meant to help us decide what we most needed to improve or change. Individual responses were not examined, but instead the information from the whole group was used to make decisions.

They survey was distributed via survey monkey, an online survey development software. All responses were completely anonymous to encourage honesty. The surveys were split into seven categories which are described below[11]:

- Leadership—Examines how senior executives guide and sustain the organization and how the organization addresses Governance, ethical, legal and community responsibilities.
- Strategic planning—Examines how the organization sets strategic directions and how it determines and deploys key action plans.
- Customer focus—Examines how the organization determines requirements and expectations of customers and markets; builds relationships with customers; and acquires, satisfies, and retains customers.
- Measurement, analysis, and knowledge management—Examines the management, use, analysis, and improvement of data and information to support key organization processes as well as how the organization reviews its performance.
- Workforce focus—Examines how the organization engages, manages, and develops all those actively involved in accomplishing the work of the organization to develop full potential and how the workforce is aligned with the organization's objectives.
- Process management—Examines aspects of how key production/delivery and support processes are designed, managed, and improved.
- Results—Examines the organization's performance and improvement in its key business areas: customer satisfaction, financial and marketplace performance, workforce, product/service, and operational effectiveness, and leadership. The category also examines how the organization performs relative to competitors.

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[11] Quality.nist.gov

According to the Baldrige National Quality Program, when brought together each of the above categories provides the foundation for an organization to integrate key business requirements within a results-oriented framework to create a basis for action and feedback.
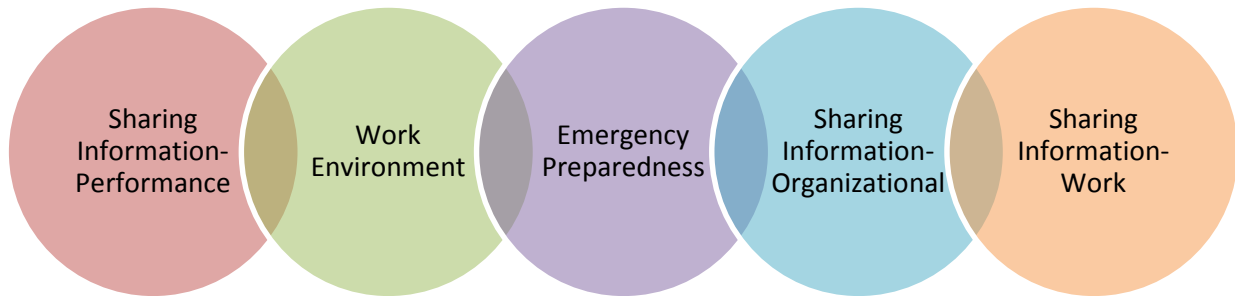


(https://nistbaldrige.blogs.govdelivery.com)

## Strengths

Coos Health & Wellness examined the results of the Baldrige assessment and discovers that of the statements, the following were scored as agree or strongly agree by 80% of the participant.

| | |
|---|---|
| I know my organization's mission (what is it trying to accomplish?) | 92% |
| I know my organization's vision (where it is trying to go in the future?) | 80% |
| I know who my most important customers are | 92% |
| I regularly ask my customers what they need and what | 88% |
| The people I work with cooperate and work as a team | 88% |
| I am committed to my organization's success | 96% |
| My organization helps me help my community | 84% |
| My organization is a good place to work | 84% |

# Areas for Improvement

CHW's then examined the responses that had above 50% of the participants answer with undecided, strongly disagree, or disagree. These responses were separated in to five categories seen below.

Sharing Information-Performance | Work Environment | Emergency Preparedness | Sharing Information-Organizational | Sharing Information-Work

Below are the lowest results per category:

## Sharing information about Performance:

| | |
|---|---|
| I ask if my customers are satisfied or dissatisfied with my work | 56% |
| I know how to tell if we are making progress on my work group's part of the plan | 52% |
| I also know who my organization's most important customers | 68% |

## Work Environment:

| | |
|---|---|
| I have control over my work processes | 52% |
| My senior leaders create a work environment that helps me do my job | 52% |
| I can get everything I need to do my job | 64% |
| My bosses and my organization care about me | 52% |

## Sharing Information about Work:

| | |
|---|---|
| I get all the important information I need to do my work | 52% |

## Emergency Preparedness:

| | |
|---|---|
| We are prepared to handle an emergency | 60% |

## Sharing Information Organizationally:

| | |
|---|---|
| My organization's leaders share information about the organization | 52% |
| I know the parts of my organization's plan that will affect me and my work | 68% |
| I know how well my organization is doing financially | 84% |
| I know how my organization as a whole is doing | 80% |

# Appendix 2:

# Training Evaluation Form

# Coos Health & Wellness

### Together, Inspiring Healthier Communities

**Training Evaluation Form**

**Name of Training:** _____

**Date Taken:** _____

**Please** indicate **your level of agreement with the following statements:**

|  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| 1) The objectives of the training were clearly defined | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2) Topics covered were relevant to me | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3) The content was organized and easy to follow | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4) The materials distributed were helpful | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5) This training experience will be useful in my work | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6) The training objectives were met | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8) The time allotted for the training was sufficient | ☐ | ☐ | ☐ | ☐ | ☐ |

Other Comments: