Nebraska Department of Health and Human Services

Division of Public Health

Workforce Development Plan

2014 – 2016

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Purpose and Introduction

Training and development of the workforce is one part of a comprehensive strategy for improving the performance of an agency. 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 is an important part of this work. This document provides a comprehensive workforce development plan for the Nebraska Department of Health and Human Services (DHHS), Division of Public Health. The DHHS is made up of six Divisions that include 1) Behavioral Health, 2) Children and Family Services, 3) Developmental Disabilities, 4) Medicaid and Long-Term Care, 5) Public Health, and 6) Veterans' Homes. The Division of Public Health serves as the state health department.

To begin this process, the Office of Public Health Practice at the University of Nebraska Medical Center, College of Public Health (COPH) conducted a comprehensive assessment of the workforce education and training needs of the Department of Health and Human Services, Division of Public Health. Two surveys, one for administrative support staff and one for all other staff, were developed by a committee that included representation from all Units within the Division of Public Health and from the COPH, Office of Public Health Practice. The surveys were based on a 2010 modified version of the Council on Linkages between Academia and Public Health Practice. After they were piloted and finalized, online surveys were sent to Division of Public Health staff and administrative staff in November 2013.

The results of the survey were used to identify priority workforce education and training needs. Improving the skills and competencies of the Division's workforce is essential in building a high performance public health system. Fundamental to this work is identifying gaps in knowledge and skills through the assessment of needs and addressing those gaps through targeted training and development opportunities. Health departments must have a competent workforce with the skills and experience needed to perform duties and to carry out each department's respective mission. This document provides a comprehensive workforce development plan for the Nebraska DHHS Division of Public Health.

The survey results were also used to meet the Public Health Accreditation Board's (PHAB) standards for accreditation. One of the PHAB standards is to ensure a competent workforce through the assessment of staff competencies, and the provision of a supportive work environment. To meet this standard, a health department must develop and implement a workforce development plan.

This plan is divided into four sections. The first section presents the results of the survey in which respondents were asked to indicate the level of importance and the degree to which they are capable of performing activities in eight domains. The second section describes the respondents' preferences for training formats (e.g., workshops or web-based) and to identify the major reasons for training (e.g., broaden skill base). In the third section, the Division-wide priority training needs are identified for the next two to three years. The final section breaks down the training needs by the Units in the Division.

Division Profile	
Mission and Vision	The mission of the Nebraska DHHS Division of Public Health is "Helping People Live Healthier Lives" and the vision is "A Healthy and Safe Nebraska –Everyone, Everywhere, Every Day." The Division has a strategic plan that includes some workforce development activities.
Location and Population Served	The Division of Public Health is the state health department and serves the entire state of Nebraska. The population of the state is just over 1.8 million. The Division of Public Health collaborates with 20 county and regional local health departments that provide public health coverage to Nebraska.
Governance	The Division of Public Health is one of six divisions of the Department of Health and Human Services. The six Division Directors report to the Department's Chief Executive Officer, who in turn reports to the Governor.
Organizational Structure	The Division is divided into two sections: Health Licensure and Data and Community and Environmental Health. Within these two sections, there are a total of nine Units (see organizational chart in Appendix A).
Learning Culture	The Division of Public Health strives to promote a culture of lifelong learning and quality improvement. This workforce development plan supports that culture by identifying workforce competencies, gaps, and training needs to help focus learning opportunities.
Workforce Resources	The Department of Health and Human Services makes trainings available to staff on a variety of topics through its "Employee Development Center." Supervisors also have the flexibility to allow staff to participate in conferences and educational opportunities developed by other entities as budgets allow.

Workforce Profile

This section provides a description of the Division of Public Health's current and anticipated future workforce needs.

Demographics

Category		Number (as of July 2014)
Total number of employees		460
Number of full-time equivalents (FTE)		
	1.0 FTE	454
	0.9 FTE	1
	0.5 FTE	3
	0.4 FTE	1
	0.25 FTE	1
	Vacancies	37
Number of employees by age category		
	<20	
	20-29	
	30-39	
	40-49	
	50 – 55	99
	56 – 60	93
	61 – 65	80
	66 – 70	24
	>70	2
Number of employees by primary professional disciplines		
	Leadership/Administration[1]	19
	Health Program Managers[2]	75
	Nurse	12
	Drinking Water Specialists	19
	Other Environmental Health Specialists, Scientists, or Technicians	39
	Epidemiologists	14
	Health Surveillance and Data Analysts	11
	Health Educators	31
	Nutritionists	5
	Information Systems Specialists	6
	Administrative Support Staff	91
	Licensure Specialists	105
	Investigations Specialists	30
Employees less than 5 years from retirement[3]		106 (23 percent)
Employees less than 10 years from retirement[4]		199 (43 percent)

[1] Includes Director, DHHS Administrators I and II, Health Section Administrator, and Discretionary Non-Classified
[2] Includes DHHS Program Managers, Health Program Managers, and Program Specialists
[3] This includes employees age 61 and older (a retirement age of 66 was used for this calculation).
[4] This includes employees age 56 and older (a retirement age of 66 was used for this calculation).

Future Workforce

Based on the demographics of the Division of Public Health workforce, one of the key issues that needs to be explored is the aging of the workforce. Currently, about 65 percent of the workforce is 50 years or older. It is estimated that about 23 percent of the public health workforce is less than five years from retirement and 43 percent less than 10 years from retirement. A significant number of skilled workers will retire in the next decade and the Division of Public Health will need to find skilled, younger workers to fill the gaps. In addition to recruitment, succession planning and leadership development are important to develop the existing workforce to fill some of the future gaps. Many formal education opportunities exist for public health workers in Nebraska and surrounding states, which should give the Division a recruitment pool. Internships and other work readiness opportunities could be developed to help train the future workforce and expose them to public health and state government.

The other key issue is to continue to provide educational and training opportunities for employees related to the identified competencies. Workers on the job are encouraged to enhance their productivity and learn new skills and information. In the future the public health workforce will need to be proficient in using new technology to integrate data, understanding and working with culturally diverse communities and coalitions, managing finances in light of budget constraints, communicating with social media tools, developing linkages with private and public clinics and hospitals, addressing the social determinants of health, and understanding and applying performance and quality improvement techniques.

Potential Barriers

During the focus groups with each Unit, the participants were asked to discuss barriers that exist to workforce development and what capacity the Division has to overcome the barriers. One common theme that emerged was that it will be difficult to address the cultural competency skill area because it is such a broad area that contains so many components. Another barrier that was identified is a lack of resources and time to coordinate and organize workforce development opportunities.

In terms of capacity, the Department of Health and Human Services has many resources available to the Division such as existing courses on topics such as conflict resolution, leadership, and supervision. In addition, the Division has staff members with expertise in some of the gap areas who could provide training (e.g., cultural competency and quality improvement).

Section One: Competency Assessment Results

The Division of Public Health selected the Core Competencies for Public Health Professionals developed by the Council on Linkages between Academia and Public Health Practice to guide professional development.

Competency Assessment

Public Health competencies were assessed using a modified version of the Council on Linkages between Academia and Public Health Practice (Council on Linkages) Core Competencies for Public Health Professionals (Core Competencies) tool (Council of Linkages, 2010). The survey instrument was modified to reflect the needs of the Division of Public Health. Consensus on the modification was arrived at after stakeholder meetings and piloting. The instrument assesses the level of skill of respondents in carrying out essential public health functions across eight domains. The domains include the following:

- 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

The surveys were administered to 494 public health and administrative support staff members from the following nine Units of the Division of Public Health: 1) Epidemiology and Informatics, 2) Investigations, 3) Licensure, 4) Vital Records, 5) Emergency Preparedness and Response, 6) Community and Rural Health Planning, 7) Environmental Health, 8) Health Promotion, and 9) Lifespan Health Services. A total of 312 individuals responded to the surveys, resulting in a response rate of 63.2 percent.

The respondents were asked to indicate the level of importance and degree to which they are capable of carrying out each item in a given domain. Each item was ranked on a scale of 1 (I don't know / not applicable) through 5 (highly important) and 1(not applicable) through 5 (I am comfortable, an expert, could teach others) for importance and degree of capability (referred to capacity throughout this plan) respectively. The overall domain results reflect summary responses from competencies included in the overall domain to the "moderately" and "highly" important or "comfortable" and "very comfortable" response options. The individual competency results reflect responses to the "moderately" and "highly" important or "comfortable" and "very comfortable" response options. The "not applicable" and "I don't know" responses were excluded from the results and are reported as "missing data." The results are summarized in Figures 1 through 10.

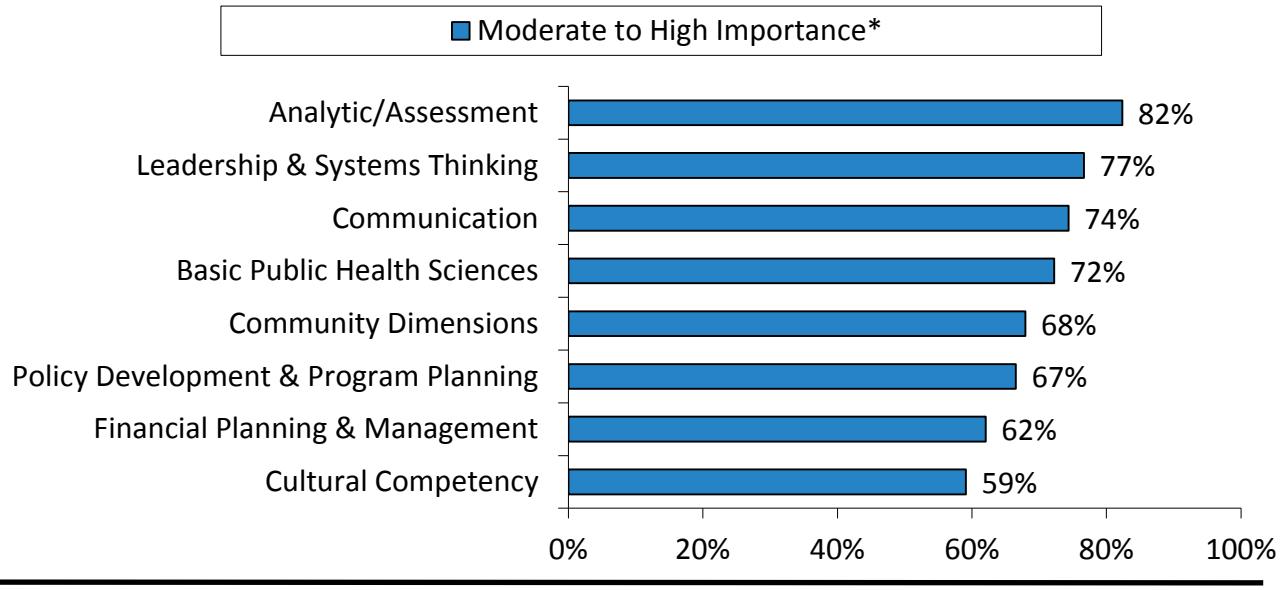
Unit Level Analysis and Focus Groups

In addition to the Division competency assessment analysis, Unit level analysis was also completed. The data from the Unit level analysis were presented and focus group sessions were also led for each of the nine Units plus administrative/support staff to determine the top five to seven education and training priorities for the next 1-3 years (see Section Four for Unit level training priorities).

Overall Perceived Importance

The respondents rated the importance of the assessed public health competencies on a scale of 1 (Not applicable / I don't know) to 5 (Very important). Among the respondents who indicated that the competencies applied to their work, 82 percent indicated that the competencies included overall in the Analytic/Assessment Skills domain were moderately to highly important in their work. Leadership and Systems Thinking Skills (77 percent) was the next highest domain followed by Communication Skills (74 percent). Only 59 percent indicated that the competencies included overall in the Cultural Competency Skills domain were of moderate to high importance to their work. It is interesting to note that for the competency questions that make up these domains, the missing data (Not applicable and I don't know responses) ranges from 5 to 50 percent.

Figure 1: Overall Perceived Importance of Competency Domains

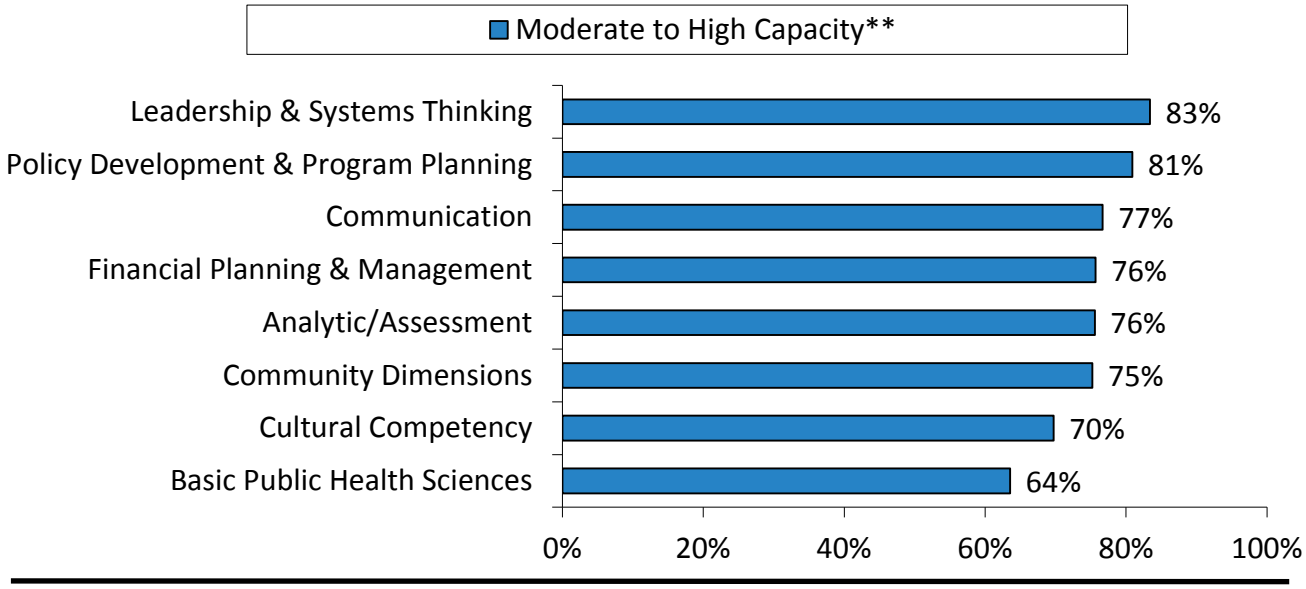


*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 5% to 50% missing data across all measures.

Overall Perceived Capacity

The respondents rated their perceived capacity in the assessed public health competencies on a scale of 1 (Not applicable) to 5 (I am very comfortable, an expert; could teach this to others). Among the respondents who indicated that the competencies applied to their work, 83 percent indicated that they had moderate to high capacity to perform the competencies included overall in the Leadership and Systems Thinking Skills domain. Policy Development and Program Planning Skills (81 percent) was the next highest domain followed by Communication Skills (77 percent). Only 64 percent indicated moderate to high capacity to perform the competencies included in the Basic Public Health Sciences Skills domain.

Figure 2: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 5% to 50% missing data across all measures.

Individual Competencies

For each domain, types of individual competencies were analyzed to assess the level of importance, as perceived by respondents as well as the perceived capacity of respondents to perform the competency. The level of **importance** was ranked on a scale of 1 (Not applicable / I don't know) to 5 (Highly important). Figures 3 to 10 illustrate the perceived level of importance and capacity for each competency in the eight domains. The level of **capacity** was ranked on a scale of 1 (Not applicable) to 5 (I am very comfortable, an expert; could teach this to others).

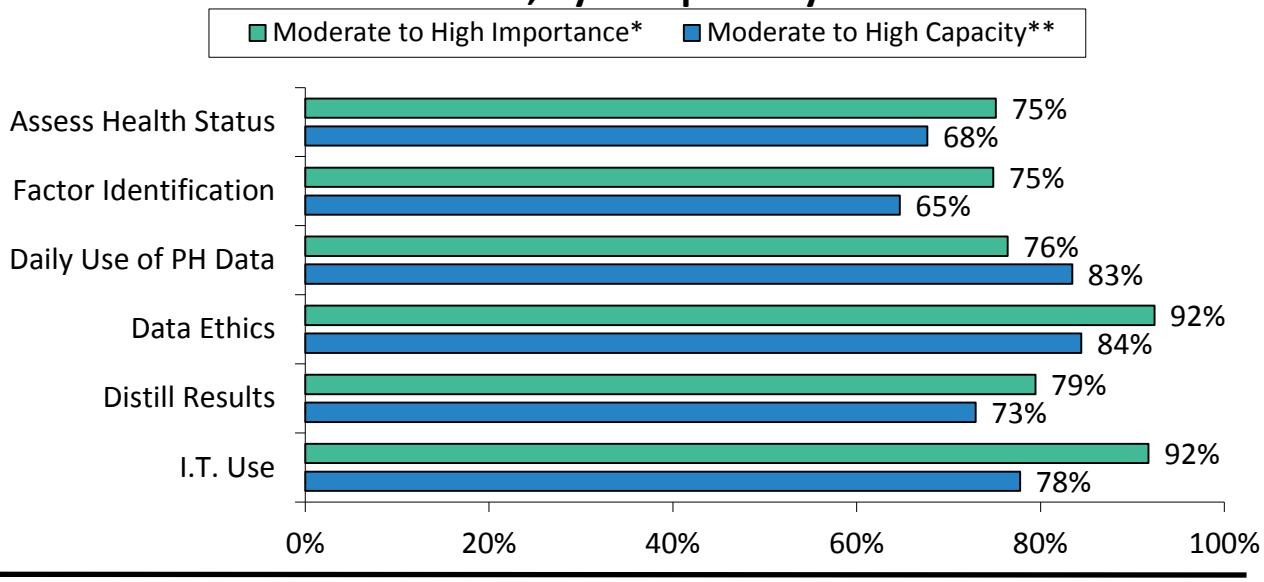
The individual competency results reflect responses of “moderately” and “highly” important or “comfortable” and “very comfortable” response options. The “not applicable” and “I don’t know” responses were excluded from the results and are reported as “missing data.”

When reviewing the results, it is important to keep in mind that while staff may have perceived certain skills as important, those skills may not be perceived as training needs. In some cases, the results show that staff perceived they had sufficient capacity in skill areas that were deemed important (so they are not training needs). The skill areas that staff perceived as important and in which they perceived they had less capacity are topics that are suitable for additional training. In addition, training needs vary by Unit and within each Unit.

ANALYTICAL/ASSESSMENT SKILLS
1. Assess the health status of populations and their related determinants of health and illness
2. Identify factors to measure public health conditions
3. Use public health data and information in daily work
4. Employ ethical principles in the collection, maintenance, use, and dissemination of data and information
5. Distill results from data relevant to the community or population served
6. Use information technology (i.e. databases) to collect, store, and retrieve data

For the Analytical and Assessment Skills domain, six competencies were examined. The top two competencies that respondents who indicated that the competencies applied to their work perceived as moderately to highly important to their work were 1) Employing ethical principles in the collection, maintenance, use, and dissemination of data and information (92 percent) and 2) Using information technology (i.e., databases) to collect, store, and retrieve data (92 percent). In terms of perceived capacity to meet the competencies, 84 percent of staff who completed the survey indicated that they had moderate to high capacity with "Employing ethical principles in the collection, maintenance, use, and dissemination of data and information" and 83 percent with "Using public health data and information in daily work." The competency that had the largest variance between importance and capacity was "Using information technology (i.e., databases) to collect, store, and retrieve data." For employees to whom this applies, this is an area that may require training.

Figure 3: Importance and Capacity of Analytical and Assessment Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.

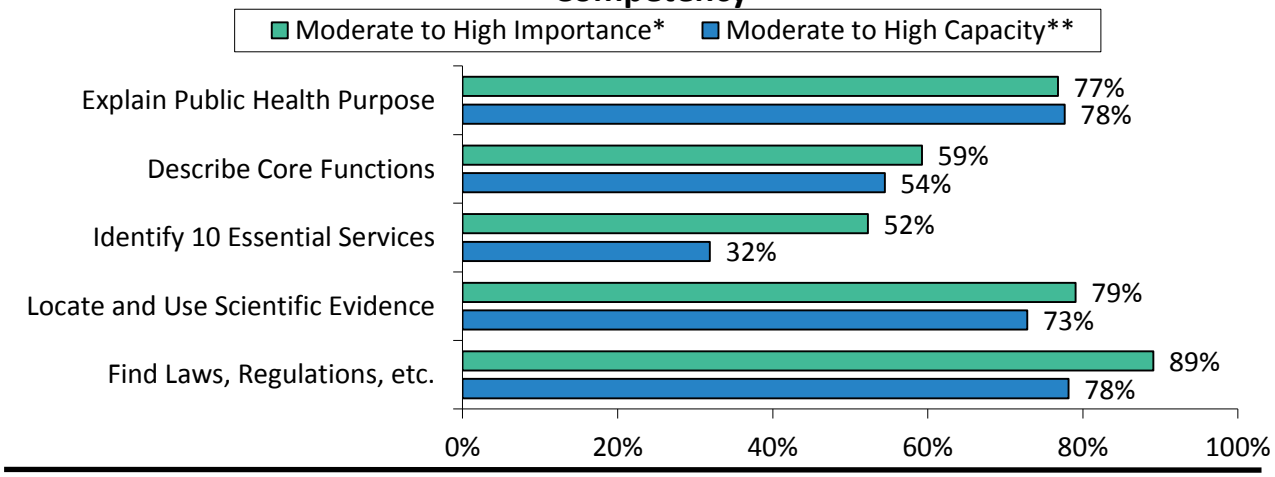
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.

Note: All valid cases are reported for each measure, and range from 6% to 27% missing data (i.e., NA and "I don't know") across all measures.

BASIC PUBLIC HEALTH SCIENCES SKILLS
1. Explain public health purpose to those NOT in Public Health
2. Describe the core public health functions (i.e. assessment, assurance and policy development)
3. Identify the ten essential services of Public Health
4. Locate and use scientific evidence to address a public health issue, concern, or intervention
5. Know who to contact or where to find laws, regulations and procedures for research, surveillance and evaluation

- For the Basic Public Health Sciences Skills domain, five competencies were assessed. The top two competencies that respondents who indicated that the competencies applied to their work perceived as moderately to highly important to their work were 1) Knowing who to contact or where to find laws, regulations and procedures for research, surveillance and evaluation (89 percent) and 2) Locating and using scientific evidence to address a public health issue, concern, or intervention (79 percent). In terms of perceived capacity to meet the competencies, 78 percent of respondents indicated that they had moderate to high capacity with "Knowing who to contact or where to find laws, regulations, and procedures for research, surveillance, and evaluation" and 78 percent with "Explaining public health purpose to those NOT in Public Health." The competency that had the largest variance between importance and capacity was "Identifying the ten essential services of Public Health." In this domain, it is interesting to see that staff perceive the importance and perceive their capacity as lower in the competencies that address the foundation of public health (core functions and ten essential services). Awareness of basic public health fundamentals should be standard to every public health employee.

Figure 4: Importance and Capacity of Basic Public Health Sciences Skills, by Competency



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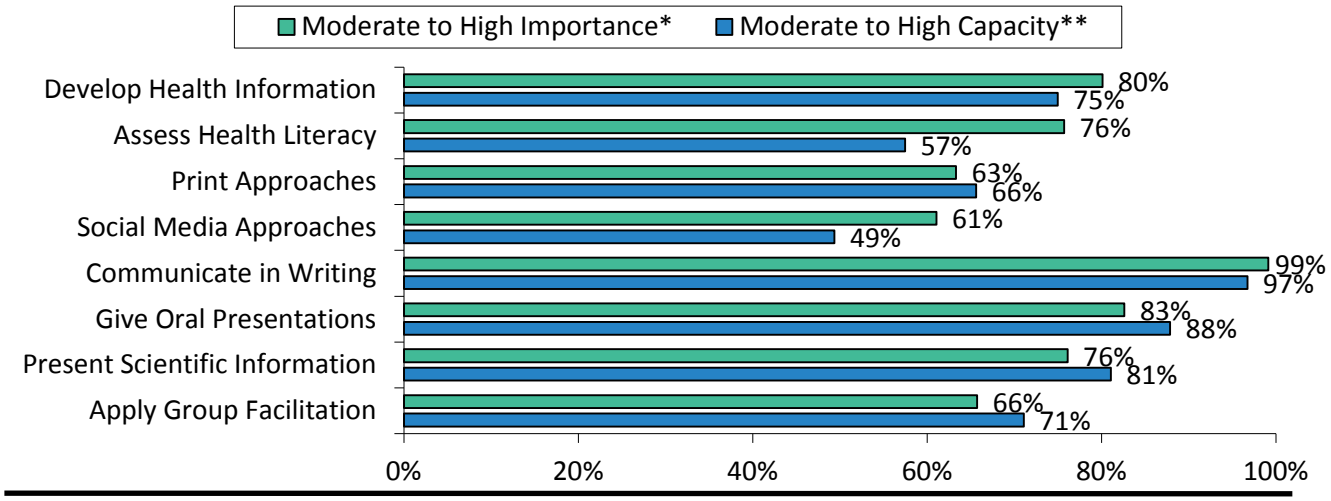
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.

Note: All valid cases are reported for each measure, and ranges from 5% to 26% missing data (i.e., NA and "I don't know") across all measures.

COMMUNICATION SKILLS
1. Develop health information at appropriate literacy levels
2. Assess the health literacy of populations served (Can the population understand the information provided?)
3. Use a variety of print approaches to disseminate public health information
4. Use a variety of social media approaches to disseminate public health information
5. Communicate in writing and electronically with proficiency
6. Give oral presentations with confidence and skill
7. Present scientific information for use by professional and lay audiences
8. Apply appropriate group facilitation techniques

For the Communication Skills domain, eight competencies were assessed. The top two competencies that staff who indicated the competencies applied to their work perceived as moderately to highly important were 1) Communicating in writing and electronically with proficiency (99 percent) and 2) Giving oral presentations with confidence and skill (83 percent). In terms of perceived capacity to meet the competencies, 97 percent and 88 percent of respondents respectively indicated that they had moderate to high capacity with the same two competencies. The competencies that had the largest variance between importance and capacity were 1) Assessing the health literacy of populations served and 2) Using a variety of social media approaches to disseminate public health information. The results from this domain seem to indicate a need for workforce training in assessing health literacy and dissemination of public health information using a variety of approaches including social media. The training should include education related to the Division social media policy.

Figure 5: Importance and Capacity of Communication Skills, by Competency



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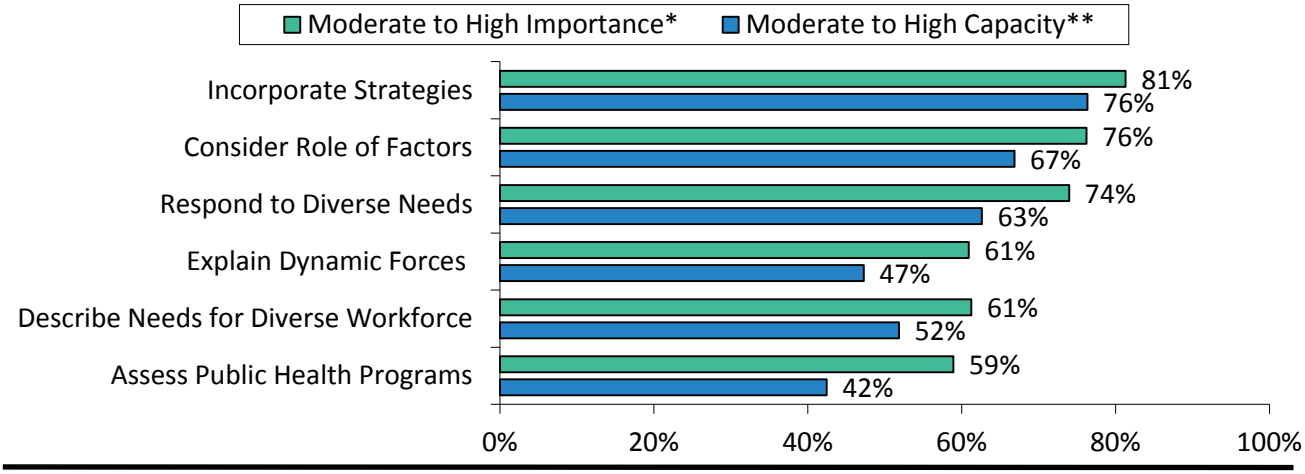
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.

Note: All valid cases are reported for each measure, and ranges from 3% to 30% missing data (i.e., NA and "I don't know") across all measures.

CULTURAL COMPETENCY SKILLS
1. Incorporate strategies for interacting with persons from diverse backgrounds
2. Consider the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
3. Respond to diverse needs that are the result of cultural differences
4. Explain the dynamic forces that contribute to cultural diversity
5. Describe the needs for a diverse public health workforce
6. Assess public health programs for their cultural competence

For the Cultural Competency Skills domain, six competencies were assessed. The top two competencies that staff who indicated the competencies applied to their work perceived as moderately to highly important were 1) Incorporating strategies for interacting with persons from diverse backgrounds (81 percent) and 2) Considering the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services (76 percent). In terms of perceived capacity, 76 percent and 67 percent of staff respectively indicated that they had moderate to high capacity with the same two competencies. The competencies that had the largest variance between importance and capacity were 1) Assessing public health programs for their cultural competence and 2) Explaining the dynamic forces that contribute to cultural diversity. These may be areas that require training.

Figure 6: Importance and Capacity of Cultural Competency Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.

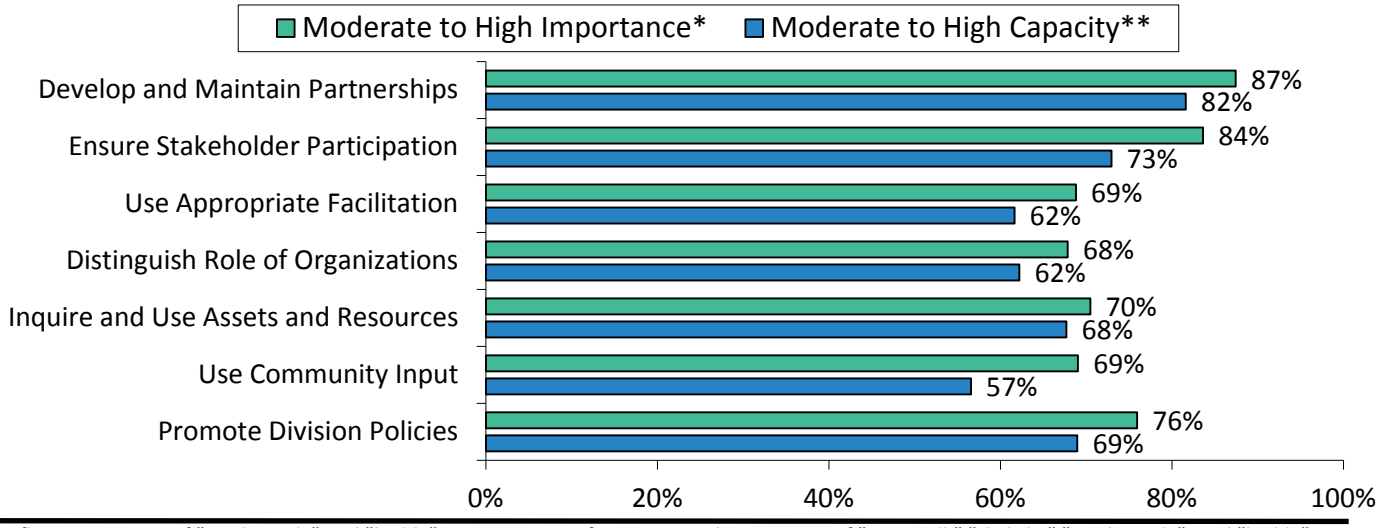
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.

Note: All valid cases are reported for each measure, and ranges from 6% to 36% missing data (i.e., NA and "I don't know") across all measures.

COMMUNITY DIMENSIONS OF PRACTICE SKILLS
1. Develop and maintain productive partnerships with key stakeholders
2. Ensure participation of key stakeholders
3. Use appropriate facilitation techniques to encourage community involvement
4. Distinguish the role of governmental and nongovernmental organizations in the public health system
5. Inquire about and use available community assets and resources
6. Use community input when developing public health policies and programs
7. Promote Division of Public Health policies, programs, and resources to communities or populations served

For the Community Dimensions of Practice Skills domain, seven competencies were assessed. The top two competencies that respondents who indicated the competencies applied to their work perceived as moderately to highly important were 1) Developing and maintaining productive partnerships with key stakeholders (87 percent) and 2) Ensuring participation of key stakeholders (84 percent). For perceived capacity, 82 percent and 73 percent of staff respectively indicated that they had moderate to high capacity with the same two competencies. The competencies that had the largest variance between importance and capacity were 1) Using community input when developing public health policies and programs and 2) Ensuring participation of key stakeholders. Training opportunities should be explored in these areas for employees who find these competencies particularly relevant.

Figure 7: Importance and Capacity of Community Dimensions of Practice Skills, by Competency



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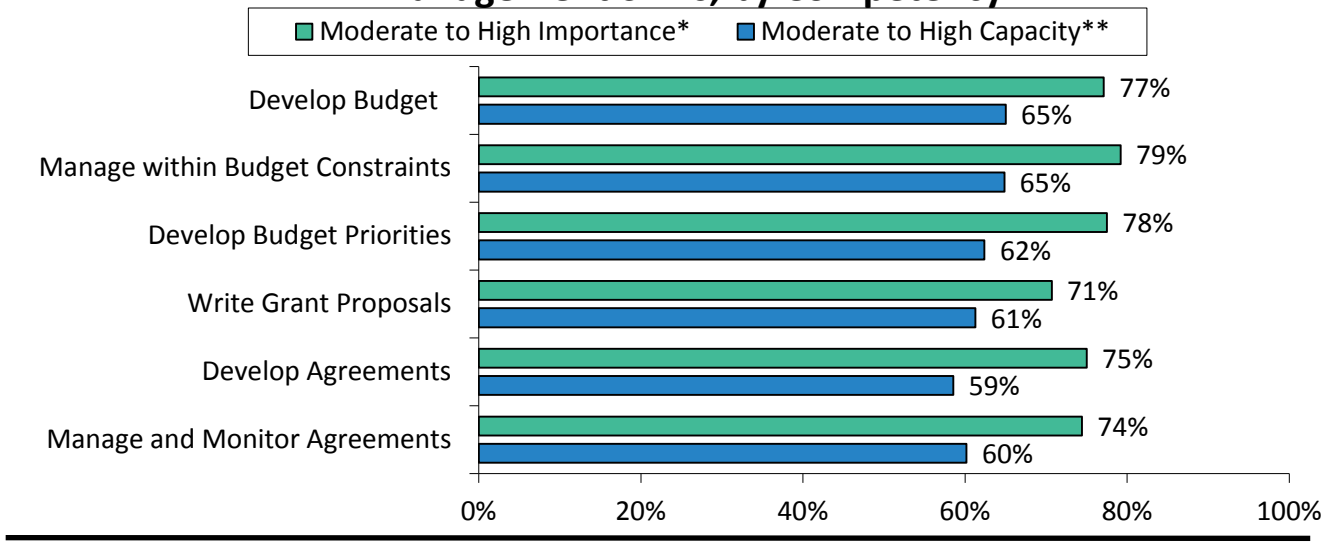
Note: All valid cases are reported for each measure, and ranges from 15% to 34% missing data (i.e., NA and "I don't know") across all measures.

FINANCIAL PLANNING AND MANAGEMENT SKILLS
1. Develop a program budget
2. Manage programs in light of budget constraints
3. Develop budget priorities based on federal, state, and local guidance
4. Write effective grant proposals
5. Develop contracts, sub grants and other service agreements
6. Manage and monitor contracts, sub grants and other service agreements

For the Financial Planning and Management Skills domain, six competencies were assessed. This was the domain that had the largest amount of missing data (i.e., not applicable and I don't know responses) ranging from 39 percent to 50 percent for the different competency questions. It should be noted that when broken out by Unit, some Units perceived some of these competencies as more important. Those that ranked these competencies higher in terms of both importance and capacity were the Community and Rural Health Planning, Health Promotion, Lifespan Health Services, and Public Health and Emergency Response Units. For those respondents who indicated that the competencies applied to their work, there was considerable variance between perceived importance and perceived capacity for most competencies. Training should be provided to staff for all of these competencies, especially to staff who are responsible for budgeting and management of funds.

Figure 8: Importance and Capacity of Financial Planning and Management Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.

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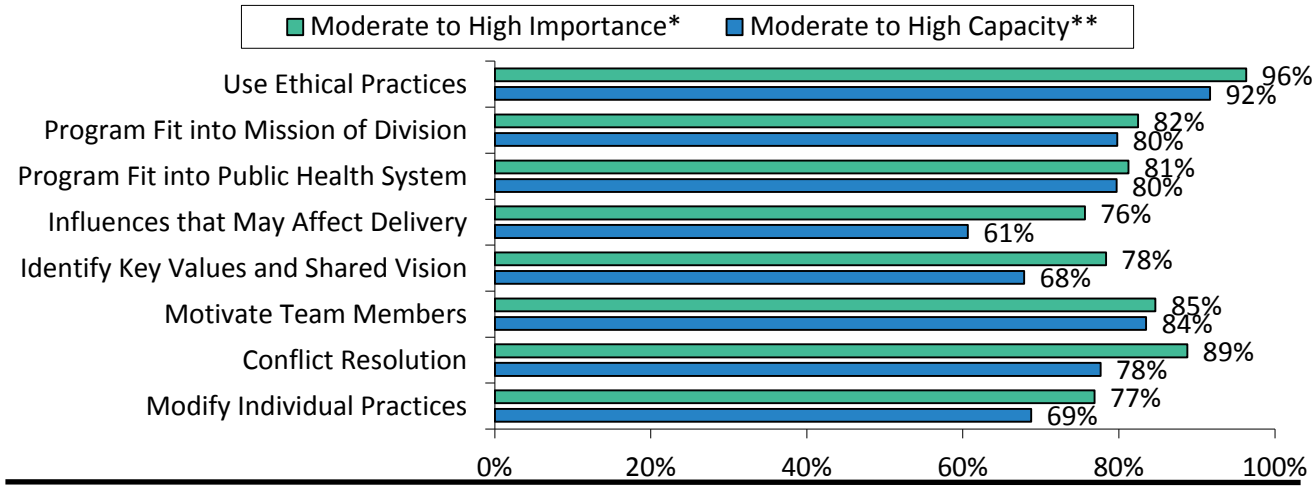
Note: All valid cases are reported for each measure, and ranges from 39% to 50% missing data (i.e., NA and "I don't know") across all measures.

LEADERSHIP AND SYSTEMS THINKING SKILLS
1. Use ethical practices as the basis of all interactions with organizations, communities and individuals
2. Describe how my individual program or Unit fits into the overall mission of the Division of Public Health
3. Describe how my individual program or Unit fits into the larger public health system
4. Aware of internal and external influences that may affect the delivery of public health services
5. Participate with stakeholders to identify key values and shared vision for the benefit of communities or populations served
6. Able to motivate team members
7. Able to participate in and resolve conflict productively
8. Modify individual practices with changing social, political, and/or economic situations

For the Leadership and Systems Thinking Skills domain, eight competencies were examined. The top two competencies that respondents who indicated the competencies applied to their work perceived as moderately to highly important were 1) Using ethical practices as the basis of all interactions with organizations, communities, and individuals (96 percent) and 2) Ability to participate in and resolve conflict productively (89 percent). In terms of perceived capacity, 92 percent of staff indicated that they had moderate to high capacity to "Use ethical practices as the basis of all interactions with organizations, communities, and individuals" and 84 percent in "Ability to motivate team members." The competencies that had the largest variance between importance and capacity were 1) Awareness of internal and external influences that may affect delivery of public health services and 2) Ability to participate in and resolve conflict productively. This may indicate a greater need for training.

Figure 9: Importance and Capacity of Leadership and Systems Thinking Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.

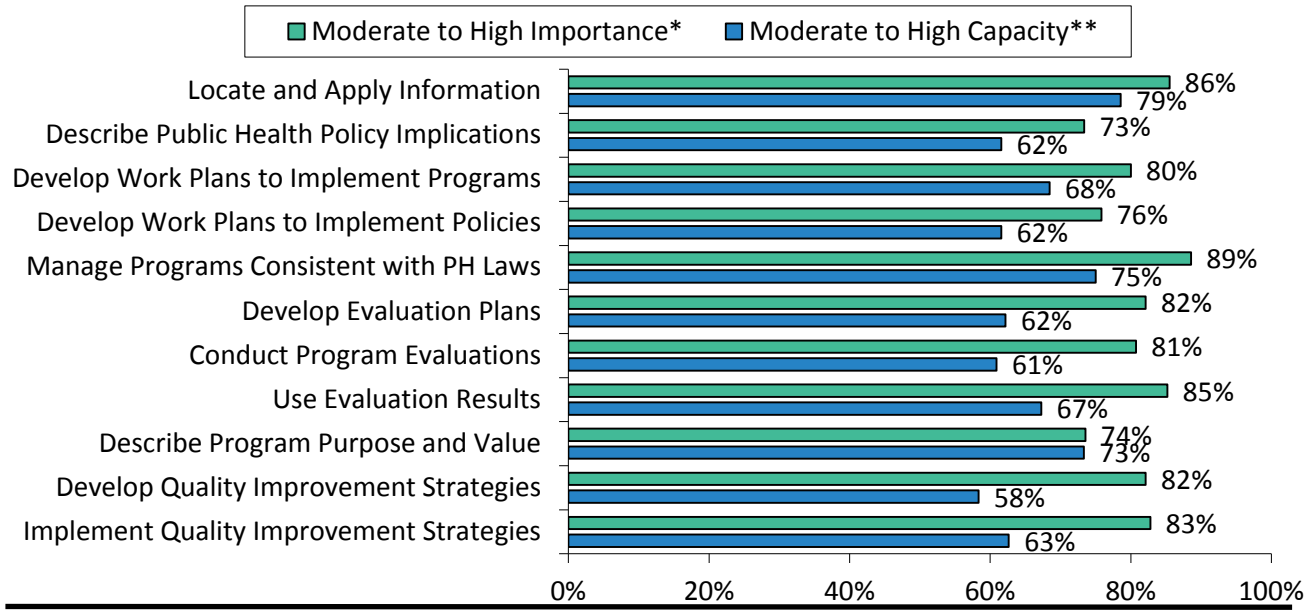
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.

Note: All valid cases are reported for each measure, and ranges from 5% to 28% missing data (i.e., NA and "I don't know") across all measures.

POLICY DEVELOPMENT AND PROGRAM PLANNING SKILLS
1. Locate and apply information relevant to public health policy issues (e.g. procedures, regulations and laws)
2. Describe the implications of public health policies
3. Develop work plans to implement programs
4. Develop work plans to implement policies
5. Manage programs consistent with public health laws and regulations
6. Develop evaluation plans to monitor programs for their effectiveness and quality
7. Conduct program evaluations
8. Use evaluation results (internal or external) to improve programs
9. Describe the purpose and value of public health programs in my Unit
10. Develop strategies for continuous quality improvement
11. Implement strategies for continuous quality improvement

For the Policy Development and Program Planning Skills domain, eleven competencies were assessed. The top two competencies that staff who indicated the competencies applied to their work perceived as moderately to highly important were 1) Managing programs consistent with public health laws and regulations (89 percent) and 2) Locating and applying information relevant to public health policy issues (86 percent). In terms of perceived capacity, 75 and 79 percent of staff respectively indicated that they had moderate to high capacity with these same competencies. There was considerable variance between perceived importance and capacity for several of the competencies especially those related to evaluation and quality improvement. Training should be provided to staff for these competency areas.

Figure 10: Importance and Capacity of Policy Development and Program Planning Skills, by Competency



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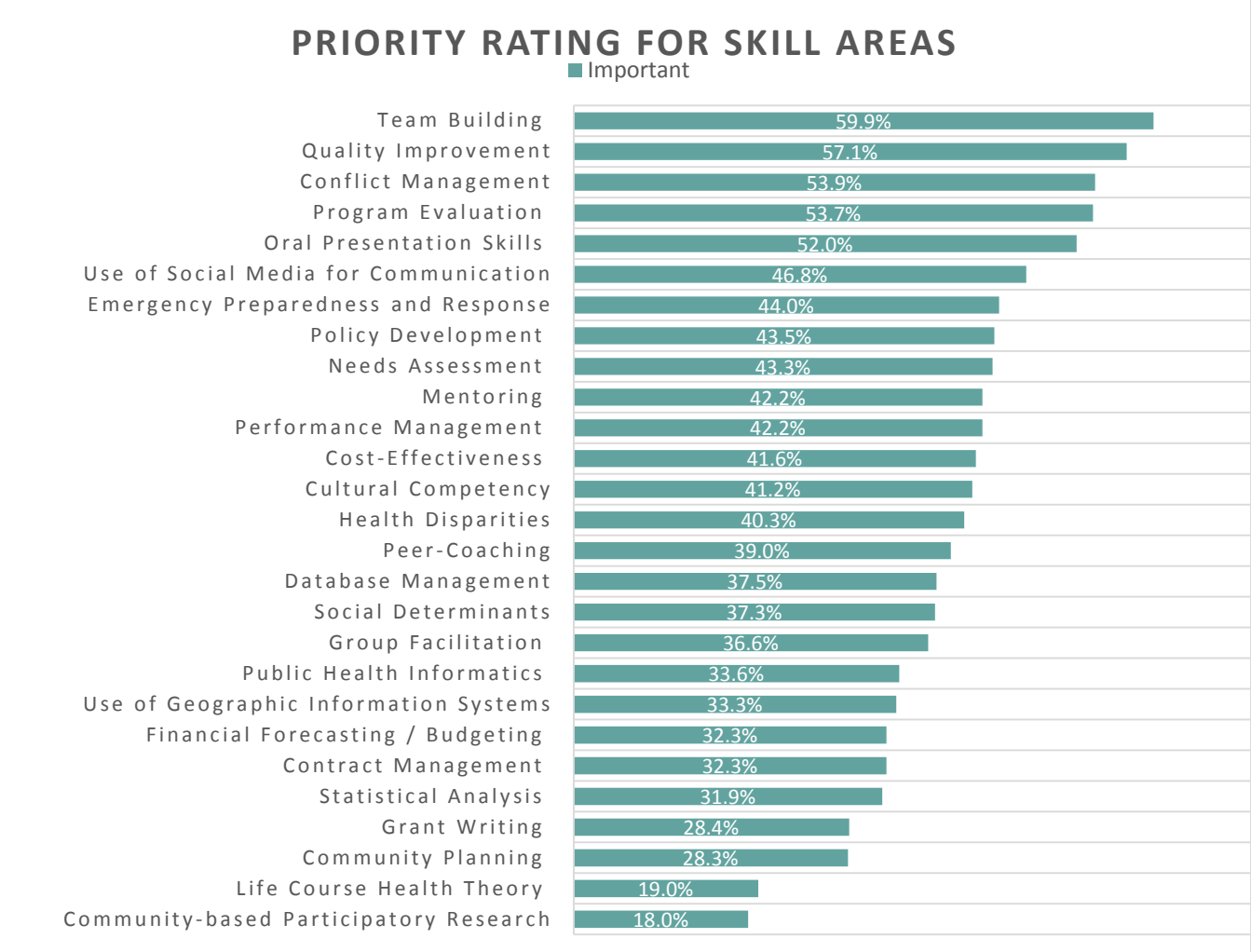
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.

Note: All valid cases are reported for each measure, and ranges from 10% to 35% missing data (i.e., NA and "I don't know") across all measures.

Skill Areas

Respondents (N = 233) were asked to rate the priority for training from a list of public health topics as 1) not important, 2) neutral, 3) important, or 4) not applicable. Figure 11 describes the public health skill areas that were identified as important by the respondents. The top five areas included team building, quality improvement, conflict management, program evaluation, and oral presentation skills.

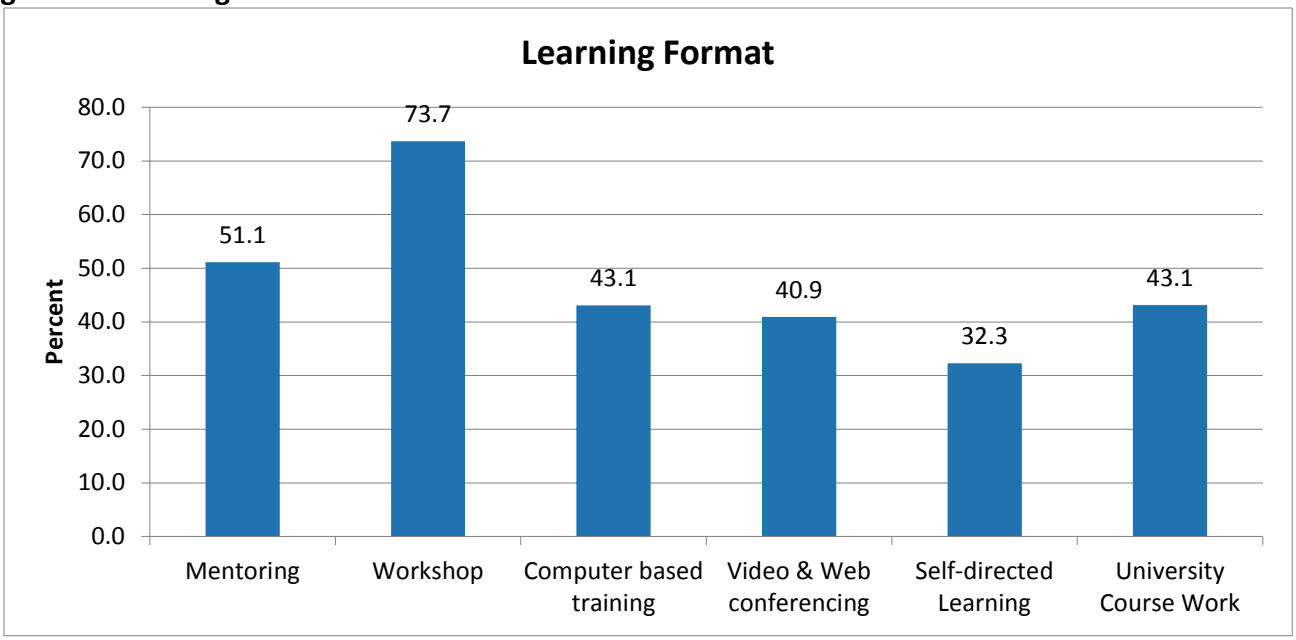
Figure 11. Skill Areas



Section Two: Learning Culture and Style

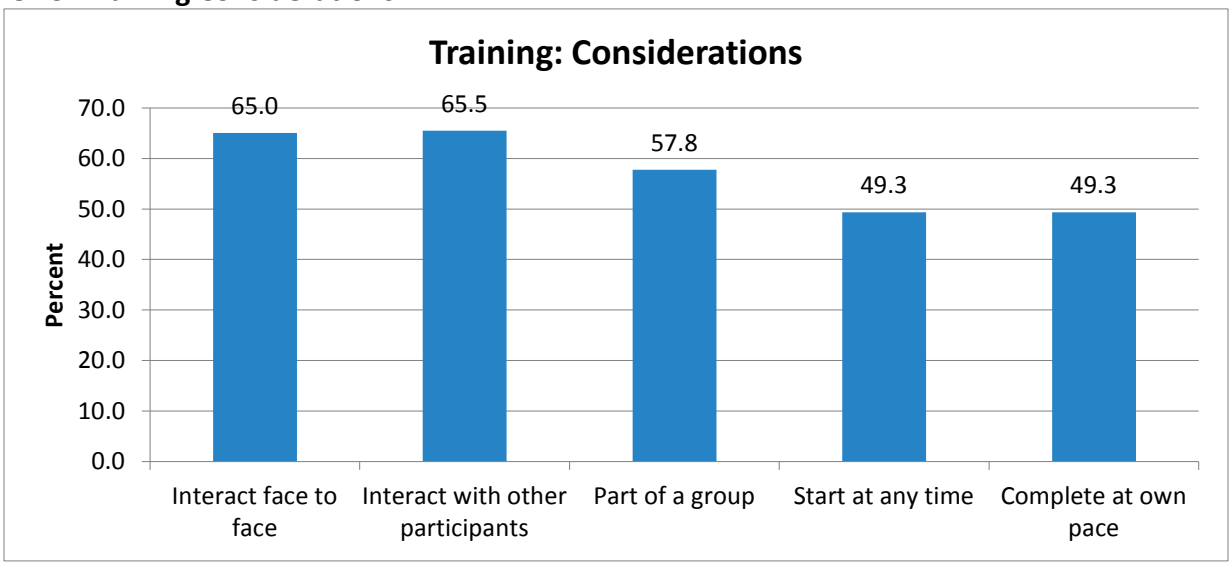
Respondents were asked to describe their preferred learning setting for public health training/education opportunities. Respondents preferred instructor led training sessions. When they were asked to rank their training format preference on a scale of 1 (least preferred) to 5 (most preferred), multiday onsite workshop was identified as the most preferred choice (Figure 12).

Figure 12. Learning Formats



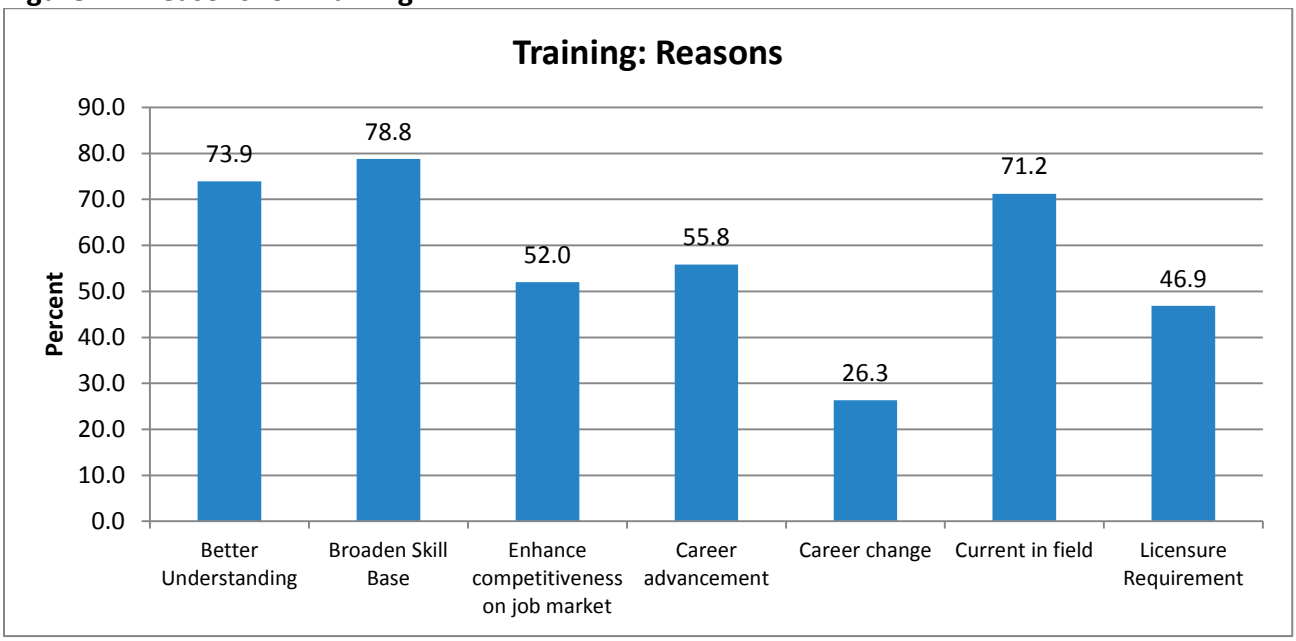
Respondents were asked about the importance of additional factors when considering training options. The most important consideration when participating in any form of public health training was the opportunity to interact with other participants and the instructor face to face (Figure 13).

Figure 13. Training Considerations



Finally, respondents were asked about the reasons they pursue continuing education. The major reasons were as follows: (1) broaden skills (2) gain a better understanding of an area of importance to my job and (3) stay current in the field (Figure 14).

Figure 14. Reasons for Training



Section Three: Overall Training Needs

This section provides information regarding training recommendations overall for the Division of Public Health, as well as resources, roles and responsibilities related to the implementation of the plan. After a comprehensive analysis of the quantitative and qualitative (Unit focus groups) data, the following final recommendations are provided for the Division of Public Health workforce.

Figure 15. Competency Domain Training Recommendation Summary

Competency Domain	Training Recommendations
Analytical / Assessment	• Use information technology (i.e., databases) to collect, store, and retrieve data. • Computer skills training. (FG[5])
Basic Public Health Sciences	• Identify the ten essential services and core functions of Public Health especially as they relate to meeting national standards and measures for public health (Public Health Accreditation Board). • Explain purpose of public health to those not in public health. (FG) • Public Health 101 (e.g., core functions and essential services). (FG)
Communication	• Assess the health literacy of populations served. • Use a variety of social media approaches to share public health information. • Public speaking. (FG) • Skills to communicate effectively using social media, data analysis, written and orally. (FG) • Develop information at appropriate health literacy levels. (FG)
Cultural Competency	• Assess public health programs for their cultural competence. • Explain the dynamic forces that contribute to cultural diversity. • Consider the role of cultural, social, and behavioral factors. (FG) • Assure a diverse public health workforce. (FG)
Community Dimensions of Practice	• Use community input when developing public health policies and programs. • Ensure participation of key stakeholders. • Understand how to work with / collaborate with communities to help them solve problems. (FG) • Productive partnerships with internal and external key stakeholders. (FG) • Use appropriate facilitation techniques to encourage community involvement. (FG)
Financial Planning & Management	• Develop a program budget. • Manage programs in light of budget constraints. • Develop budget priorities based on federal, state, and local guidance. • Write effective grant proposals. • Develop contracts, sub grants and other service agreements. • Manage and monitor contracts, sub grants and other service agreements. • Understand accounting coding system. (FG)
Leadership & Systems Thinking	• Awareness of internal and external influences that may affect delivery of public health services. • Ability to participate in and resolve conflict productively.

[5] FG – This recommendation emerged as a theme during the focus group conversations.

	• Ability to implement succession planning, cross training, and mentoring activities. (FG)
Policy Development & Program Planning	• Describe the implications of public health policies. • Develop work plans to implement programs. • Develop work plans to implement policies. • Manage programs consistent with public health laws and regulations. • Develop evaluation plans to monitor programs for their effectiveness and quality. • Conduct program evaluations. • Use evaluation results (internal or external) to improve programs. • Describe the purpose and value of public health programs in my Unit. • Develop strategies for continuous quality improvement. • Implement strategies for continuous quality improvement.

Implementation

While the Office of Community Health and Performance Management is responsible for the development and maintenance of the workforce development plan, each Unit is responsible for the development and implementation of specific training plans based on these results. Office of Community Health and Performance Management staff will help Units interpret their results and develop training plans according the template outlined in Appendix B. Office staff will also develop a Division of Public Health training plan based on areas that overlap in the Unit Plans and will provide coordination for training needs that include staff from the entire Division of Public Health workforce.

Evaluation and Tracking

Evaluation of training will provide the DHHS Division of Public Health with useful feedback regarding its efforts, including content, delivery, and staff satisfaction. The type of evaluation will depend on the training method (e.g., on-site presentation or webinar) used. At a minimum, it is expected that for any organized educational opportunity such as a presentation or webinar, an employee satisfaction survey will be completed. Those coordinating the opportunity could also decide to complete a pre/post-test to evaluate the extent to which participants acquired the intended knowledge or skills and will apply what they learned on the job. For online courses that you can take on your own schedule, employees should keep any certificate or notice of completion for their records as evidence of completion.

The Office of Community Health and Performance Management will collect progress information annually from each Unit to track progress toward completing the training plans. Once training plans are submitted to the Office, staff will provide a tracking sheet for each Unit to use to collect progress information. If a Unit organizes an educational opportunity, at a minimum, it is expected that the Unit will document their efforts with a completed sign in sheet (Appendix C), copy of the presentation, and an agenda. This information will be provided annually to the Office of Community Health and Performance Management.

It is expected that if trainings are provided to staff that relate to the identified competencies, scores will improve the next time the competency assessment is completed.

Section Four: Unit Level Priorities

The final step in the planning process was to disaggregate the results for each Unit in the Division. Once the results were available, focus group discussions using the Technology of Participation (ToP) facilitation method were held with selected representatives from each Unit. The results for each Unit are shown below. See Appendix D for a full list of the competency skills that complement the figures included in the results for the Units and Appendix E for a list for the Administrative Support Staff.

The implementation plan involves the Unit Administrators working with their staffs to further refine the priorities and to develop a timeline for implementation. These implementation plans will then be reviewed by the senior management team to identify areas of common interest, assure that the timelines are reasonable, and ensure that sufficient resources are available to complete the education and training activities. Updates on training activities will be discussed at senior management team meetings at regular intervals.

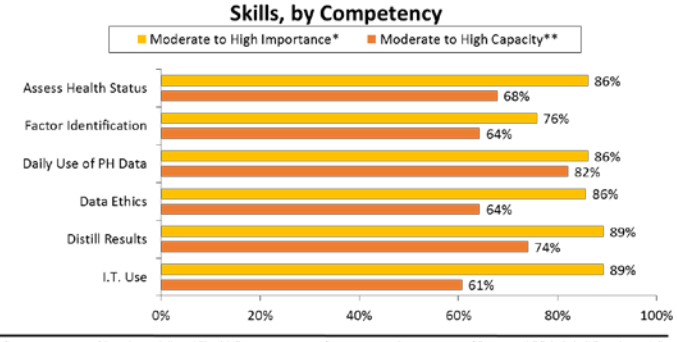
DHHS Division of Public Health – Community and Rural Health Planning Unit

From the Community and Rural Health Planning Unit, a total of 29 individuals (including the Emergency Preparedness Unit) responded to the Workforce Assessment Survey, and a total of 13 individuals participated in the focus group.

<u>This Unit report includes:</u>

- Figures (and Observation box summary) depicting the survey results for defined competency areas and the reported perception of importance and perception of capacity to perform that competency by skill. The bars reflect only the opinion of survey respondents who indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations toward areas of interest and/or need for further training.
- Table to summarize quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

Figure 1: Importance and Capacity of Analytic and Assessment Skills, by Competency



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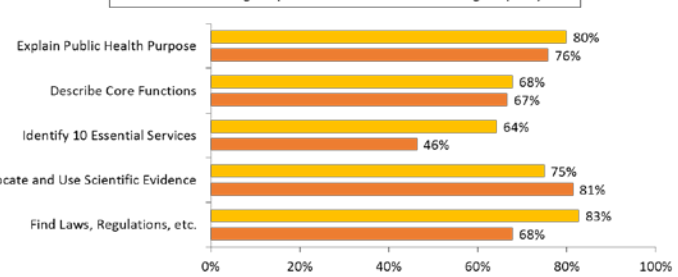
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 3% to 7% missing data across all measures.

Figure 1 Observations:

Note up to 7% of respondents felt some skills weren't applicable to their work. Variance between perceived importance and capacity in almost every skill area. Overall importance of this competency ranked quite high, with opportunities to improve in using technology, ethics with data, assessing health status and distributing results. Training should be considered.

Figure 2: Importance and Capacity of Basic Public Health Sciences Skills, by Competency



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Note: All valid cases are reported for each measure, and ranges from 0% to 7% missing data across all measures.

Figure 2 Observations:

Note up to 7% of respondents felt some skills weren't applicable to their work. Variance between perceived importance and capacity in knowing laws, regulations, etc. Also variance in perceived competency of identifying the 10 essential public health services. Basic public health skills should be standard to every public health employee. Training to improve capacity across these skill areas is recommended.

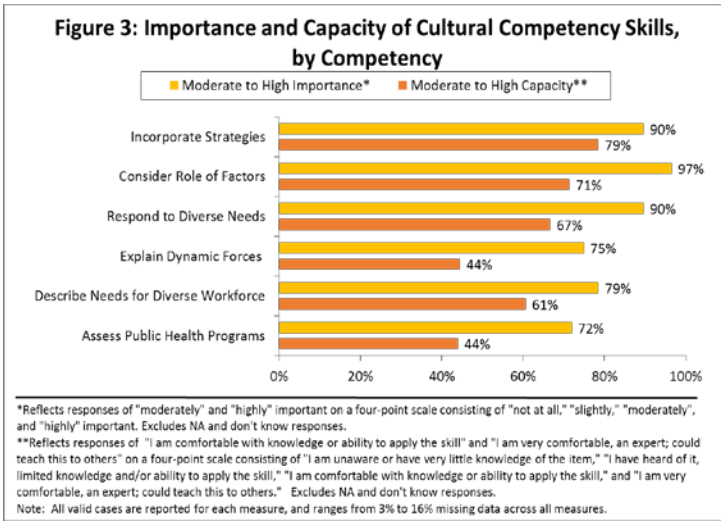


Figure 3 Observations:

Note up to 16% of respondents felt some skills weren't applicable to their work. Note variance between perceived importance and capacity in most skill areas. While the consideration of cultural competency is quite high, the expressed capacity to identify forces and assess programs is lower. Training to improve ability to apply cultural competencies to workforce and programs should be considered.

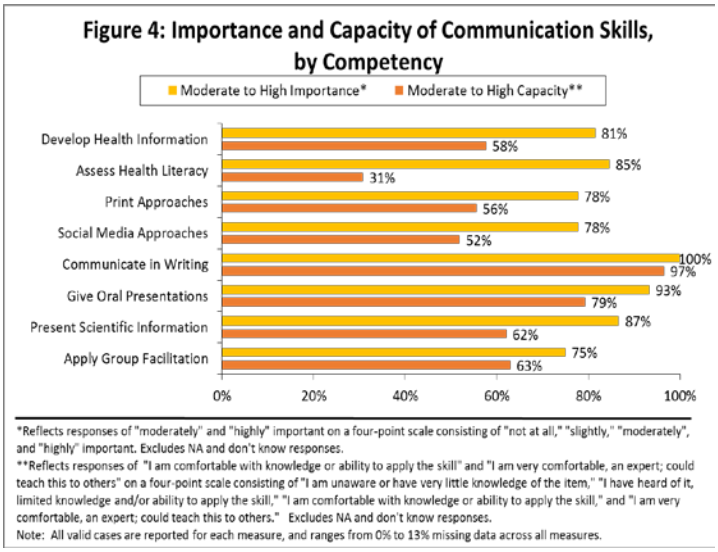


Figure 4 Observations:

Note up to 13% of respondents felt some skills weren't applicable to their work. Significant variance between perceived importance and capacity to assess health literacy, to develop appropriate health information, and to utilize various communication approaches (print, social media). Should consider training to improve responsiveness to health literacy as well as current trends in communication techniques.

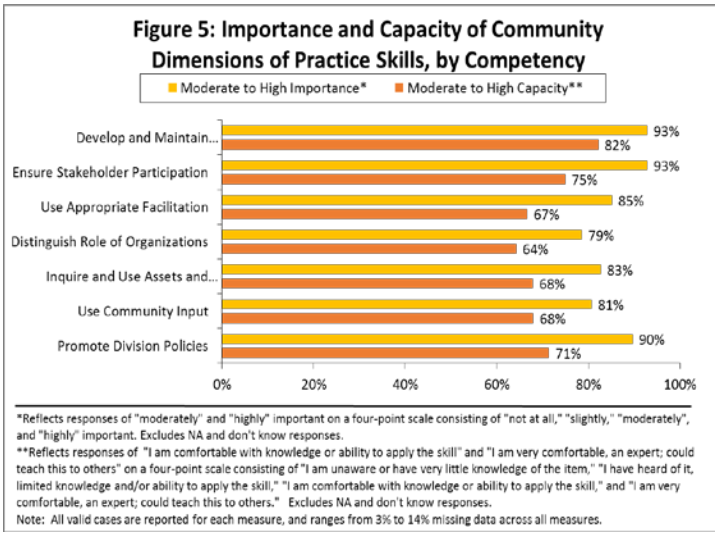
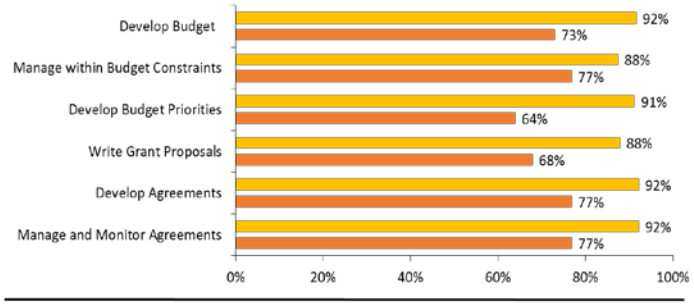


Figure 5 Observations:

Note up to 14% of respondents felt some skills weren't applicable to their work. Although some variance between perceived importance and capacity, most skill areas ranked high. Should consider training to improve ability to engage community partners and apply input to practice.

Figure 6: Importance and Capacity of Financial Planning and Management Skills, by Competency



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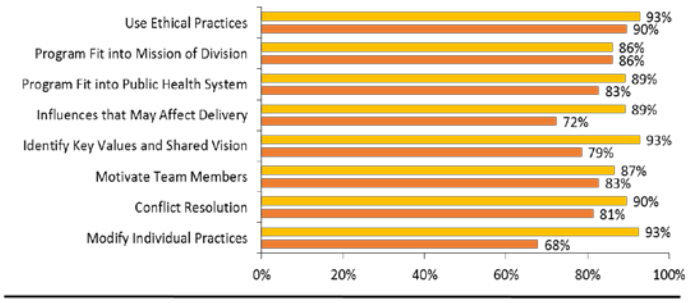
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and ranges from 7% to 21% missing data across all measures.

Figure 6 Observations:

Note up to 21% of respondents felt some skills weren't applicable to their work. All skill areas had variance between perceived importance and capacity, specifically in developing budget priorities and grant writing. Training should be considered to improve overall understanding and ability of financial planning, program impact and contract management.

Figure 7: Importance and Capacity of Leadership and Systems Thinking Skills, by Competency



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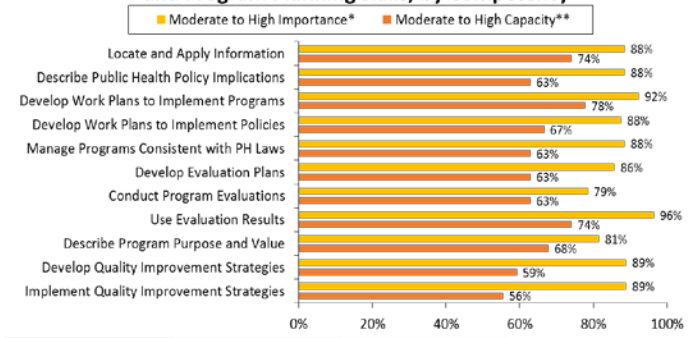
Note: All valid cases are reported for each measure, and ranges from 0% to 7% missing data across all measures.

Figure 7 Observations:

Note up to 7% of respondents felt some skills weren't applicable to their work. All skill areas were identified as important with little variance in perceived capacity, except the ability to modify individual practices and awareness of influences that impact public health services. Training to support system unity, teamwork and flexibility could be considered.

Figure 8: Importance and Capacity of Policy Development and Program Planning Skills, by Competency



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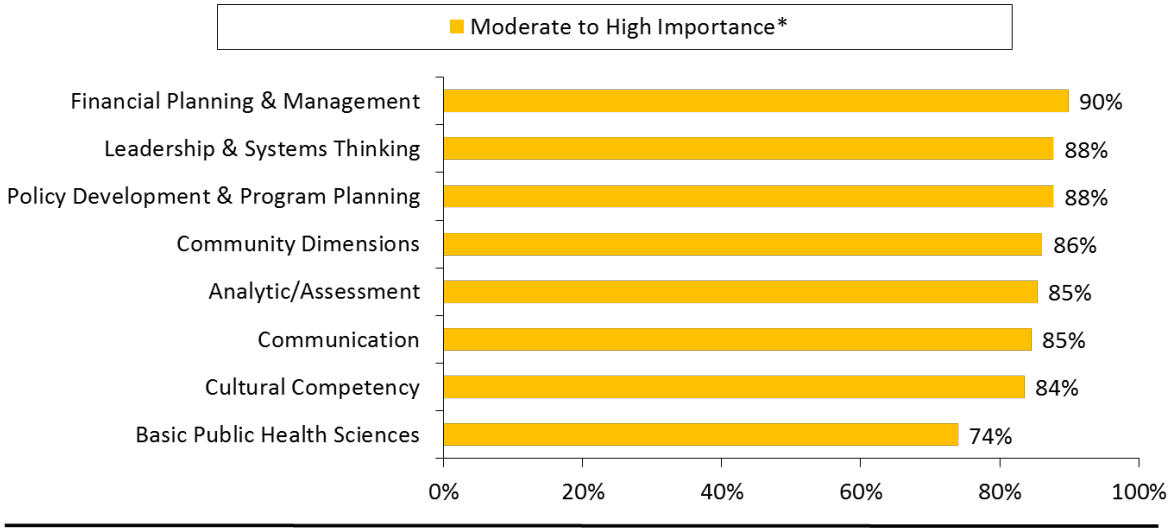
Note: All valid cases are reported for each measure, and ranges from 0% to 13% missing data across all measures.

Figure 8 Observations:

Note up to 13% of respondents felt some skills weren't applicable to their work. Each skill area was perceived and quite important, although the capacity to perform was significantly lower. Training should occur to improve the ability to develop and evaluate programs and policies as well as to utilize data and quality improvement strategies to ensure effectiveness and quality.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
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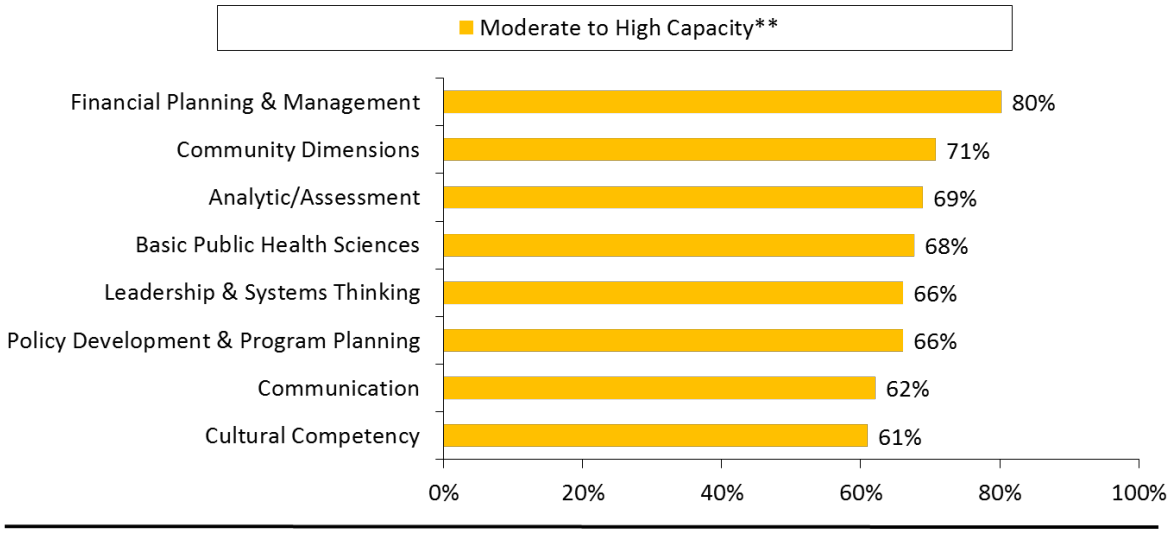
Figure 10: Overall Perceived Capacity of Competency Domains



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Note: All valid cases are reported for each measure, and range from 0% to 21% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Using technology and ethics with data o Assessing health status and distributing data, use to develop programs o Knowing laws and regulations, especially regarding research o Knowing the 10 essential public health services and core functions o Applying and assessing cultural competencies in programs o Assessing health literacy and Increase responsiveness o Applying current trends and skills in communication techniques o Engaging community partners and applying input to practice o Understanding and applying skills for financial planning, grant writing, budget management and program impact o Unifying identity as public health system, teamwork and flexibility o Developing and evaluating programs and policies o Utilizing data and quality improvement strategies to ensure effectiveness and quality processes and services
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Systems Thinking: modify individual practices o Communication: assessing health literacy; social media, data analysis and written/oral presenting; writing grants; better internal division communication across hierarchy o Community Engagement: gathering and using community input, working with partners to problem solve o Cultural Competency: assess programs; assure diverse workforce o Leadership: mandatory training for new managers; succession planning; cross-training o Quality Improvement: develop and implement quality improvement strategies; develop policies, program planning
OTHER OBSERVATIONS	o Awareness of basic public health fundamentals should be standard to every public health employee o Too many respondents perceived a lack of importance in financial competencies; yet almost every staff holds a responsibility for efficacy and should be aware and able o Overall perception of importance of cultural competency is good but recognition of lower capacity suggests gaps in application

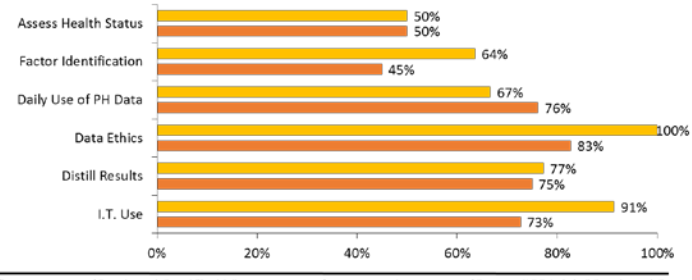
DHHS Division of Public Health – Environmental Health Unit

From the Environmental Health Unit, a total of 38 individuals responded to the Workforce Assessment Survey, and a total of 13 individuals participated in the focus group.

This Unit report includes:

- Figures (and Observation box summaries) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

Figure 1: Importance and Capacity of Analytic and Assessment Skills, by Competency

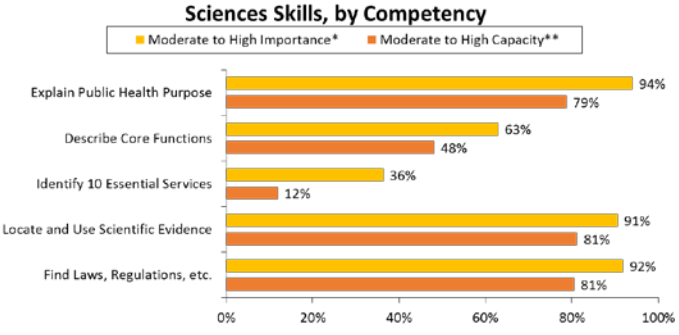


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 8% to 54% missing data across all measures.

Figure 1 Observations:

Note up to 54% of respondents felt some skills weren't applicable to their work. Low rank on assessing health status may be worth exploring. Some variance in IT use, data ethics and factor identification could result in training opportunities. Focus group requested training to support work as such.

Figure 2: Importance and Capacity of Basic Public Health Sciences Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 3% to 31% missing data across all measures.

Figure 2 Observations:

Note up to 31% of respondents felt some skills weren't applicable to their work. Low rank suggests training may be appropriate to support understanding of value, importance, relevance and collective identify of basic public health skills for the state public health workforce.

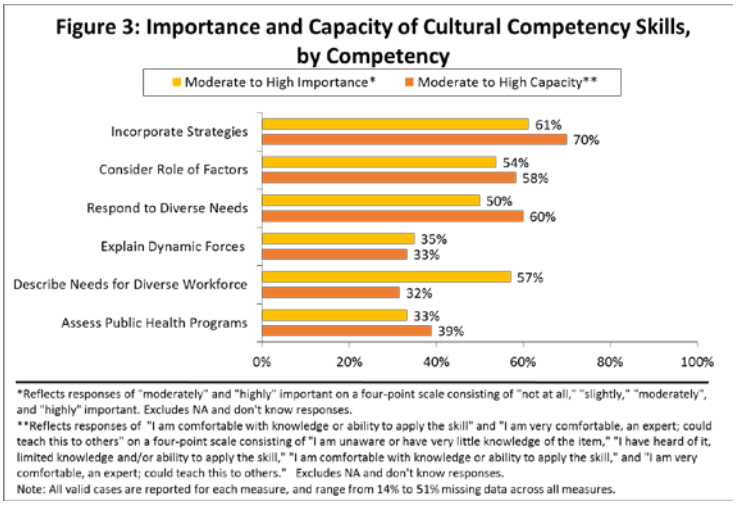


Figure 3 Observations:

Note up to 51% of respondents felt some skills weren't applicable to their work. Low rank suggests training may be appropriate to support understanding of value, importance, relevance and application of cultural competency. Focus group identified need for training to support working with people of diverse backgrounds.

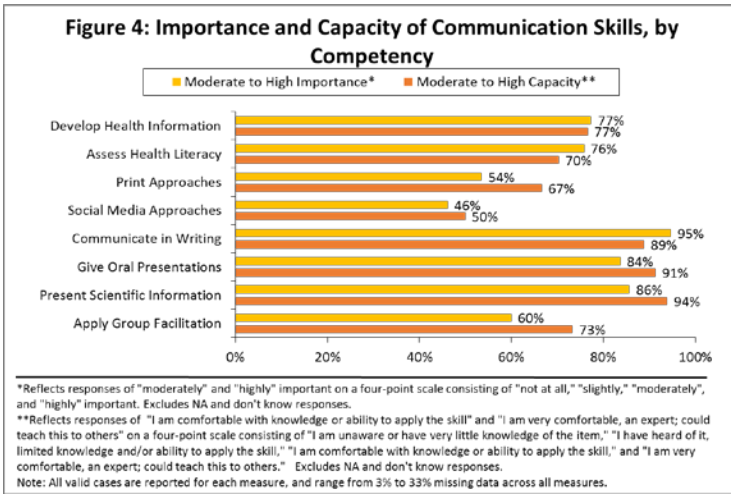


Figure 4 Observations:

Note up to 33% of respondents felt some skills weren't applicable to their work. Although ranks identify fair confidence (except lower print and social media), focus groups identified desire for training to support improved communication practices.

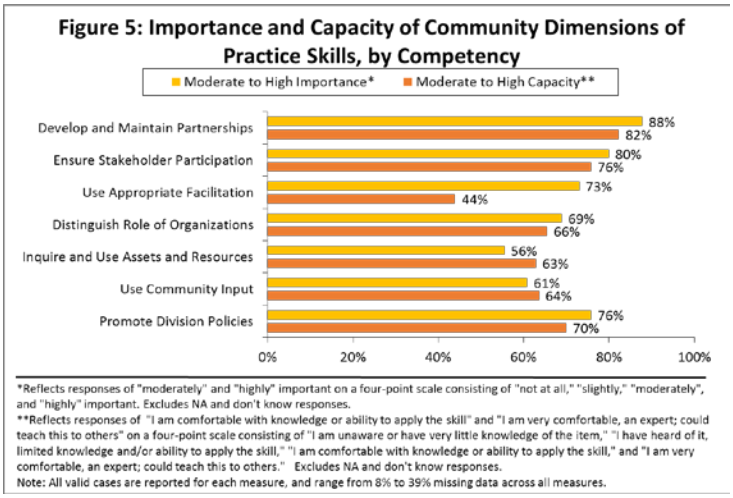


Figure 5 Observations:

Note up to 39% of respondents felt some skills weren't applicable to their work. Lower rank suggests training may be appropriate to support understanding of value, importance, relevance and application of cultural competency. Focus group identified need for training to support working with people of diverse backgrounds.

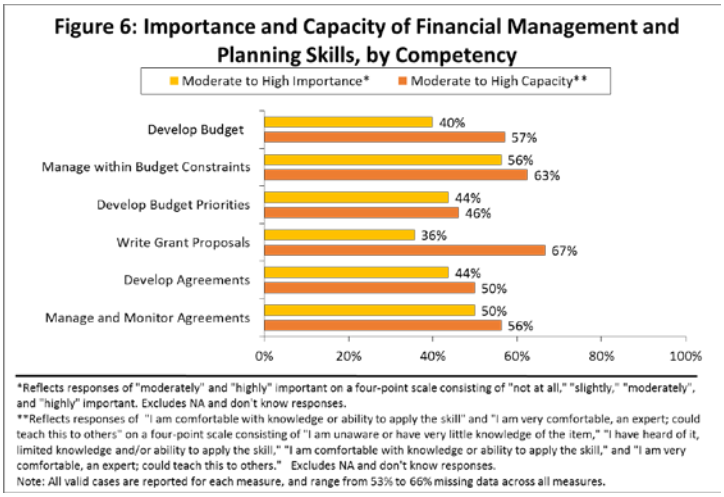


Figure 6 Observations:

Note up to 66% of respondents felt some skills weren't applicable to their work. While some skills aren't as relevant, training should be considered to support basic financial management competencies to ensure broad capacity and succession planning. Low rank suggests training may be applicable to support standard competencies.

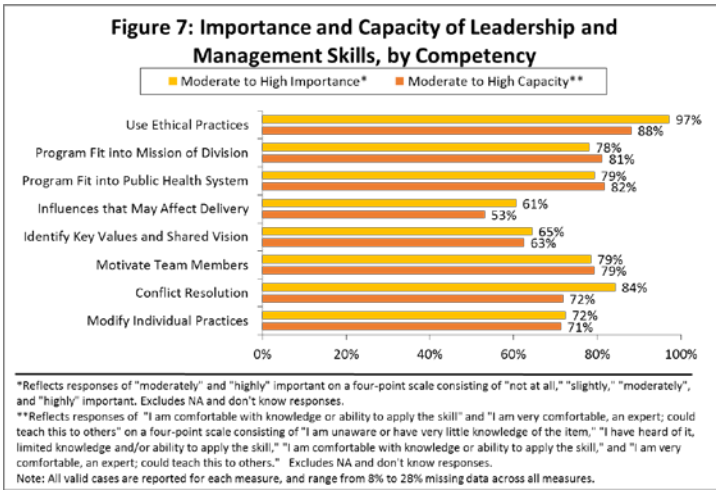


Figure 7 Observations:

Note up to 28% of respondents felt some skills weren't applicable to their work. Little variance on skills except on conflict resolution and using ethical practices. Focus group identified need for training to support teams with motivation and resolving conflict.

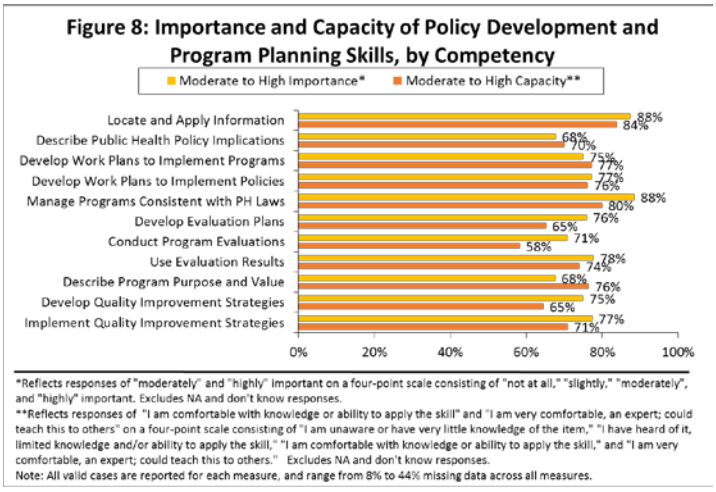
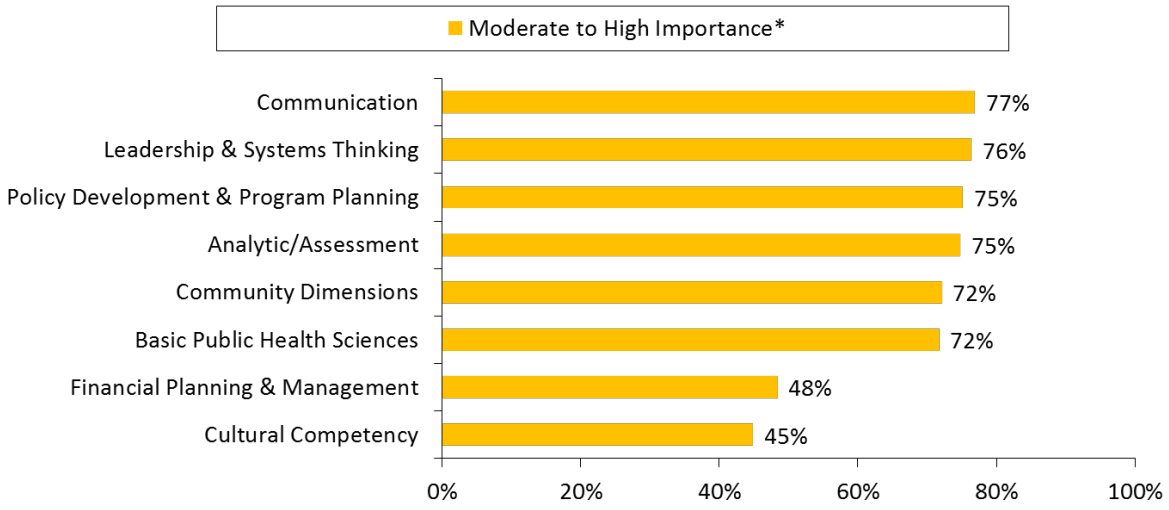


Figure 8 Observations:

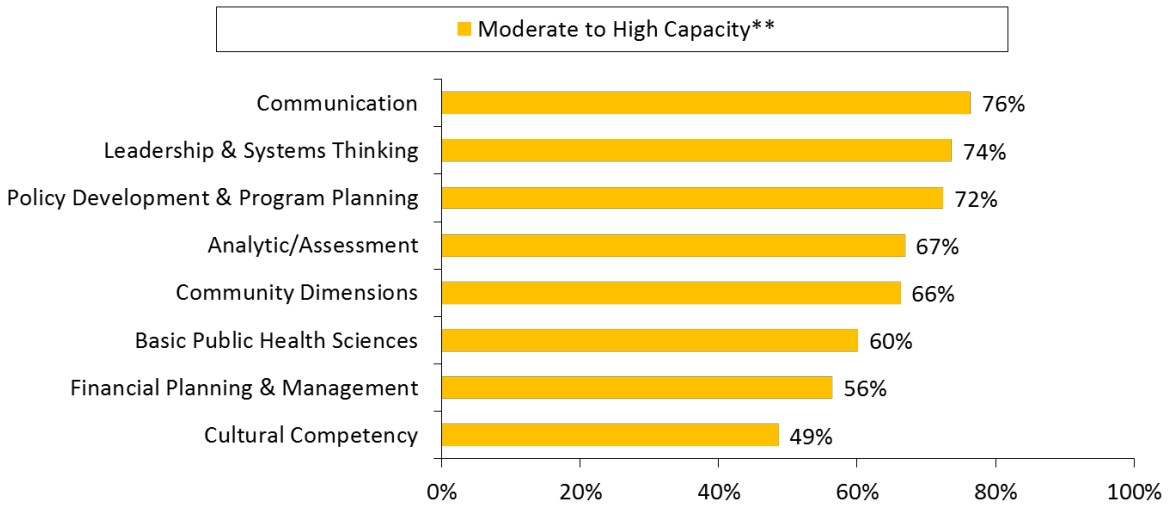
Note up to 44% of respondents felt some skills weren't applicable to their work. Little variance on most skills, although some action could improve ability to implement evaluation and quality improvement processes.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 3% to 66% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 3% to 66% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Unifying identity as public health system, teamwork and flexibility; conflict resolution and team motivation o Maintain ethical practices and ethics with data o Ensuring capacity for information technology use and ability to identify factors of public health issues o Utilizing data, evaluation and quality improvement strategies to ensure effectiveness and quality processes and services o Engaging community partners with effective facilitation as well as improved communication skills o Understanding and applying skills for financial planning, budget management and program impact o Applying cultural competencies in community interaction including working with people of diverse backgrounds.
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Leadership and Management: team motivation, conflict resolution; customer service skills and refreshers; succession planning o Communication: public speaking, writing, language skills; inter-program communication o Information Technology: computer and IT skills training o Basic Public Health Skills: understanding public health purpose, 10 essential services and core functions o Cultural Competency: working with people of diverse backgrounds o Other: noted desire for more job specific training including regulations
OTHER OBSERVATIONS	o Almost all competency domains had significant percentage of respondents reporting a perception that skills weren't applicable to their work. Although some skills may not be, relevance of public health system participants as a whole should be considered and efforts to boost relevance and application of standard public health competencies could be considered. o With interest in succession planning and equipping staff with exposure to competencies, all staff should identify how all public health competencies apply to their work

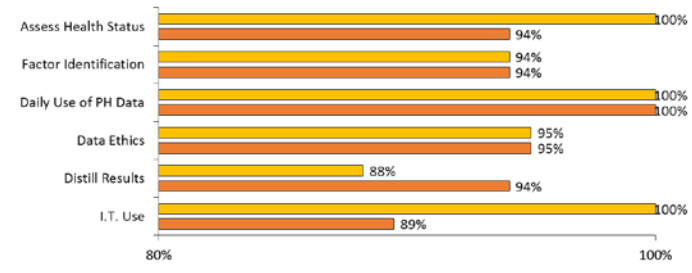
DHHS Division of Public Health – Epidemiology and Informatics Unit

From the Epidemiology and Informatics Unit, a total of 20 individuals responded to the Workforce Assessment Survey, and a total of 13 individuals (including Vital Records Unit) participated in the focus group.

<u>This Unit report includes:</u>

- Figures (and Observation box summary) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who already indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

Figure 1: Importance and Capacity of Analytic and Assessment Skills, by Competency

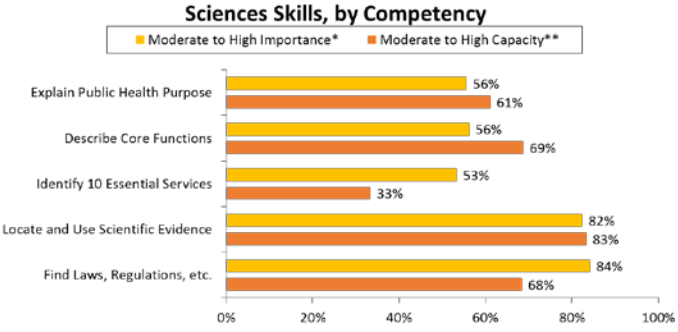


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 15% missing data across all measures.

Figure 1 Observations:

Note up to 15% of respondents felt some skills weren't applicable to their work. Significant variance in assessing health status and IT use. Given role of Unit, training should be considered to assure these standard competencies for all staff.

Figure 2: Importance and Capacity of Basic Public Health Sciences Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 5% to 25% missing data across all measures.

Figure 2 Observations:

Note up to 25% of respondents felt some skills weren't applicable to their work. Variance on identifying essential health services and in finding laws/regs for research, surveillance and evaluation. Training recommended to ensure competencies in both. Focus group noted training need for locating/using scientific evidence.

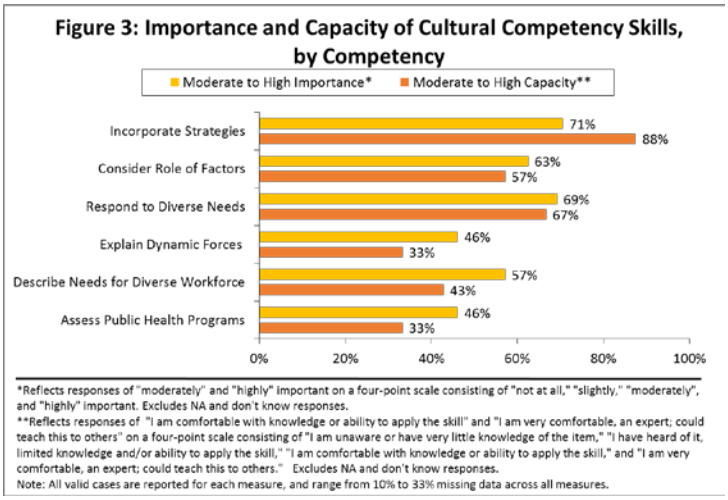


Figure 3 Observations:

Note up to 33% of respondents felt some skills weren't applicable to their work. Most skills ranked low with variance in capacity. Training should be considered to improve overall cultural competency skills, especially in considering impact on services, assessing programs and supporting diversity in the workforce.

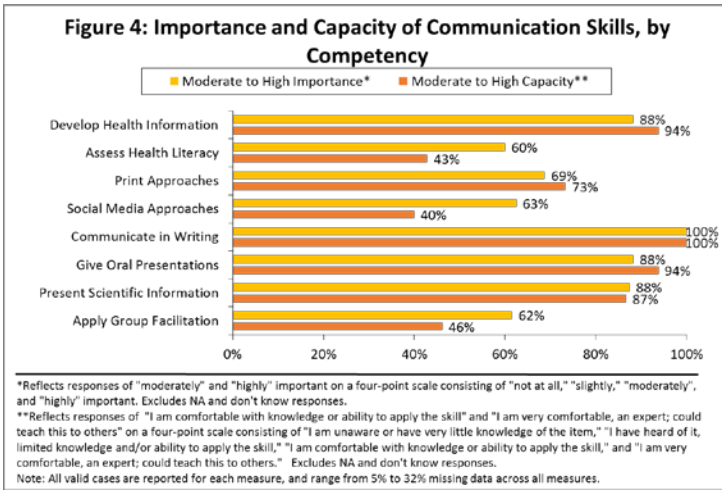


Figure 4 Observations:

Note up to 32% of respondents felt some skills weren't applicable to their work. Variance in utilizing social media and group facilitation skills. Low score also for assessing health literacy. Training should be considered to improve ability to assess health literacy and develop appropriate materials. Focus group also noted training for using social media, and presenting scientific information.

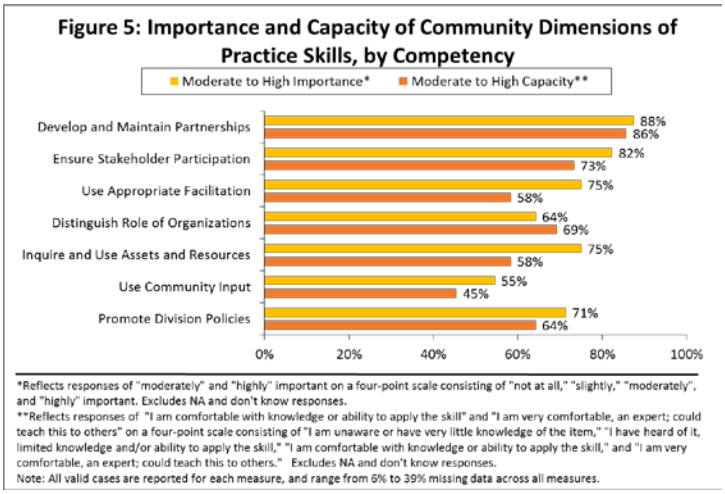
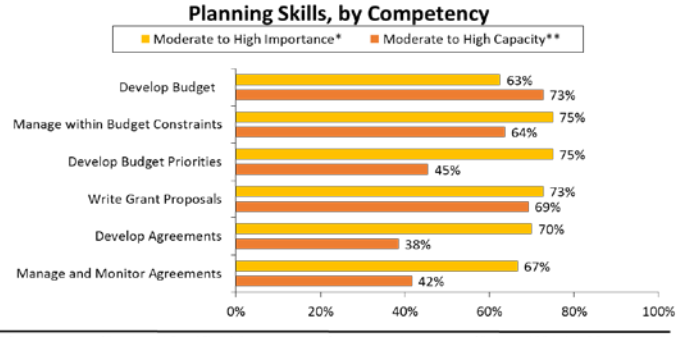


Figure 5 Observations:

Note up to 39% of respondents felt some skills weren't applicable to their work. Most skills scored only slightly important. Variance in using facilitation to gather community participation and to utilize input. Stakeholder participation should be valued and engaged and focus group noted training to ensure improvement.

Figure 6: Importance and Capacity of Financial Management and Planning Skills, by Competency

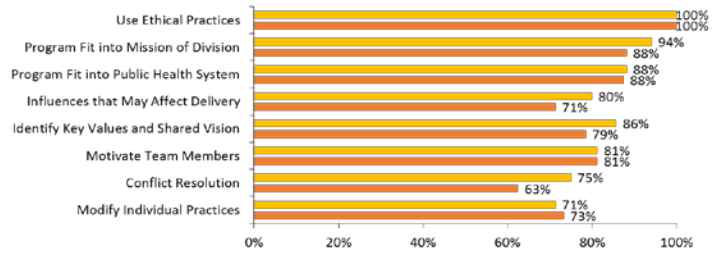


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 24% to 56% missing data across all measures.

Figure 6 Observations:

Note up to 56% of respondents felt some skills weren't applicable to their work. Most skills ranked only slightly important and with great variance. Standard competencies, such as managing the program's budget, and training to support these skills could be considered and were supported in focus group including grant writing skills.

Figure 7: Importance and Capacity of Leadership and Management Skills, by Competency

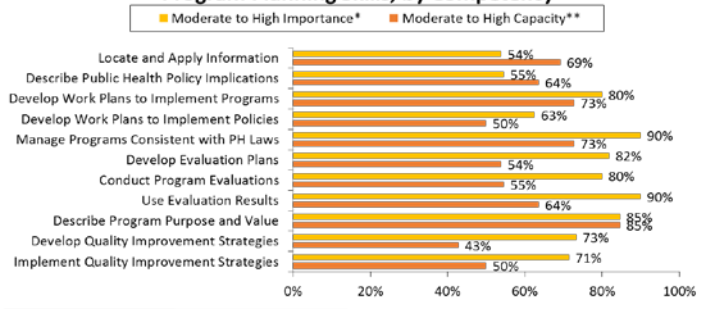


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 6% to 26% missing data across all measures.

Figure 7 Observations:

Note up to 26% of respondents felt some skills weren't applicable to their work. Little variance in skills identified except in conflict resolution. Training could be considered to support that, as well as how to modify individual practices with the changing environment as noted in the focus group.

Figure 8: Importance and Capacity of Policy Development and Program Planning Skills, by Competency

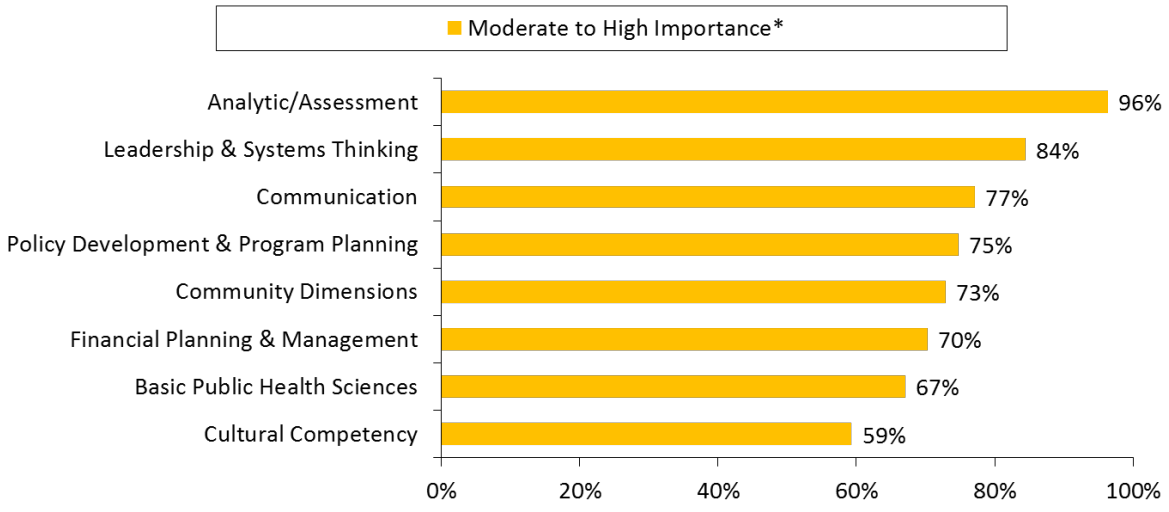


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 22% to 56% missing data across all measures.

Figure 8 Observations:

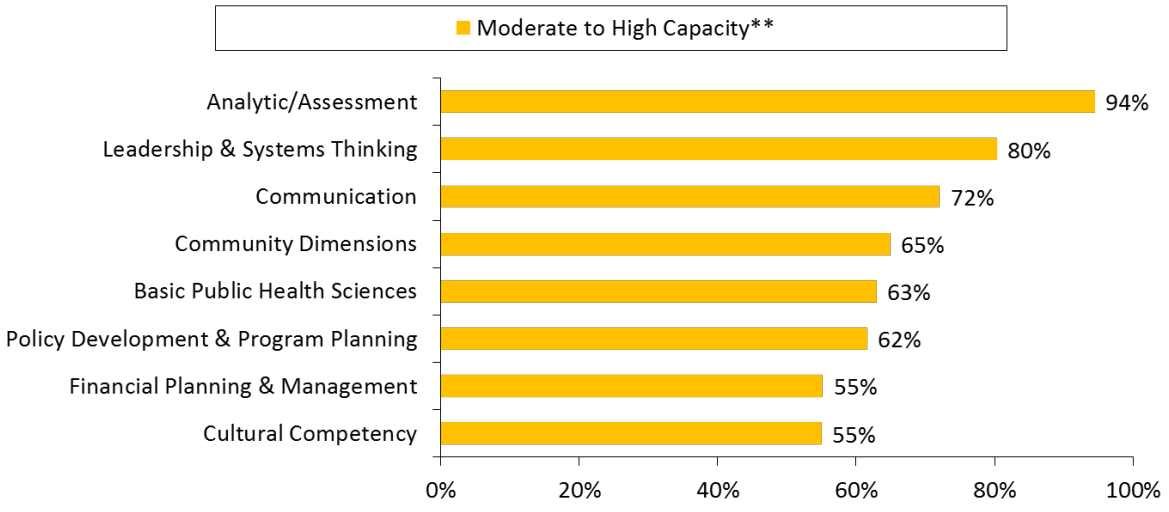
Note up to 56% of respondents felt some skills weren't applicable to their work. All skills ranked only slightly important with great variance in capacity. Training should be considered to support standard competency of program and policy development, evaluation and quality improvement strategies. Focus group supported training in these areas.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 56% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 56% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Assessing health status and utilizing information technology o Knowing the 10 essential health public health services and core functions o Knowing laws and regulations regarding research, evaluation and surveillance o Applying cultural competencies in public health programs and workforce o Assessing health literacy and developing appropriate materials o Applying current trends and skills in communication techniques o Engaging community partners and applying input to practice o Understanding and applying skills for financial planning, grant writing, budget management and program impact o Ensuring ability to address conflict, recognize changing environment and modify practices o Utilizing data and quality improvement strategies to ensure effectiveness and quality processes and services o Developing and evaluating programs and policies
FOCUS GROUP	Several skills were recognized as particularly important to consider for upcoming training: o Communication: assessing health literacy and developing appropriate information; using social media; presenting scientific information for variety of audiences; locate and use scientific data to address public health issues o Financial Planning and Management: manage programs within budget constraints; improve grant writing skills; modify individual practices with changing environment o Community Engagement: ensure productive stakeholder (internal and external) participation o Quality Improvement: develop and implement evaluation and strategies for quality improvement
OTHER OBSERVATIONS	o Attention to standard competencies of using data to develop services, respond to public health issues, inform the public, evaluate programs and develop/implement quality improvement approaches are strongly recommended o Note that up to 56% of respondents felt that many skills weren't even relevant to their work. Attention to broad awareness of public health competencies should be considered.

DHHS Division of Public Health – Vital Records Unit

From the Vital Records Unit, a total of 8 individuals responded to the Workforce Assessment Survey, and a total of 13 individuals (including Epidemiology & Informatics Unit) participated in the focus group.

This Unit report includes:

- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Analytical/Assessment: all skills in this area were ranked as not important as well as no reported capacity to perform. This suggests key training need to improve ability in relevant competency areas. Unit role requires certain skill capacity related to data use, storage, collection, dissemination, technology and ethics. Training is strongly encouraged. o Basic Public Health: all skills in this area were ranked as not important as well as no reported capacity to perform. This suggests key training need to improve recognition of basic public health purpose, core functions, essential services and to support collective unity as a public health workforce. Training is strongly encouraged. o Communication: all skills in this area were ranked as not important as well as no reported capacity to perform, except for communicating in writing and electronically. While not every skill is as relevant to this Unit, basic communication skills are. Training should be considered to support relevant fundamental public health skills. o Cultural Competency: almost all skills in this area were ranked as not important as well as no reported capacity to perform. Some recognition of slight importance for: incorporating strategies for interacting with people from diverse backgrounds; and considering the role of culture, social and behavioral factors in public health services. Cultural competency is relevant to all public health work and training to improve this capacity is encouraged. o Dimensions of Practice: all skills in this area were ranked as not important as well as no reported capacity to perform. Consideration of roles with community and stakeholders should be made and

	training initiated to support increased community input. o Financial Planning and Management: all skills in this area were ranked as not applicable/I don't know with no reported capacity to perform. While every skill for every employee may be less relevant, staff should have basic competencies related to financial planning, budget management and program impact, especially in light of succession planning. Training to support these skills could be considered. o Leadership and Systems Thinking: most skills in this area were ranked as not important with no reported capacity to perform except: motivating team, conflict resolution, ethical practices and modifying individual practices which ranked slightly important. A low rank on using ethical practices is of concern and training to improve capacity in this area is strongly recommended. Additional training to support staff in the collective unity of a public health workforce, understanding role, values, and the system at large is recommended. o Policy Development and Program Planning: all skills in this area were ranked as not important with no reported capacity to perform except: applying information/procedures relevant to policy, and describing policy implications, which ranked slightly important. Given role of Unit, training to support capacity in skills related to program and policy development, application, ethics, evaluation, quality improvement, etc are strongly recommended.
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Communication: assess health literacy, develop information at appropriate health literacy levels; use a variety of communication types including social media to disseminate health information; locate, use and present scientific evidence regarding health issues o Financial Planning and Management: manage programs in light of budget constraints; improve grant writing skills; modify individual practices with changing situations o Community Engagement: maintain productive partnerships with internal and external stakeholders and ensure key stakeholder participation o Quality Improvement: develop and implement evaluation and quality improvement strategies
OTHER OBSERVATIONS	o This data must be interpreted with the understanding that low participation rates (only 8 participants) cannot be generalized with reliability. Therefore no charts were provided as not to skew perception of results. However, the consistency of perceived importance and capacity across all dimensions suggests training needs. o As a Unit responsible for public health data, the ability to manage, collect, store and report data with ethics should be strong. Training to support public health workforce in this area is strongly recommended.

	o Although not every skill is applicable, every Unit has a role in the public health system. Basic public health skills and awareness of core public health functions can support collective unity as a public health system. Training to boost this could be considered. o The recognition of importance and capacity to apply cultural competencies should be a broad skill for all public health employees. Training to support understanding and ability to implement work with cultural context and sensitivity should be considered.

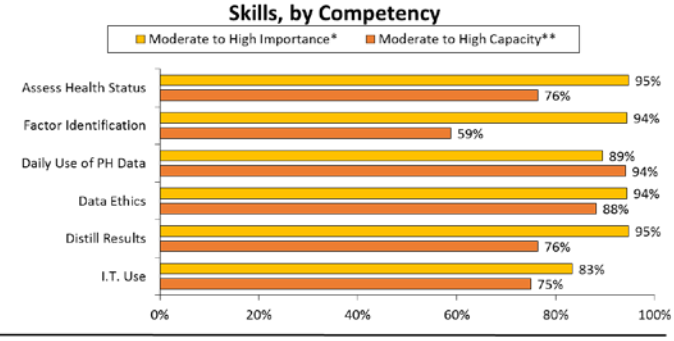
DHHS Division of Public Health – Health Promotion Unit

From the Health Promotion Unit, a total of 19 individuals responded to the Workforce Assessment Survey, and a total of 14 individuals participated in the focus group.

<u>This Unit report includes:</u>

- Figures (and Observation box summary) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who already indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

Figure 1: Importance and Capacity of Analytic and Assessment Skills, by Competency

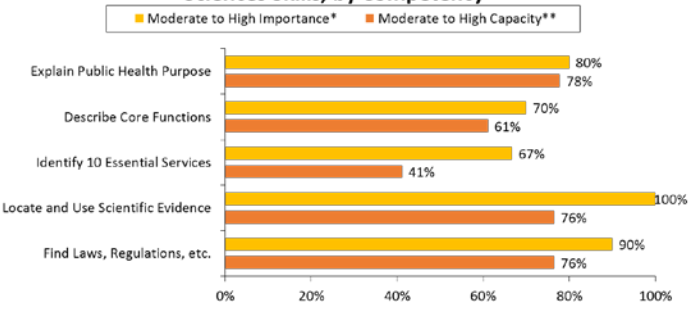


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 5% missing data across all measures.

Figure 1 Observations:

Note up to 5% of respondents felt some skills weren't applicable to their work. While this competency area ranked of high importance, some skill areas had variance in capacity. Training should be considered to boost ability to assess health status, measure health conditions, use data to develop programs and express data results to community. These skills are key to effective health promotion.

Figure 2: Importance and Capacity of Basic Public Health Sciences Skills, by Competency

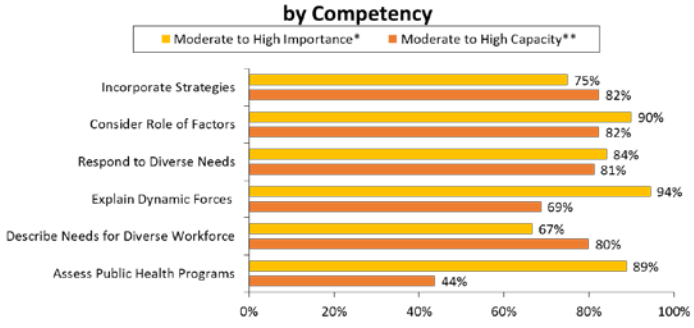


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 10% missing data across all measures.

Figure 2 Observations:

Note up to 10% of respondents felt some skills weren't applicable to their work. Basic public health skills should be standard to every public health employee. All staff should value and understand the public health core functions and essential services. Training to improve capacity across these skill areas is recommended.

Figure 3: Importance and Capacity of Cultural Competency Skills, by Competency

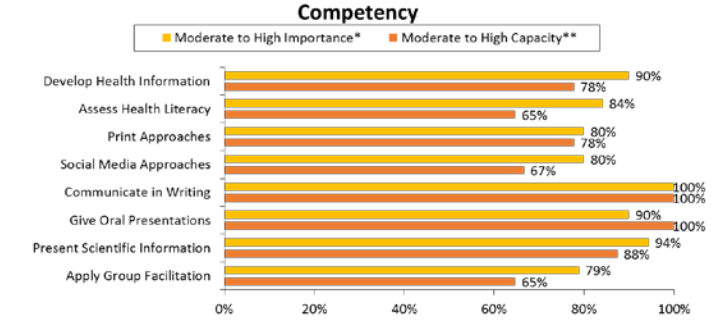


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 10% missing data across all measures.

Figure 3 Observations:

Note up to 10% of respondents felt some skills weren't applicable to their work. Although generally this competency scored well, the capacity to assess programs for cultural competence lacks confidence and should result in training to improve this skill area.

Figure 4: Importance and Capacity of Communication Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 10% missing data across all measures.

Figure 4 Observations:

Note up to 10% of respondents felt some skills weren't applicable to their work. Most skill areas scored well, with some variance in assessing health literacy, using facilitation skills to engage community and social media use. Training should be considered to ensure ability to assess and respond to health literacy; and to utilize a variety of communication approaches.

Figure 5: Importance and Capacity of Community Dimensions of Practice Skills, by Competency

*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 12% missing data across all measures.

Figure 5 Observations:

Note up to 12% of respondents felt some skills weren't applicable to their work. Most skill areas scored well with some variance in engaging community input and promoting programs to community. Training could be considered to ensure adequate capacity to understand public health system roles and how to engage community and stakeholders.

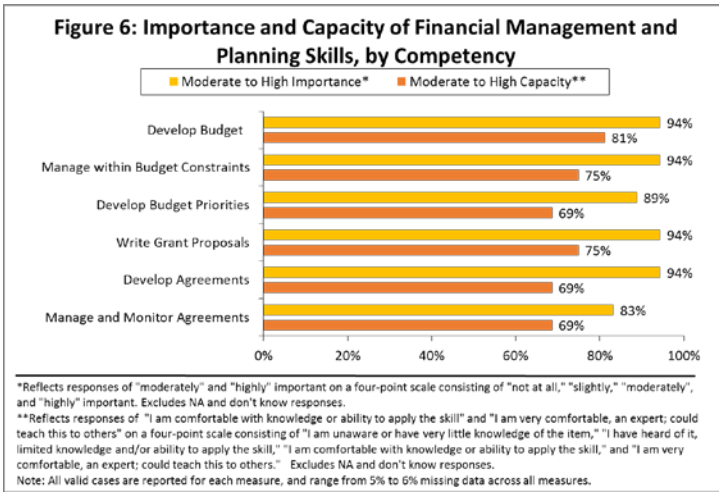


Figure 6 Observations:

Note up to 6% of respondents felt some skills weren't applicable to their work. Significant variance in every skill area between perceived importance and capacity. Training should be considered to ensure all staff competency in fiscal responsibility in every skill area.

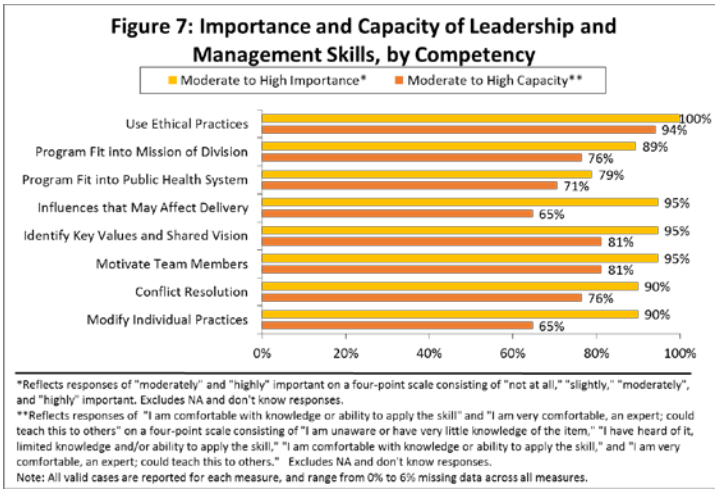


Figure 7 Observations:

Note up to 6% of respondents felt some skills weren't applicable to their work. Most skill areas scored high although variance significant for recognizing and reacting to influences that may impact services and system. Training could be considered to support ability to monitor and respond to system variables.

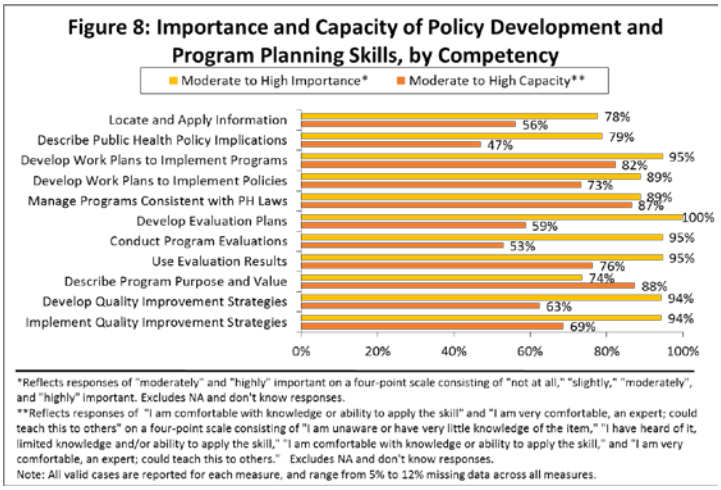
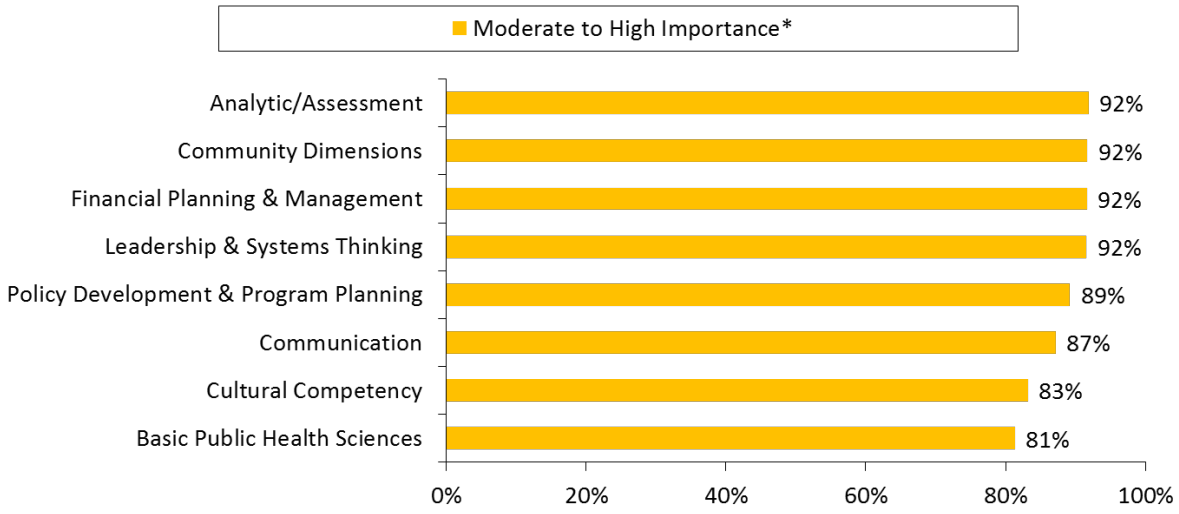


Figure 8 Observations:

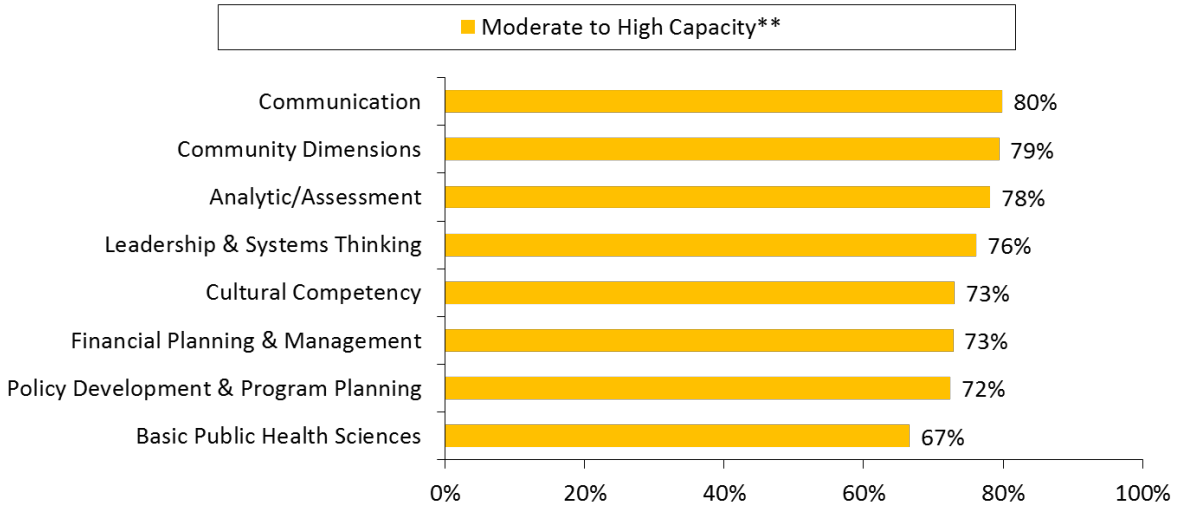
Note up to 12% of respondents felt some skills weren't applicable to their work. Most skill areas had significant variance between perceived importance and capacity. Training should occur to ensure ability to improve ability to develop and evaluate programs and policies as well as to utilize data and quality improvement strategies to ensure effectiveness and quality.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 12% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



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Note: All valid cases are reported for each measure, and range from 0% to 12% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Assessing health status, measure health conditions and distributing data, use to develop programs, communicate health data to community o Knowing the 10 essential public health services and core functions o Assessing health literacy and increase responsiveness o Applying and assessing cultural competence in programs o Engaging community partners and applying input to practice o Utilizing community engagement and awareness strategies such as communication and facilitation skills as well as social media use o Ensuring adequate capacity to understand public health system roles and engaging community and stakeholders o Understanding and applying skills for financial planning, grant writing, budget management and program impact o Utilizing data and quality improvement strategies to ensure effectiveness and quality processes and services
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Leadership and System Thinking: team motivation and conflict resolution; modifying practices with changing environment o Public Health Basics: understanding public health policy, basic core functions and essential services o Financial Planning and Management: developing and managing budgets, contracts and grants o Community Engagement: utilizing effective strategies and facilitation to engage community and stakeholders o Quality Improvement: developing and utilizing quality improvement strategies including program evaluation
OTHER OBSERVATIONS	o Expressed desire to ensure understanding of ACA impact o Expressed desire to ensure ability to utilize and educate partners about HIT

DHHS Division of Public Health – Investigations Unit

From the Investigations Unit, a total of 17 individuals responded to the Workforce Assessment Survey, and a total of 8 individuals (including Licensure Unit) participated in the focus group.

<u>This Unit report includes:</u>

- Figures (and Observation box summary) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who already indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

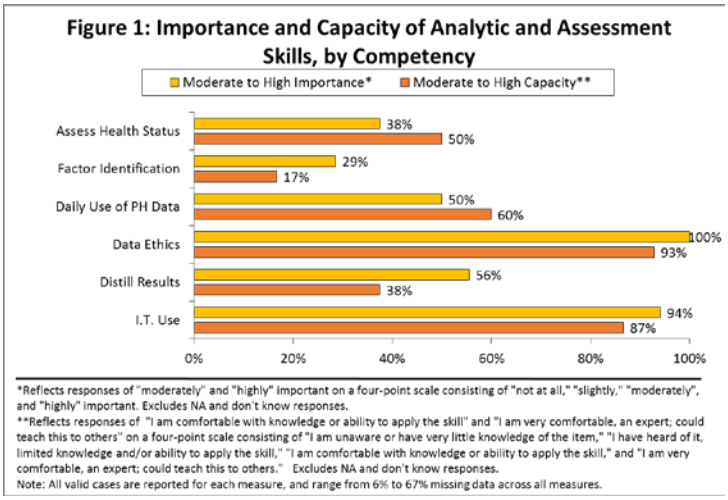


Figure 1 Observations:

Note up to 67% of respondents felt some skills weren't applicable to their work. Although some skills not as applicable to this Unit, recognition of skill to overall competency and public health field is encouraged. Focus group note for improving IT use to increase data competency was supported.

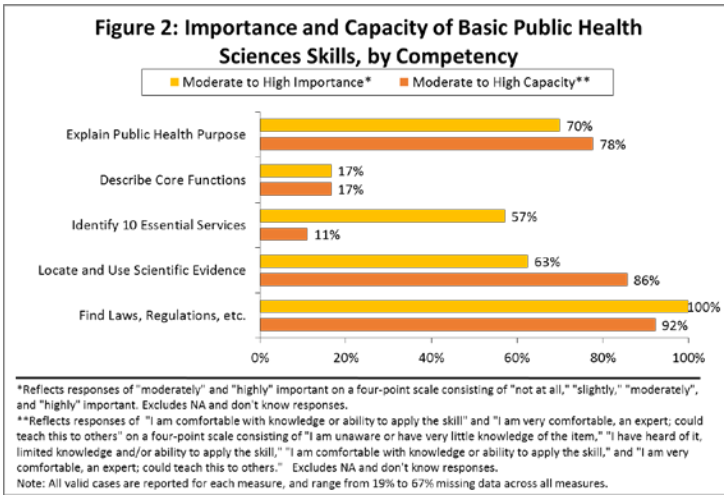


Figure 2 Observations:

Note up to 67% of respondents felt some skills weren't applicable to their work. Training to support knowing law/regs was supported in focus groups. Low report of core functions essential services as relevant, important or skilled is of concern. Training should be considered to improve and integrate the recognition and ability of this core service.

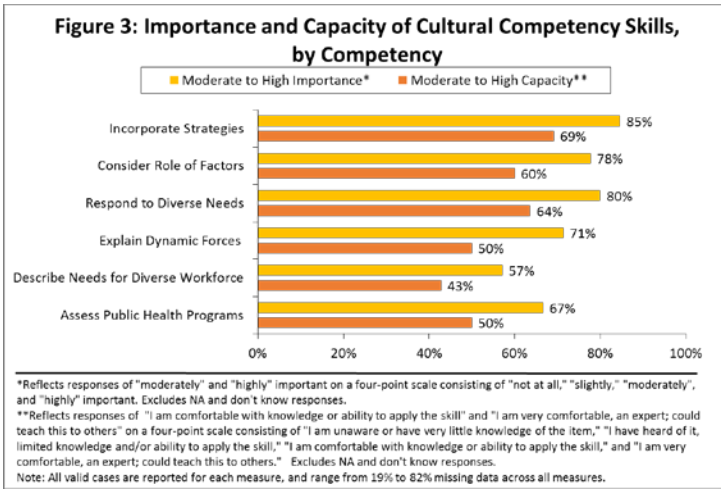


Figure 3 Observations:

Note up to 82% of respondents felt some skills weren't applicable to their work. Significant variance in every area between importance and capacity. Cultural competency on whole should be considered important, and training to increase an understanding of why and how to interact with diversity, consider in our work and respond to needs should be a priority, as was also supported in the focus group.

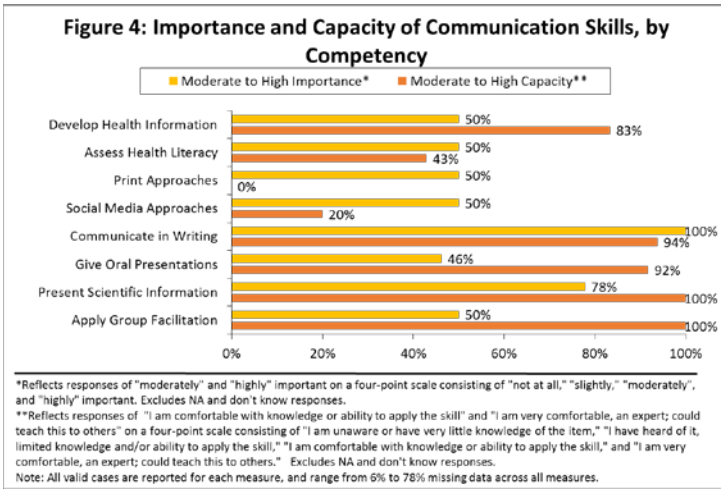


Figure 4 Observations:

Note up to 78% of respondents felt some skills weren't applicable to their work. Training could be considered to support communication types such as written, oral, electronic and presenting information.

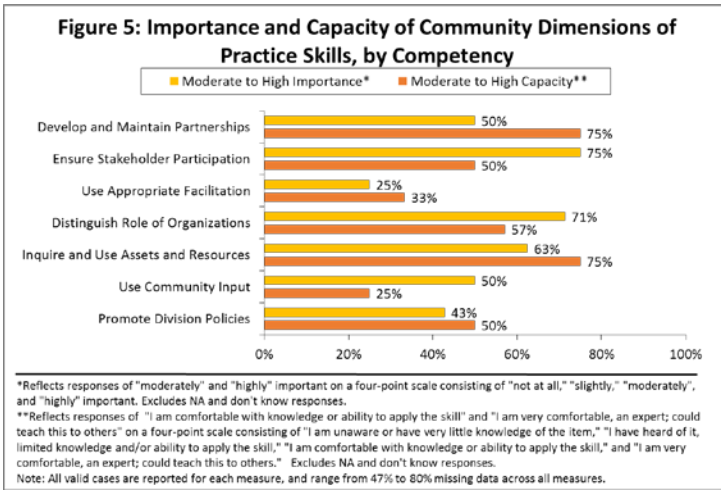


Figure 5 Observations:

Note up to 80% of respondents felt some skills weren't applicable to their work. Given the nature of this Unit, training should be considered to improve how to establish, utilize and maintain relationship and gain input from stakeholders and the community, as also recognized in the focus group.

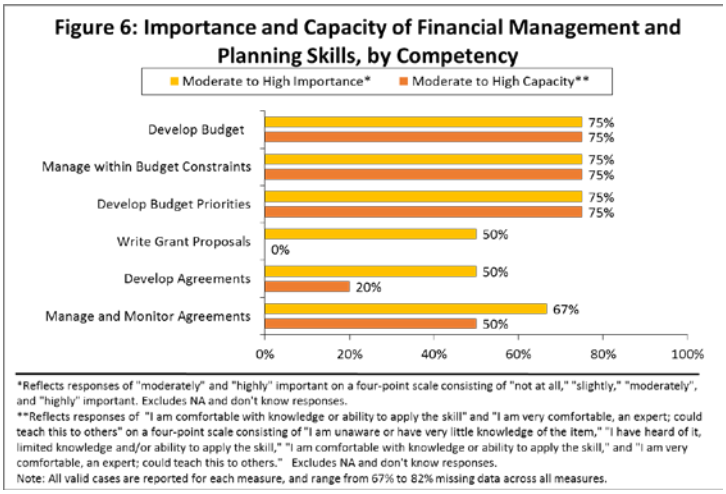


Figure 6 Observations:

Note up to 82% of respondents felt some skills weren't applicable to their work. Although some skills aren't, standard competencies, such as managing the program's budget, and training to support these skills could be considered.

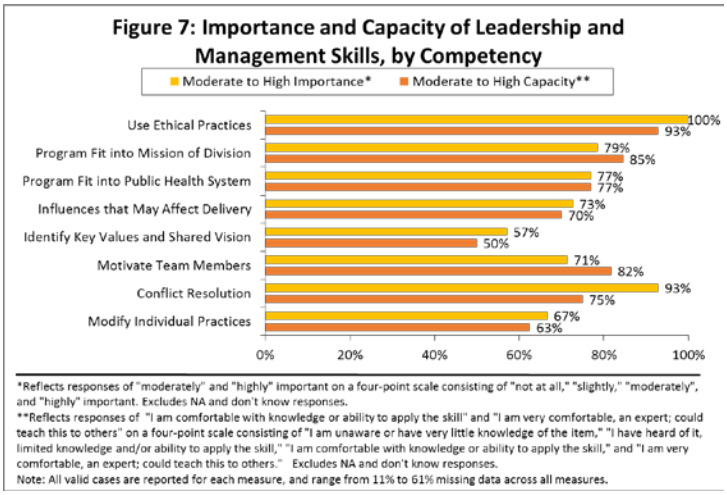


Figure 7 Observations:

Note up to 61% of respondents felt some skills weren't applicable to their work. The focus group identified training towards resolving conflict (variance) and increasing awareness of how influences impact service delivery. Recognition of Unit's key values/vision with community input should be considered.

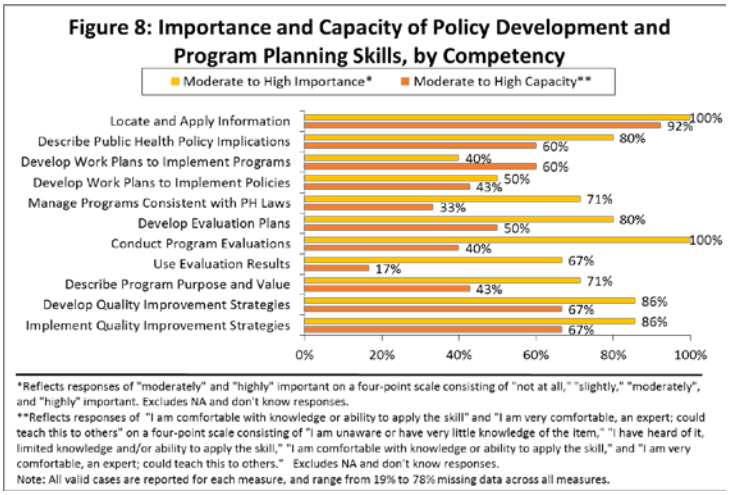
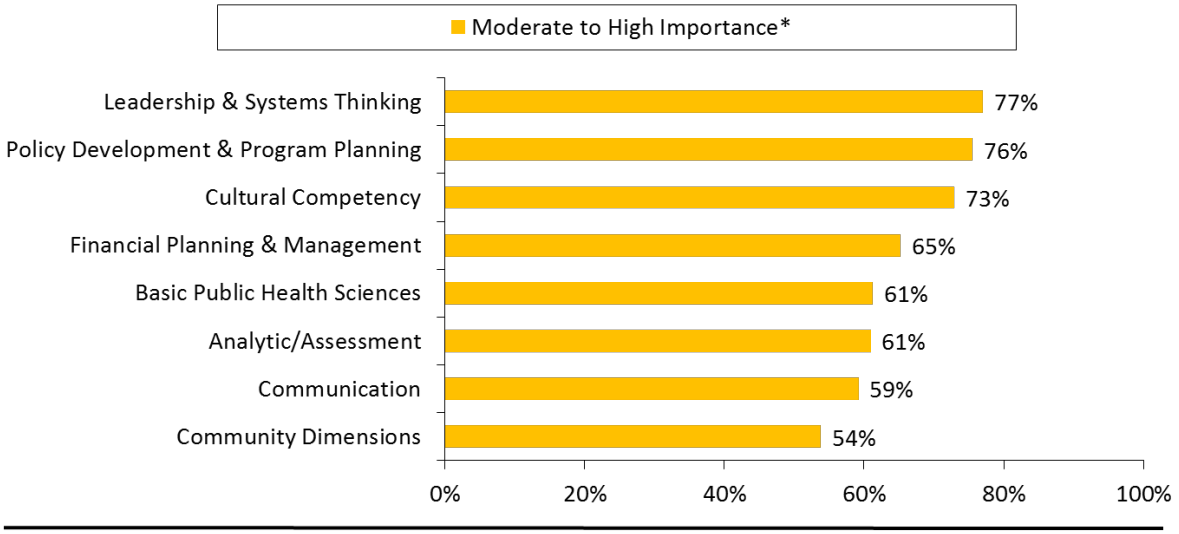


Figure 8 Observations:

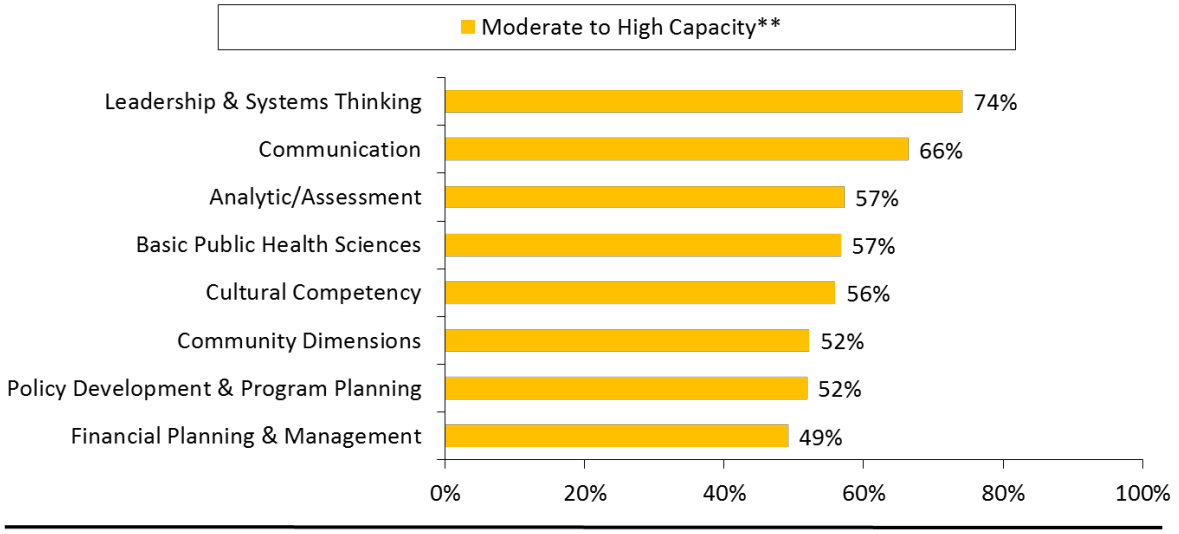
Note up to 78% of respondents felt some skills weren't applicable to their work. In fact very few ranked, and there is great variance on several skills perceived importance to capacity. Basic competencies in program and policy development should be held by all and training to improve ability to develop and utilize quality improvement strategies is strongly encouraged.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 6% to 82% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 6% to 82% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Supporting capacity to utilize technology and data ensuring ability to maintain ethics and distill results o Knowing the 10 essential public health services and core functions o Understanding cultural competency, recognizing importance and applying factors in Unit performance o Applying communication techniques to Unit work and improving recognition of importance for target audience, including engaging stakeholders and promoting policy development and use o Understanding and applying skills for financial planning, budget management and program impact o Unifying identify as public health system, awareness of service delivery impact, teamwork and resolving conflict (internally and externally) o Utilizing data and quality improvement strategies to ensure effectiveness and quality processes and services o Developing, implementing and evaluating policies and programs
FOCUS GROUP	Several skills were recognized as particularly important to consider for upcoming training: o Information Technology: utilizing IT to collect, store, document and retrieve and report data o Cultural Competency: improving awareness and consideration of diversity o Community Engagement: improving awareness of influences, gaining input from stakeholders and maintain relationships o Public Health Policy: knowing and accessing laws, regulations, policies o Quality Improvement: developing and monitoring program plans and policies; utilize evaluation and quality improvement strategies o Leadership and Management: ability to resolve conflict with public and interoffice; requested training towards job-specific and organization skills
OTHER OBSERVATIONS	o Basic public health skills such as awareness of core public health functions and the ten essential services should be recognized as important to all public health workers and training to support these is strongly recommended. All Units should be able to describe how their work contributes to the public health system on whole, thus training to support that could be considered. o Cultural competency should be considered important, and training to increase an understanding of why and how to interact with diversity, consider in our work and respond to needs should be a priority, as was also supported in the focus group. o Most respondents didn't recognize community dimensions of practice skills including stakeholder relationships and input as important. Basic understanding of values, roles, partnerships, transparency and community participation should be improved.

DHHS Division of Public Health – Licensure Unit

From the Licensure Unit, a total of 61 individuals responded to the Workforce Assessment Survey, and a total of 8 individuals (including Investigations Unit) participated in the focus group.

This Unit report includes:

- Figures (and Observation box summaries) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

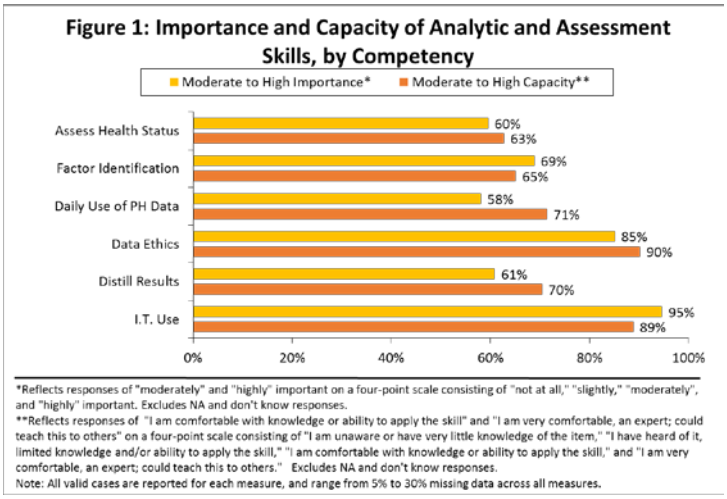


Figure 1 Observations:

Note up to 30% of respondents felt some skills weren't applicable to their work. Little variance in skill responses except in IT use, which the focus group also identified as a training need.

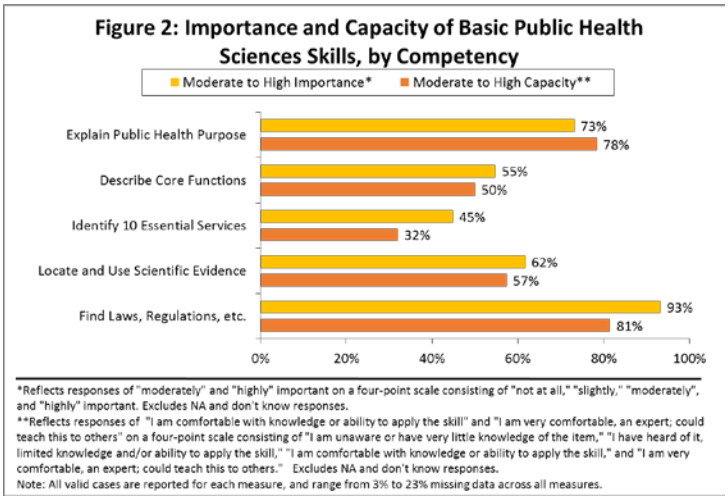


Figure 2 Observations:

Note up to 23% of respondents felt some skills weren't applicable to their work. Low rank for public health core functions and essential services may suggest training opportunity to support collective identify and knowledge of fundamental public health. Focus group also identified training to support capacity with law and regulations.

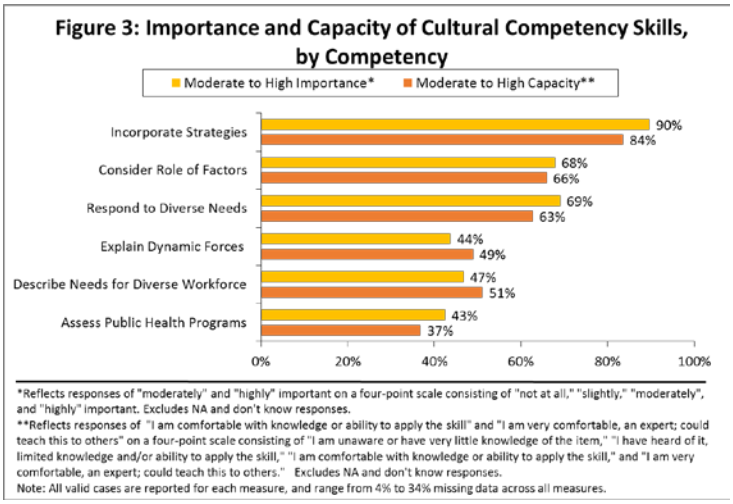


Figure 3 Observations:

Note up to 34% of respondents felt some skills weren't applicable to their work. Low rank of importance and capacity in most skill areas suggests opportunity for improvement. Focus group indicated request for training to support use of strategies for interacting with people of diverse backgrounds.

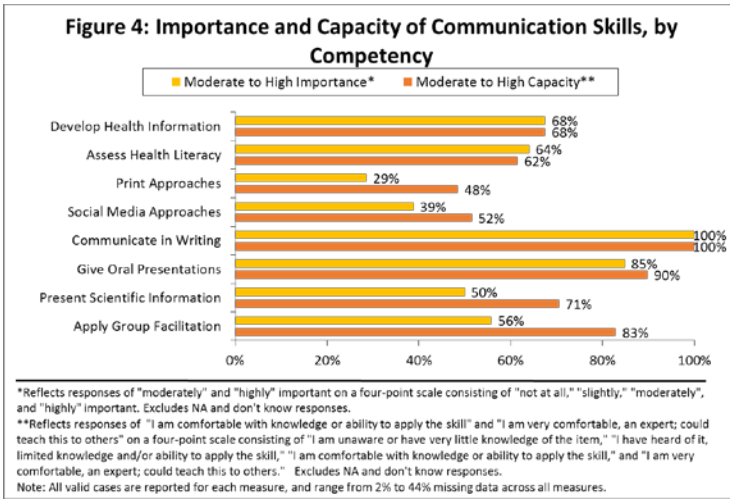


Figure 4 Observations:

Note up to 44% of respondents felt some skills weren't applicable to their work. In several skills, importance was ranked lower than capacity. Opportunity for improvement in use of print communication. Consideration for training to support overall capacity of communication is encouraged.

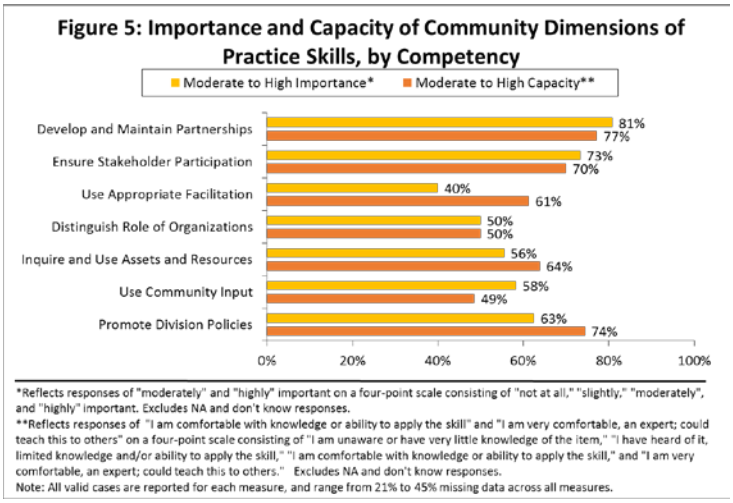
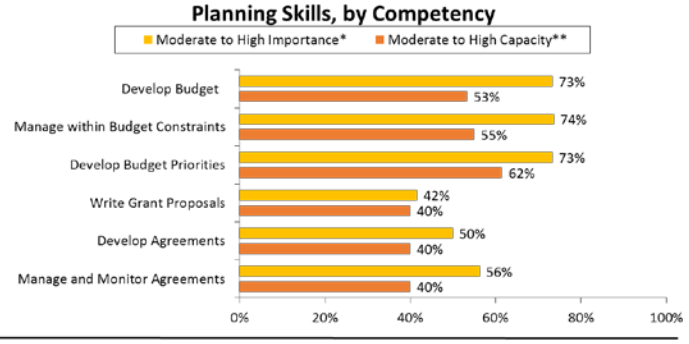


Figure 5 Observations:

Note up to 45% of respondents felt some skills weren't applicable to their work. Overall scores reflect slight value and capacity in general of community engagement. May consider training to support partnership relationships and engagement, as well as community participation and input; also identified by focus groups.

Figure 6: Importance and Capacity of Financial Management and Planning Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 63% to 81% missing data across all measures.

Figure 6 Observations:

Note up to 81% of respondents felt some skills weren't applicable to their work. While some skills aren't as relevant, training should be considered to support basic financial management competencies to ensure broad capacity and succession planning. Variance in several relevant skill areas should be noted and considered for training support as well.

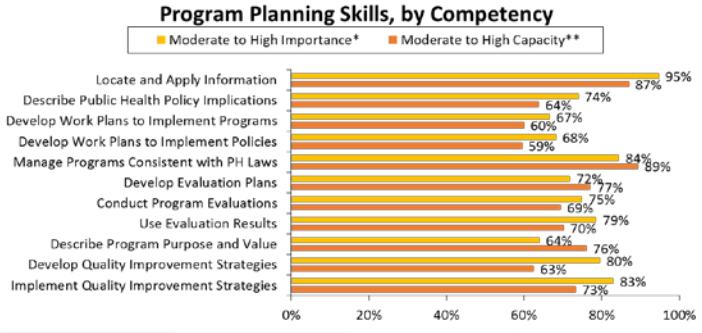
Figure 7: Importance and Capacity of Leadership and Management Skills, by Competency

*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 2% to 37% missing data across all measures.

Figure 7 Observations:

Note up to 37% of respondents felt some skills weren't applicable to their work. Some variance in a few skills such as conflict resolution, identifying key values and recognizing influences that impact services. Focus group noted desire for training to support these skills.

Figure 8: Importance and Capacity of Policy Development and Program Planning Skills, by Competency

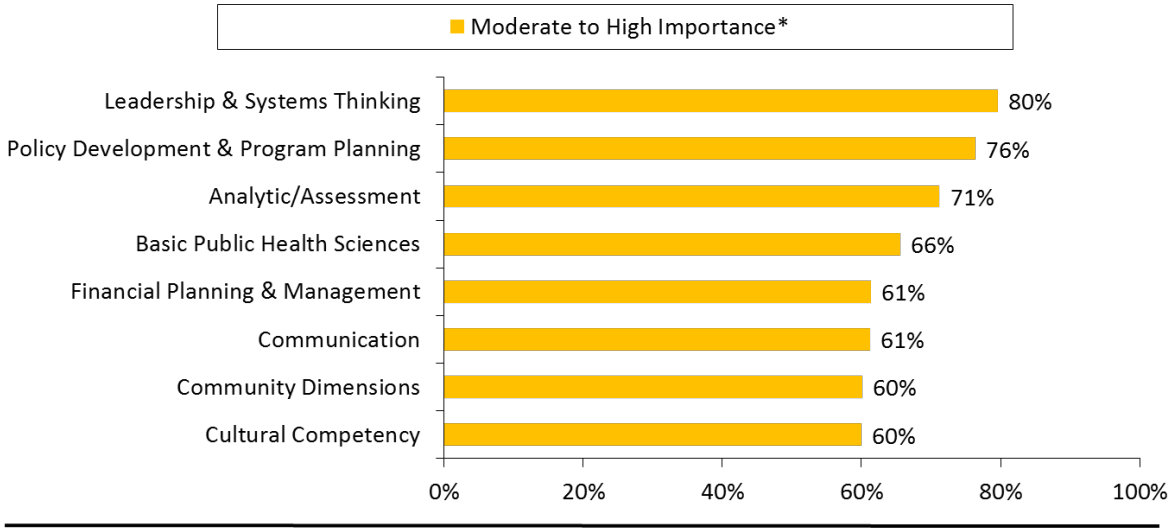


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 5% to 37% missing data across all measures.

Figure 8 Observations:

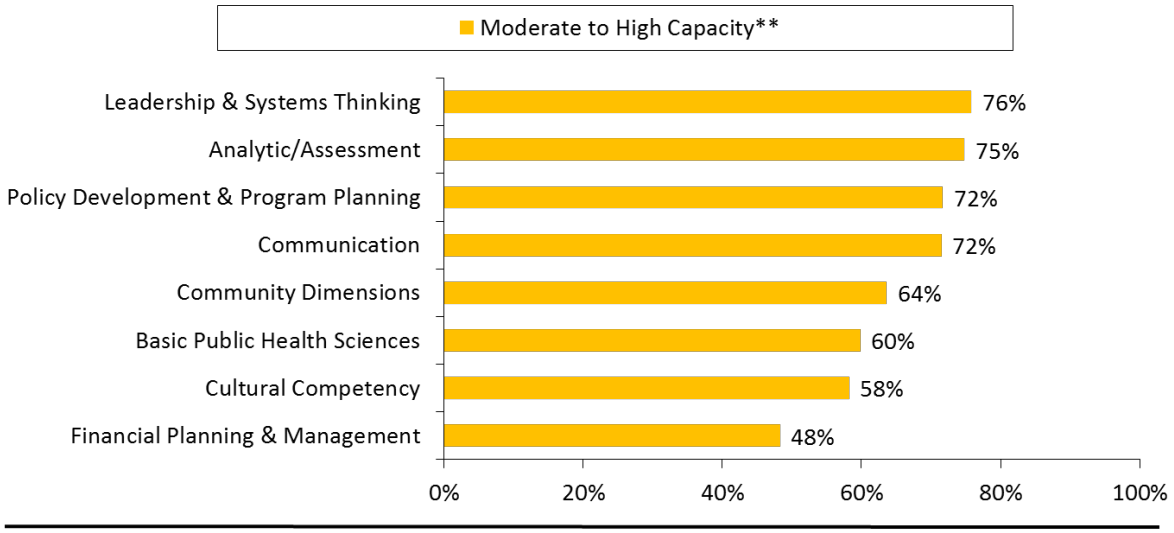
Note up to 37% of respondents felt some skills weren't applicable to their work. Variance in several skill areas suggests training to support capacity to utilize data, conduct evaluations, develop programs and policies and implement quality improvement strategies would be appropriate. Focus group noted such as well.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 2% to 81% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 2% to 81% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Using technology and ethics with data o Unifying identity as public health system, teamwork and flexibility including conflict resolution o Knowing laws and regulations, including regarding evaluation o Knowing the 10 essential public health services and core functions o Knowing key values and influences that may impact services o Engaging community partners and applying input to practice o Applying communication techniques to support internal work as well as to engage stakeholders and gather community input o Developing and evaluating programs and policies o Utilizing data and quality improvement strategies to ensure effectiveness and quality processes and services o Understanding and applying skills of financial planning, budget management especially to support succession planning o Applying cultural competencies in working with people of diverse backgrounds as well as applying to service delivery processes
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Leadership and Management: conflict resolution o Community Engagement: aware of influences that impact services; maintain community relationships, engage stakeholders and gather community input o Cultural Competency: awareness of diverse backgrounds o Information Technology: using IT to collect, store and retrieve data o Public Health Policy: knowing how to access statutes, laws, regulations, including use for evaluation, research, etc. o Quality Improvement: developing plans for programs and policies
OTHER OBSERVATIONS	o Although some skills aren't applicable or as relevant for some staff, training to establish minimum competency standards is recommended and especially in light of succession planning efforts. o Basic public health skills such as awareness of core public health functions and essential services can improve collective identity as the state public health workforce and training opportunities to support this should be considered.

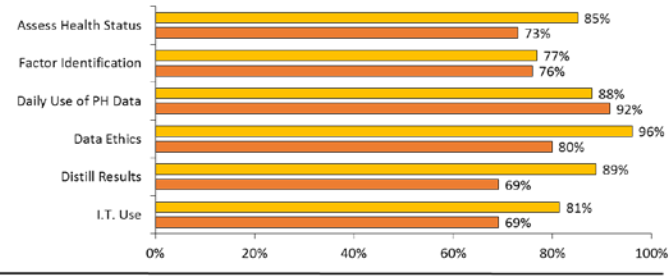
DHHS Division of Public Health – Lifespan Health Unit

From the Lifespan Health Unit, a total of 28 individuals responded to the Workforce Assessment Survey, and a total of 12 individuals participated in the focus group.

<u>This Unit report includes:</u>

- Figures (and Observation box summary) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who already indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

Figure 1: Importance and Capacity of Analytic and Assessment Skills, by Competency

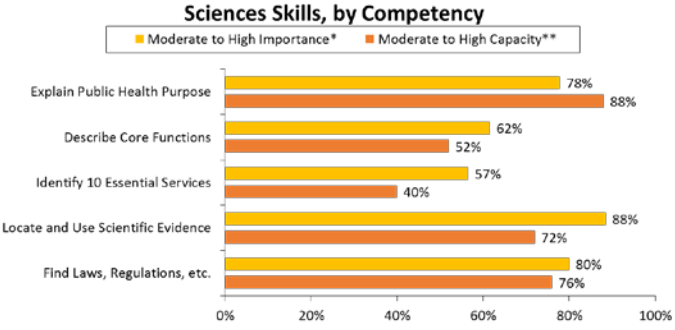


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 11% missing data across all measures.

Figure 1 Observations:

Note up to 11% of respondents felt some skills weren't applicable to their work. Some variance between importance and capacity for assessing health status, data ethics, IT use and distribute data results. Training could be considered to improve ability to implement competency domain overall.

Figure 2: Importance and Capacity of Basic Public Health Sciences Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 18% missing data across all measures.

Figure 2 Observations:

Note up to 18% of respondents felt some skills weren't applicable to their work. Importance and capacity to recognize basic public health core functions and essential services low and should be improved. All public health workers should identify core fundamentals of public health system.

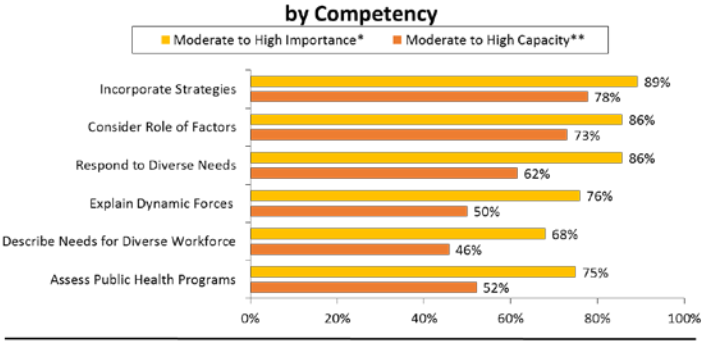


Figure 3: Importance and Capacity of Cultural Competency Skills, by Competency

*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 14% missing data across all measures.

Figure 3 Observations:

Note up to 14% of respondents felt some skills weren't applicable to their work. Every skill area shows variance between perceived importance and capacity. The ability to apply and assess cultural competency in services and programs is an identified area of training need, as well as supporting the diversity of the public health workforce.

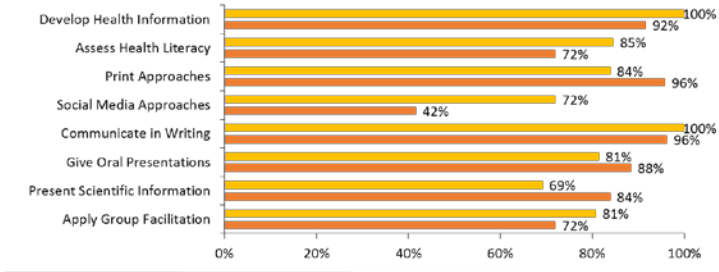


Figure 4: Importance and Capacity of Communication Skills, by Competency

*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 11% missing data across all measures.

Figure 4 Observations:

Note up to 11% of respondents felt some skills weren't applicable to their work. Overall communication skills identified as important although lower scores for social media use. Could consider training to support use of multi-dimensional communication approaches in current health literacy environment.

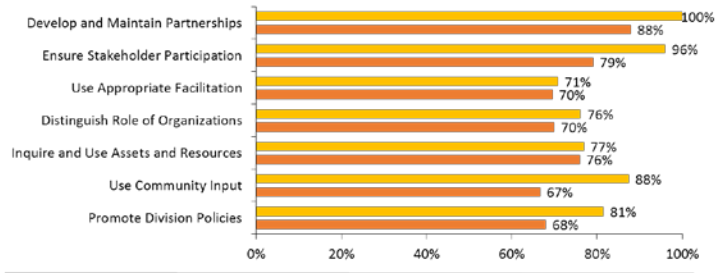


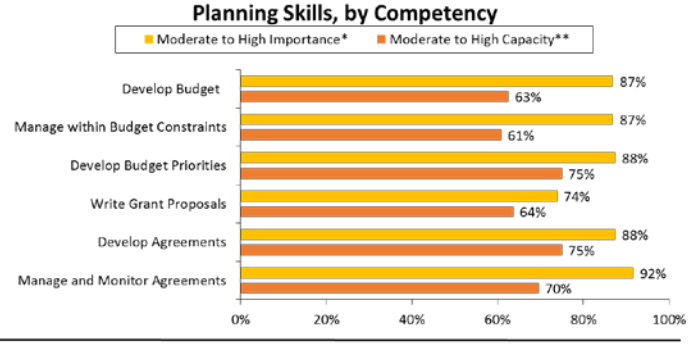
Figure 5: Importance and Capacity of Community Dimensions of Practice Skills, by Competency

*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 4% to 25% missing data across all measures.

Figure 5 Observations:

Note up to 25% of respondents felt some skills weren't applicable to their work. Skills related to identifying and engaging community partners scored lower in capacity and training should be considered to improve ability to retrieve and utilize stakeholder participation in the development of public health policies, programs and services.

Figure 6: Importance and Capacity of Financial Management and Planning Skills, by Competency

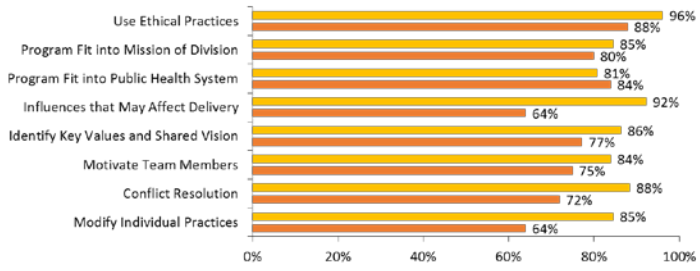


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 11% to 18% missing data across all measures.

Figure 6 Observations:

Note up to 18% of respondents felt some skills weren't applicable to their work. Significant variance in almost every skill area between importance and capacity. Training should be considered to support ability for all staff to develop and manage budgets and contracts as well as write grants.

Figure 7: Importance and Capacity of Leadership and Management Skills, by Competency

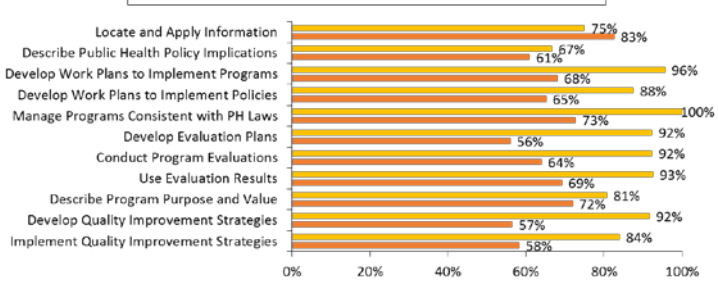


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 21% missing data across all measures.

Figure 7 Observations:

Note up to 21% of respondents felt some skills weren't applicable to their work. Variance in the awareness of influences that affect service delivery and how to modify practices as a result. Training should be considered to boost the ability to identify and respond to system impact. Training could be considered to support team motivation and conflict resolution.

Figure 8: Importance and Capacity of Policy Development and Program Planning Skills, by Competency

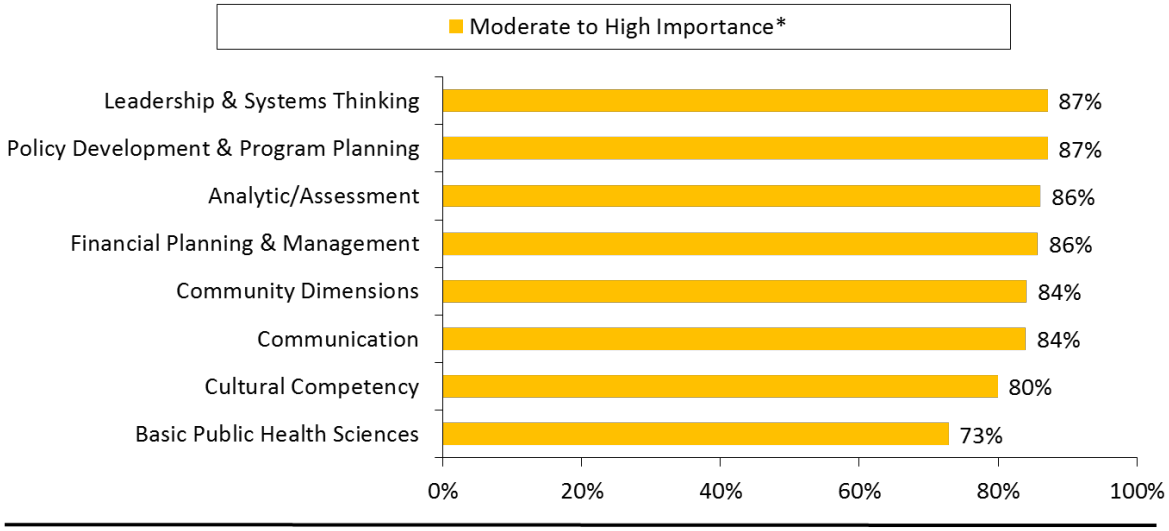


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 18% missing data across all measures.

Figure 8 Observations:

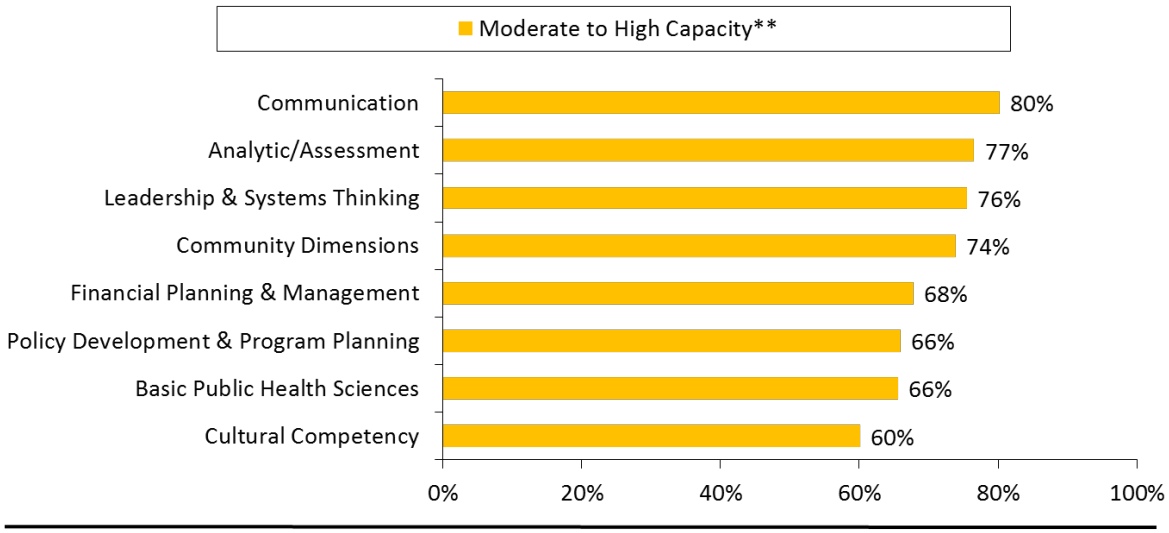
Note up to 18% of respondents felt some skills weren't applicable to their work. While most skills were valued as important, considerable variance in capacity suggests key training needs. Unit should utilize training opportunities to strengthen ability to comply with law and regulations, develop adequate plans and policies, and utilize evaluation and quality improvement strategies to ensure effective and efficient services.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 25% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 25% missing data across all measures.

After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following could be considered: o Using technology, ethics with data, use and distribute data o Applying and assessing cultural competencies in programs, and supporting diversity in the workforce o Knowing the 10 essential public health services and core functions o Applying current trends and skills in communication techniques o Engaging community partners and applying input to practice o Understanding and applying skills for financial planning, grant writing, budget management and program impact o Identifying influences to public health system and responding to impact o Supporting team unity, motivation and conflict resolution o Ensuring compliance to state and federal law and regulations o Utilizing data and quality improvement strategies to ensure effectiveness and quality processes and services
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Community Engagement: utilize facilitation techniques to encourage community involvement and to ensure ability to acquire stakeholder input to identify key values and vision as well as develop programs and policies o Communication: improve skills in written, oral and social media o Quality Improvement: develop and implement continuous quality improvement strategies including using evaluation and data o Financial Planning and Management: manage programs within budget constraints; improve grant writing skills o Basic Public Health Knowledge: identify essential health functions o Cultural Competency: ability to assess programs for cultural competence
OTHER OBSERVATIONS	o Awareness of basic public health fundamentals should be standard to every public health employee o Every staff holds responsibility for financial efficacy and should be aware and able to perform fiscal responsibility

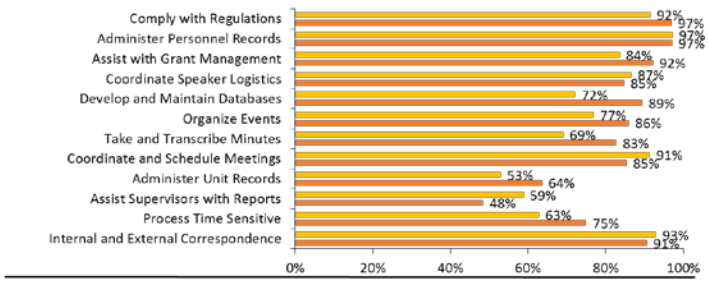
DHHS Division of Public Health – Administrative Support Staff

From the Administrative Support Staff, a total of 75 individuals responded to the Workforce Assessment Survey, and a total of 14 individuals participated in the focus group.

<u>This Unit report includes:</u>

- Figures (and Observation box summaries) depicting the survey results for defined competency area and the reported perception of importance and perception of capacity to perform that competency area. The bars reflect only the opinion of survey respondents who indicated the skill area was indeed applicable to their work. (Survey respondent data from persons who said the skill area was not applicable/didn't know was not included.)
- Focus group summary indicating recommendations towards areas of interest and/or need for further training.
- Summary of quantitative and qualitative data with recommendations for training to support the state public health department workforce development.

Figure 1: Importance and Capacity of Provision of Assistance and Support Skills, by Competency

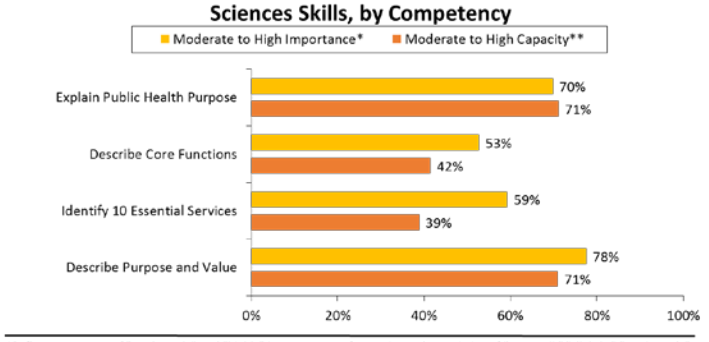


*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 58% missing data across all measures.

Figure 1 Observations:

Note up to 58% of respondents felt some skills weren't applicable to their work. Variance in some areas and opportunities to support staff with developing reports, taking minutes, administering records and more. Although use of some skills may vary, all staff should maintain capacity to perform. Training should be considered to ensure all staff capacity of standard competencies.

Figure 2: Importance and Capacity of Basic Public Health Sciences Skills, by Competency



*Reflects responses of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 6% to 24% missing data across all measures.

Figure 2 Observations:

Note up to 24% of respondents felt some skills weren't applicable to their work. Low response and reported capacity in these skills (especially core functions and essential services) suggests training opportunities to boost public health workforce support and collective identity, as also noted by focus group.

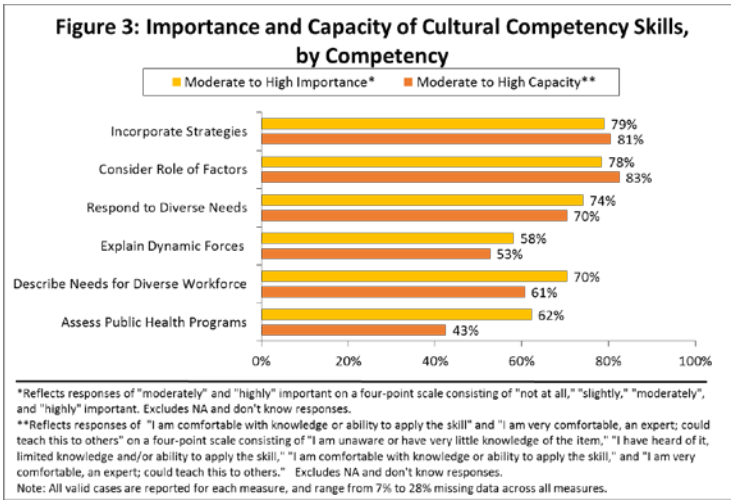


Figure 3 Observations:

Note up to 28% of respondents felt some skills weren't applicable to their work. Variance in assessing health programs between importance and capacity may reflect actual functional workload but training to support cultural competency overall could be considered.

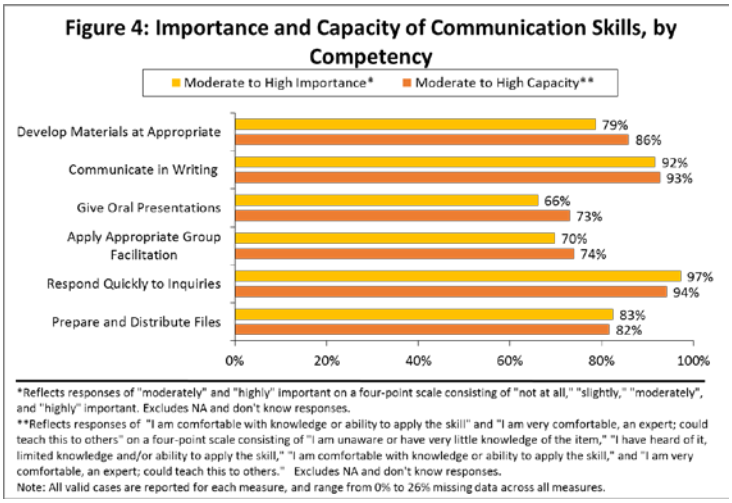


Figure 4 Observations:

Note up to 26% of respondents felt some skills weren't applicable to their work. Consistent responses in perceived importance and capacity.

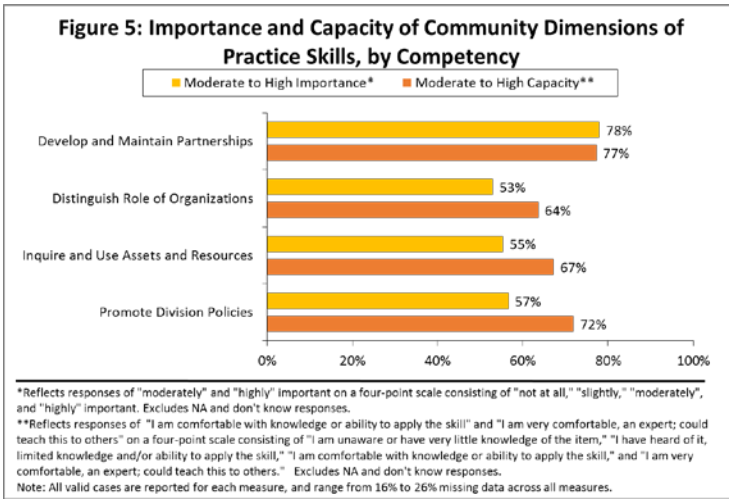
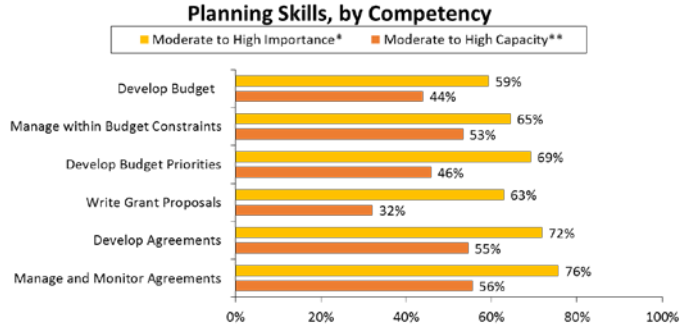


Figure 5 Observations:

Note up to 26% of respondents felt some skills weren't applicable to their work. Most skill areas ranked lower in importance although capacity was slightly higher. Suggests training opportunity to improve understanding of agency role, using resources and promoting policies.

Figure 6: Importance and Capacity of Financial Management and Planning Skills, by Competency



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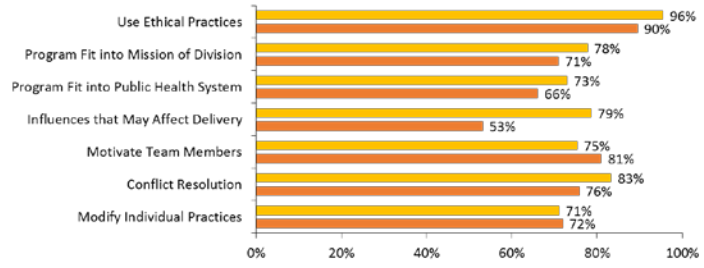
**Reflects responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 45% to 64% missing data across all measures.

Figure 6 Observations:

Note up to 64% of respondents felt some skills weren't applicable to their work. Significant variation on all skills. Although some skills may not be as relevant for every employee, general financial management, budgeting and contract development should be considered basic competencies. Training is strongly recommended to support these basic functions for staff.

Figure 7: Importance and Capacity of Leadership and Management Skills, by Competency



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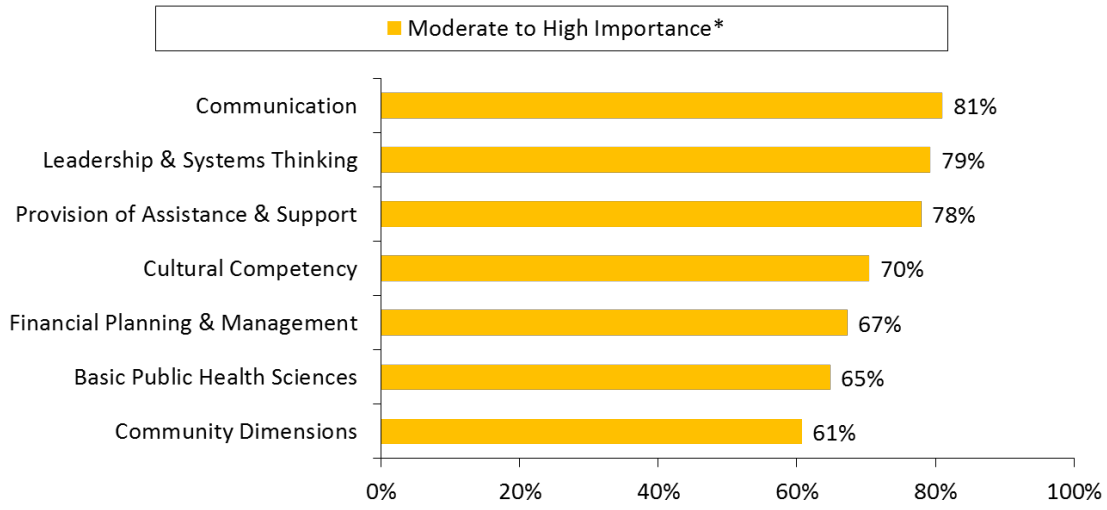
Note: All valid cases are reported for each measure, and range from 3% to 27% missing data across all measures.

Figure 7 Observations:

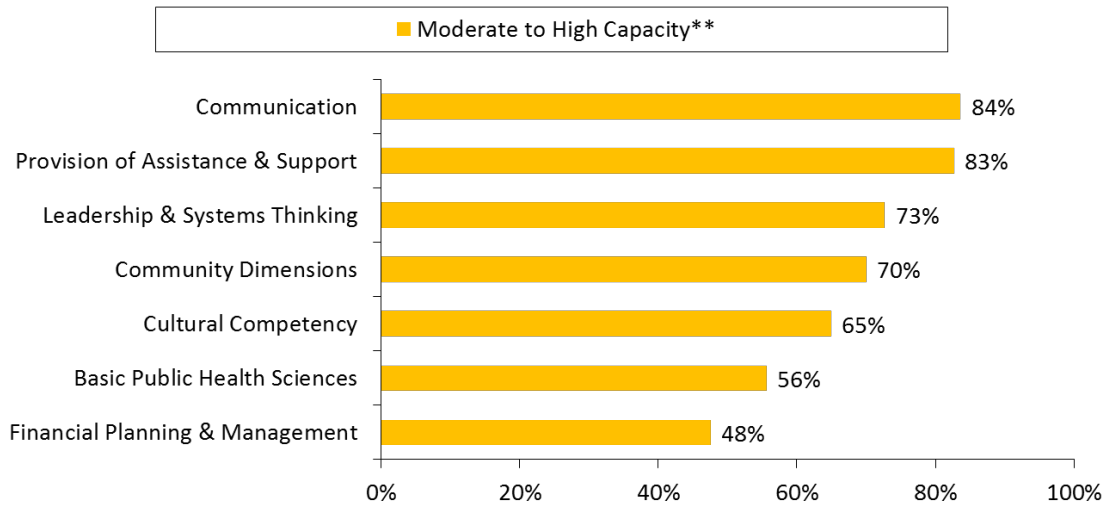
Note up to 27% of respondents felt some skills weren't applicable to their work. Significant variance on recognizing influences that impact services.

Figure 9: Overall Perceived Importance of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 64% missing data across all measures.

Figure 10: Overall Perceived Capacity of Competency Domains



*Reflects summary responses from competencies included in the overall domain of "moderately" and "highly" important on a four-point scale consisting of "not at all," "slightly," "moderately", and "highly" important. Excludes NA and don't know responses.
**Reflects summary responses from competencies included in the overall domain responses of "I am comfortable with knowledge or ability to apply the skill" and "I am very comfortable, an expert; could teach this to others" on a four-point scale consisting of "I am unaware or have very little knowledge of the item," "I have heard of it, limited knowledge and/or ability to apply the skill," "I am comfortable with knowledge or ability to apply the skill," and "I am very comfortable, an expert; could teach this to others." Excludes NA and don't know responses.
Note: All valid cases are reported for each measure, and range from 0% to 64% missing data across all measures.

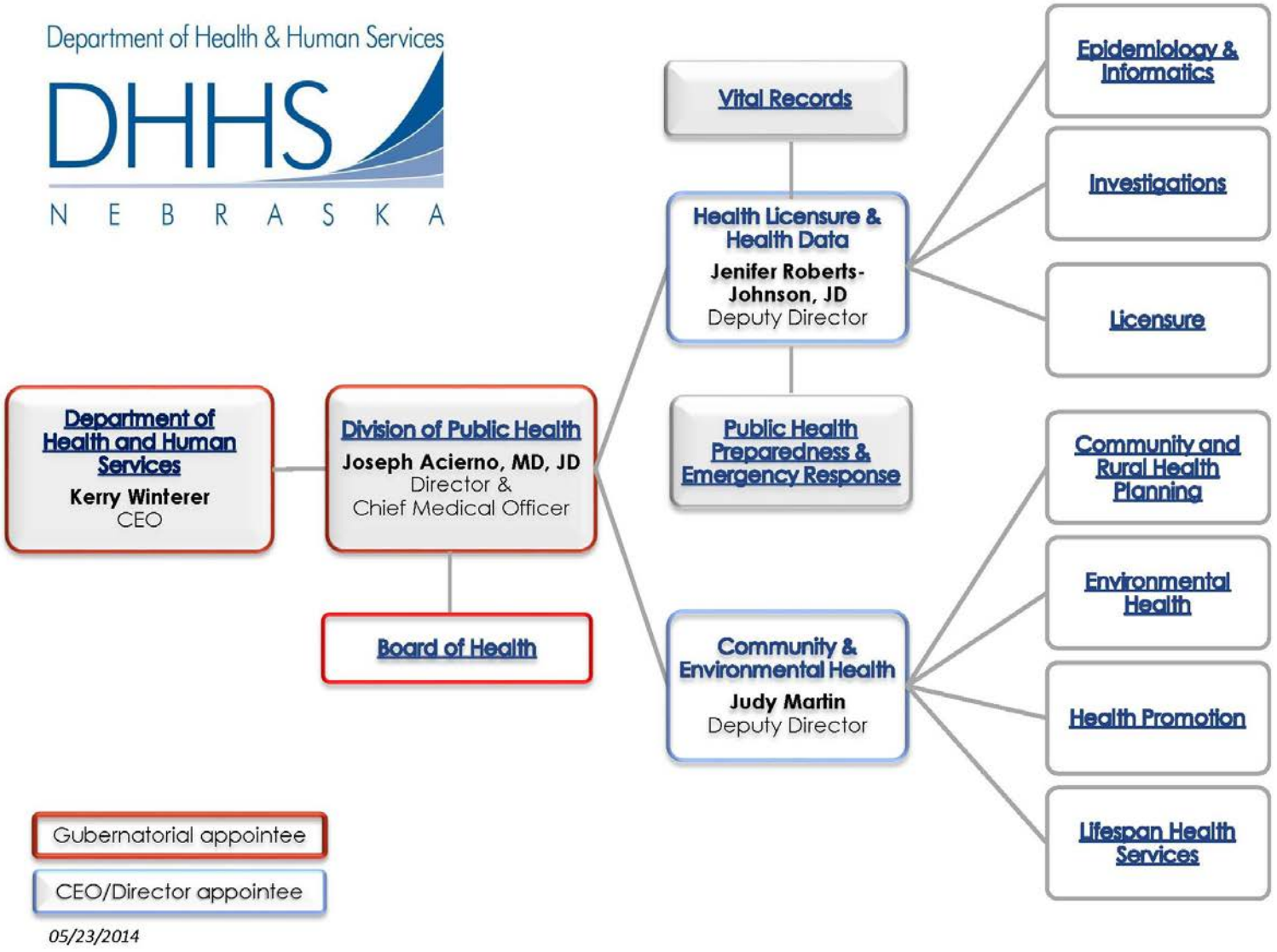
After a comprehensive analysis of the qualitative and quantitative data, the following final recommendations are provided:

Table 1. Recommendation Summary

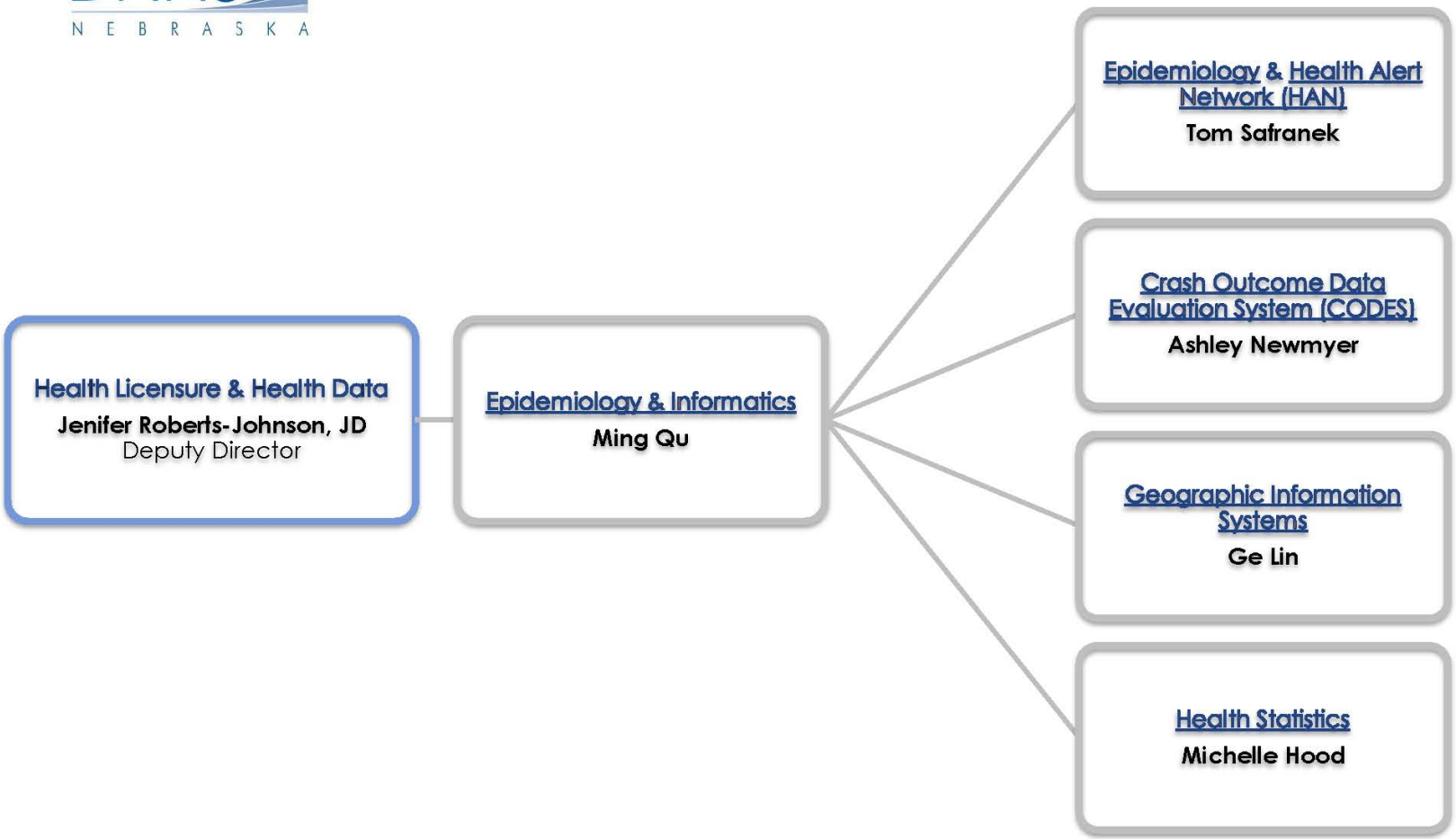
CONSIDERATIONS	TRAINING RECOMMENDATIONS
COMPETENCY DOMAINS	Training opportunities to improve knowledge and abilities in the following should be considered: o Unifying identity as public health system, teamwork and collectivity identity within core functions and essential services; ability to describe public health purpose and promote programs o Applying and assessing cultural competencies o Understanding and applying skills for financial planning, budget management and program impact o Applying communication and technical skills to support developing reports, taking minutes, administering records, etc.
FOCUS GROUP	Several skill areas were recognized as particularly important to consider for upcoming training: o Financial Planning and Management: develop budgets, understand budget constraints, understand accounting coding system o Basic Public Health Skills: understanding and explaining purpose of public health, promote public health programs
OTHER OBSERVATIONS	o Up to 58% felt some basic administrative assistant skills weren't applicable to their work. Training should be considered to ensure all staff capacity of standard competencies, especially considering constrained budgets and succession planning.

Appendices

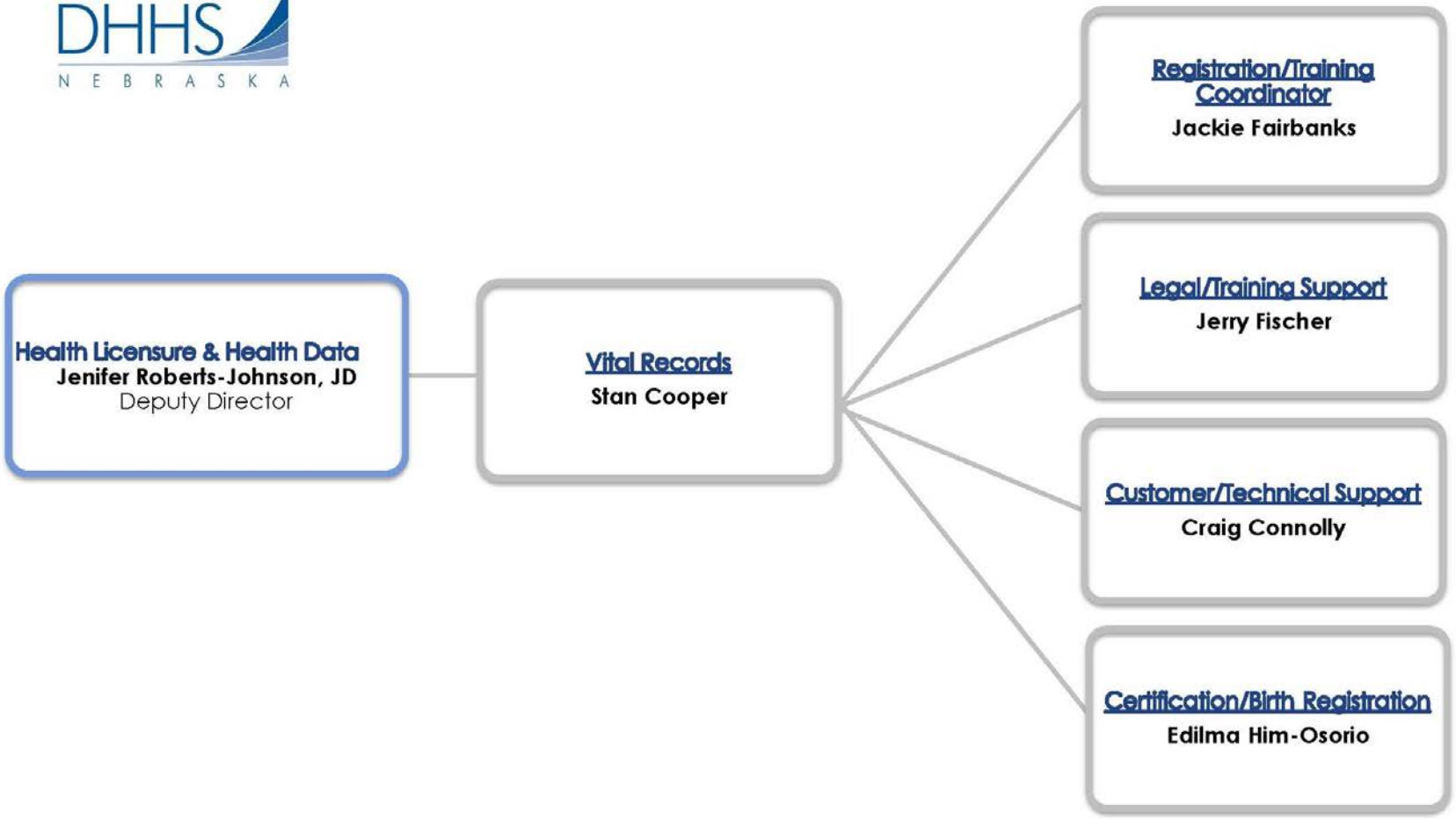
Appendix A. Nebraska Division of Public Health Organizational Chart

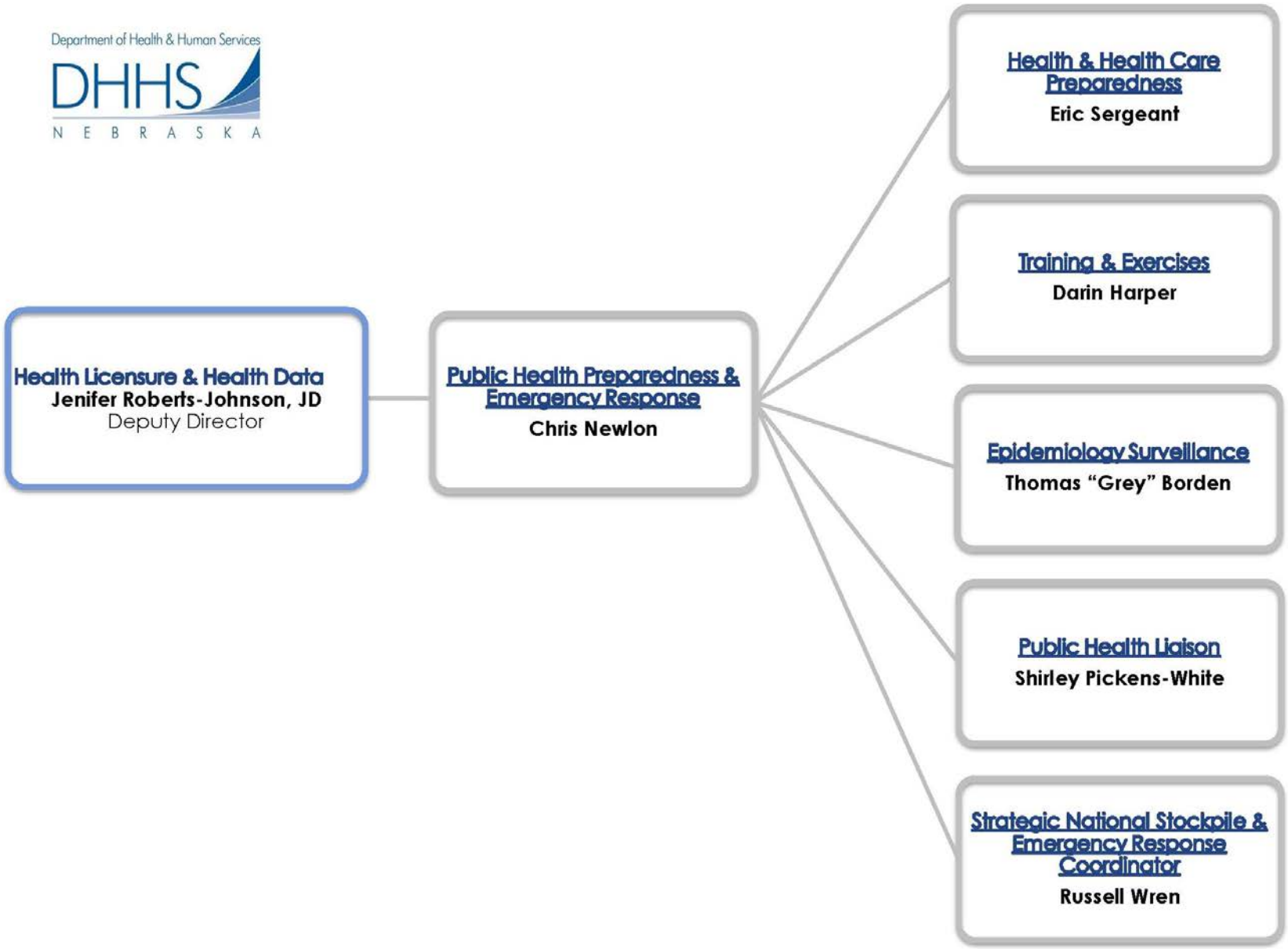


Department of Health & Human Services
DHHS
NEBRASKA

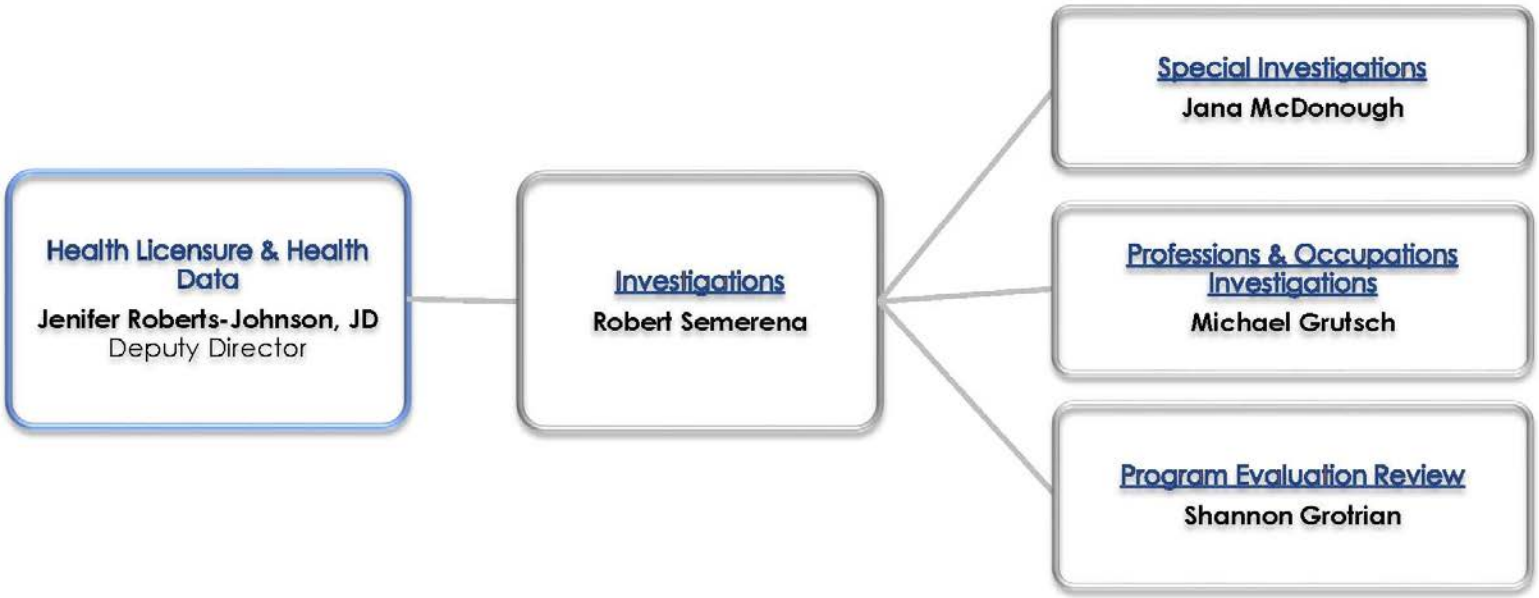


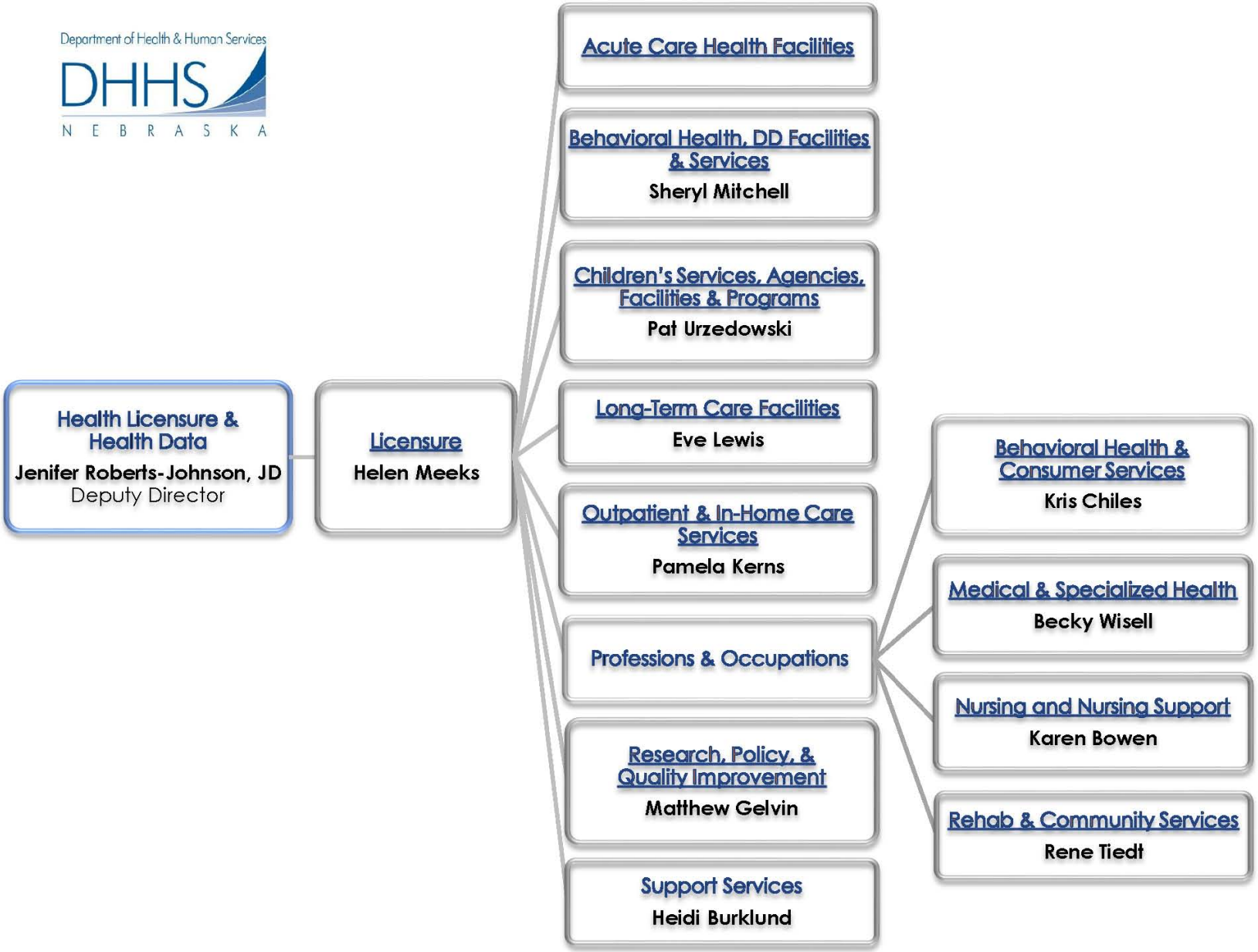
Department of Health & Human Services
DHHS
NEBRASKA




Department of Health & Human Services
DHHS
NEBRASKA
Health Licensure & Health Data
Jenifer Roberts-Johnson, JD
Deputy Director
Public Health Preparedness & Emergency Response
Chris Newlon
Health & Health Care Preparedness
Eric Sergeant
Training & Exercises
Darin Harper
Epidemiology Surveillance
Thomas "Grey" Borden
Public Health Liaison
Shirley Pickens-White
Strategic National Stockpile & Emergency Response Coordinator
Russell Wren

Department of Health & Human Services
DHHS
NEBRASKA




Department of Health & Human Services
DHHS
NEBRASKA
Health Licensure & Health Data
Jenifer Roberts-Johnson, JD
Deputy Director
Licensure
Helen Meeks
Acute Care Health Facilities
Behavioral Health, DD Facilities & Services
Sheryl Mitchell
Children's Services, Agencies, Facilities & Programs
Pat Urzedowski
Long-Term Care Facilities
Eve Lewis
Outpatient & In-Home Care Services
Pamela Kerns
Professions & Occupations
Research, Policy, & Quality Improvement
Matthew Gelvin
Support Services
Heidi Burklund
Behavioral Health & Consumer Services
Kris Chiles
Medical & Specialized Health
Becky Wisell
Nursing and Nursing Support
Karen Bowen
Rehab & Community Services
Rene Tiedt

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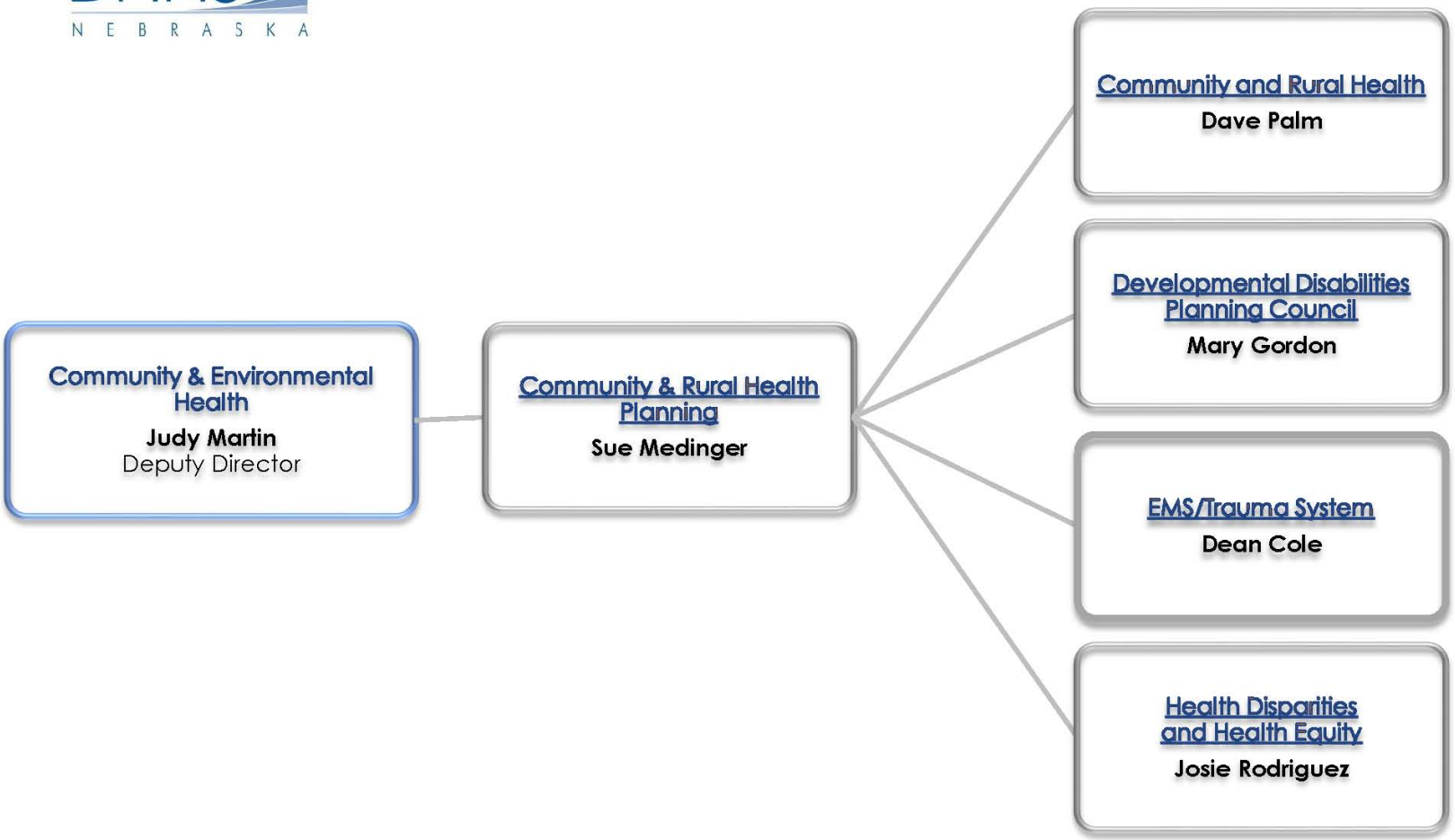

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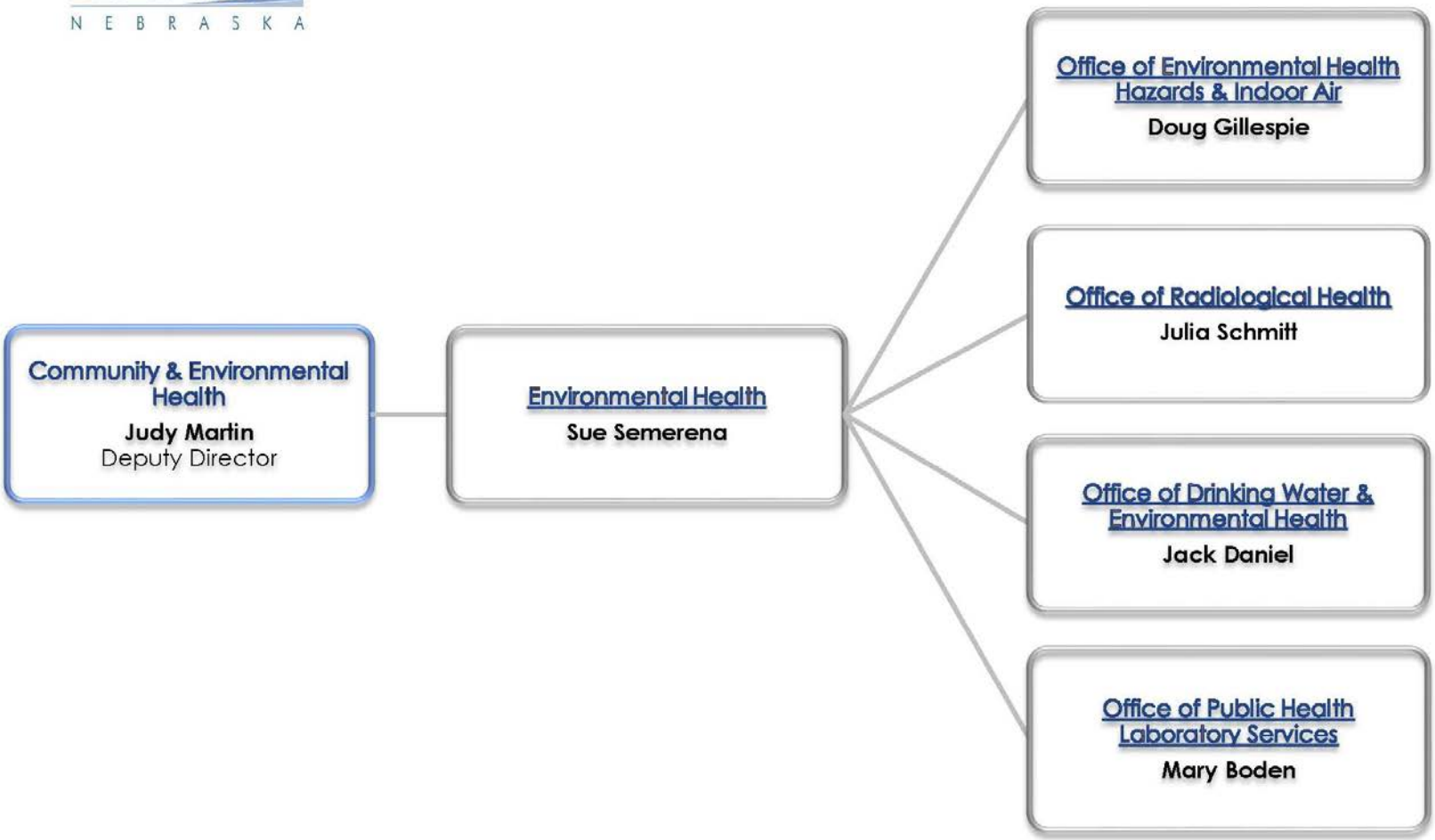

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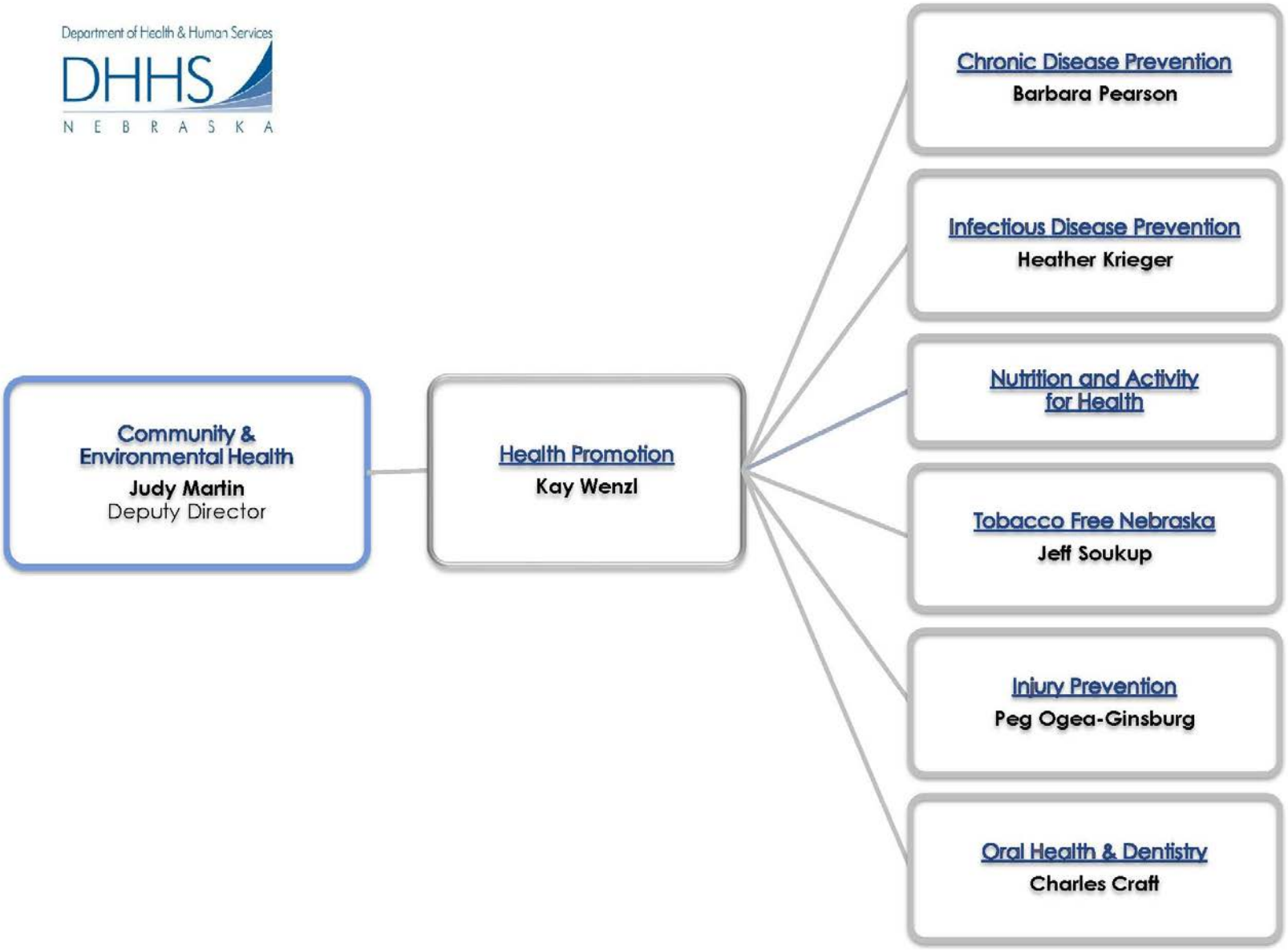

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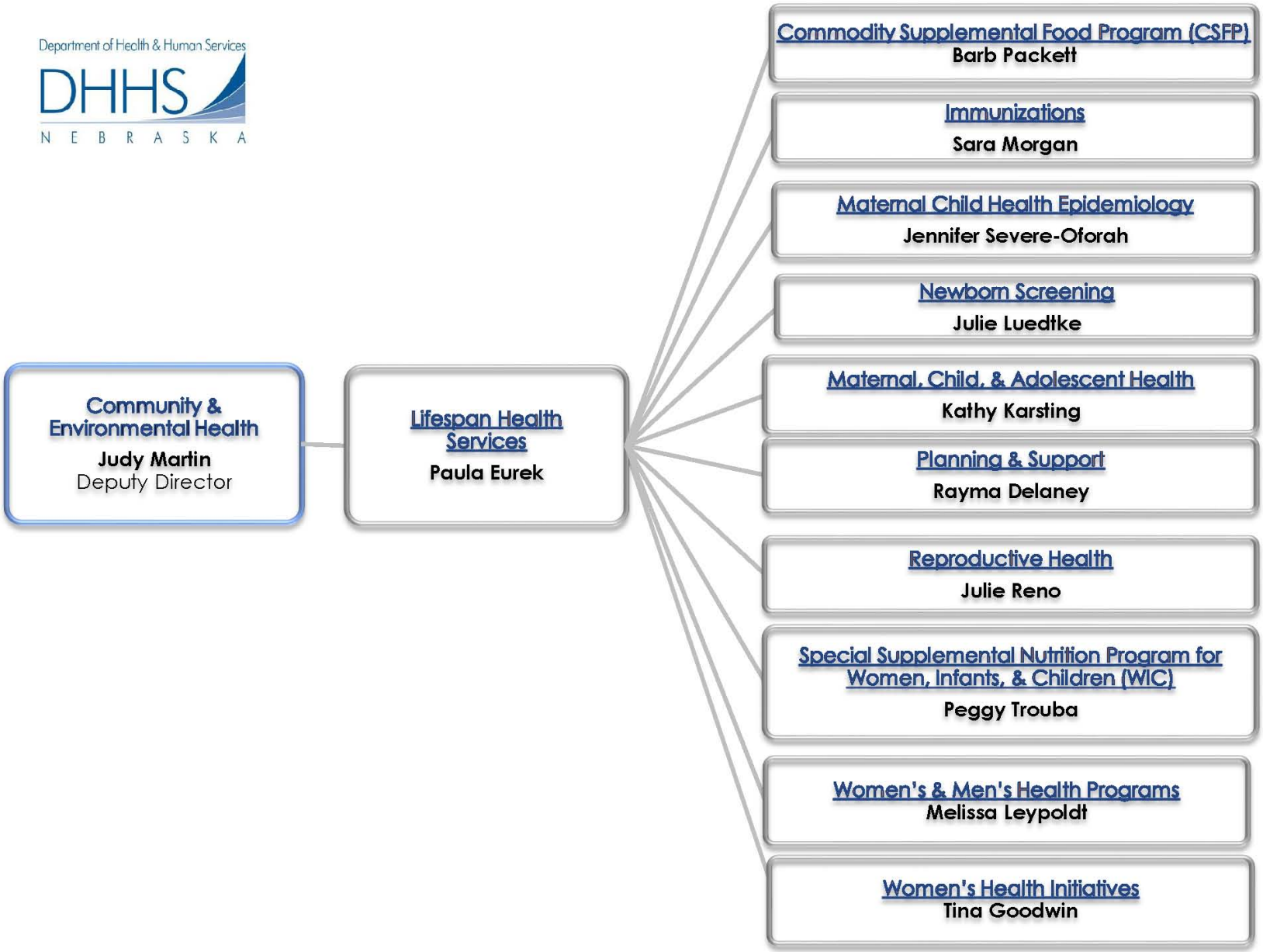

Appendix B. Training Schedule Template

Unit Name Training Plan

2014 - 2016

Introduction	This is a training plan for Unit Name. Include any comments or background information that is relevant (e.g., who will be responsible in your Unit for coordinating training activities).

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Public Health 101 – Core Functions, Essential Services, and Ethical Practices	2 online modules	All Unit Employees	Basic Public Health Sciences Domain: • Describe the core public health functions (i.e. assessment, assurance and policy development) • Explain public health purpose to those NOT in Public Health • Identify the ten essential services of Public Health	August 2015	Great Plains Public Health Training Center – Online Professional Education Opportunities (http://www.unmc.edu/publichealth/PHTCOnlineTraining.htm) Modules 1 and 2
Add other trainings					

Appendix C. Sign In Sheet Template

Division of Public Health

Name of Unit

Name of Training Opportunity

Date

Name	Position / Title	Office / Organization	Initial

Appendix D. Competency Skills for Unit Results

Department of Health and Human Services - Division of Public Health

Workforce Development Survey: Competency Domains and Skill Areas

ANALYTICAL/ASSESSMENT SKILLS

1. Assess the health status of populations and their related determinants of health and illness
2. Identify factors to measure public health conditions
3. Use public health data and information in daily work
4. Employ ethical principles in the collection, maintenance, use, and dissemination of data and information
5. Distill results from data relevant to the community or population served
6. Use information technology (i.e. databases) to collect, store, and retrieve data

BASIC PUBLIC HEALTH SCIENCES SKILLS

1. Explain public health purpose to those NOT in Public Health
2. Describe the core public health functions (i.e. assessment, assurance and policy development)
3. Identify the ten essential services of Public Health
4. Locate and use scientific evidence to address a public health issue, concern, or intervention
5. Know who to contact or where to find laws, regulations and procedures for research, surveillance and evaluation

COMMUNICATION SKILLS

1. Develop health information at appropriate literacy levels
2. Assess the health literacy of populations served (Can the population understand the information provided?)
3. Use a variety of print approaches to disseminate public health information
4. Use a variety of social media approaches to disseminate public health information
5. Communicate in writing and electronically with proficiency
6. Give oral presentations with confidence and skill
7. Present scientific information for use by professional and lay audiences
8. Apply appropriate group facilitation techniques

CULTURAL COMPETENCY SKILLS

1. Incorporate strategies for interacting with persons from diverse backgrounds
2. Consider the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
3. Respond to diverse needs that are the result of cultural differences
4. Explain the dynamic forces that contribute to cultural diversity
5. Describe the needs for a diverse public health workforce
6. Assess public health programs for their cultural competence

COMMUNITY DIMENSIONS OF PRACTICE SKILLS

1. Develop and maintain productive partnerships with key stakeholders
2. Ensure participation of key stakeholders
3. Use appropriate facilitation techniques to encourage community involvement
4. Distinguish the role of governmental and nongovernmental organizations in the public health system
5. Inquire about and use available community assets and resources
6. Use community input when developing public health policies and programs
7. Promote Division of Public Health policies, programs, and resources to communities or populations served

FINANCIAL PLANNING AND MANAGEMENT SKILLS

1. Develop a program budget
2. Manage programs in light of budget constraints
3. Develop budget priorities based on federal, state, and local guidance
4. Write effective grant proposals
5. Develop contracts, sub grants and other service agreements
6. Manage and monitor contracts, sub grants and other service agreements

LEADERSHIP AND SYSTEMS THINKING SKILLS

1. Use ethical practices as the basis of all interactions with organizations, communities and individuals
2. Describe how my individual program or unit fits into the overall mission of the Division of Public Health
3. Describe how my individual program or unit fits into the larger public health system
4. Aware of internal and external influences that may affect the delivery of public health services
5. Participate with stakeholders to identify key values and shared vision for the benefit of communities or populations served
6. Able to motivate team members
7. Able to participate in and resolve conflict productively
8. Modify individual practices with changing social, political, and/or economic situations

POLICY DEVELOPMENT AND PROGRAM PLANNING SKILLS

1. Locate and apply information relevant to public health policy issues (e.g. procedures, regulations and laws)
2. Describe the implications of public health policies
3. Develop work plans to implement programs
4. Develop work plans to implement policies
5. Manage programs consistent with public health laws and regulations
6. Develop evaluation plans to monitor programs for their effectiveness and quality
7. Conduct program evaluations
8. Use evaluation results (internal or external) to improve programs
9. Describe the purpose and value of public health programs in my unit
10. Develop strategies for continuous quality improvement
11. Implement strategies for continuous quality improvement

Appendix E. Competency Skills for Administrative Support Staff Results

Department of Health and Human Services - Division of Public Health

Workforce Development Survey: Competency Domains and Skill Areas for Administrative Support Results

PROVISION OF ASSISTANCE AND SUPPORT
1. Answer, compose, and prepare internal and external correspondence
2. Process time sensitive information
3. Assist supervisors with preparation of reports
4. Administer unit records
5. Coordinate and schedule internal and external meetings
6. Take and transcribe minutes
7. Organize events with multiple partners and goals
8. Develop and maintain electronic databases for the Unit
9. Assist with grant management (reporting, writing, and researching)
10. Administer personnel records
11. Comply with regulations, policies, and procedures
BASIC PUBLIC HEALTH SCIENCES SKILLS
1. Explain public health purpose to those NOT in Public Health
2. Describe the core public health functions (i.e. assessment, assurance and policy development)
3. Identify the ten essential services of Public Health
4. Describe the purpose and value of Public Health programs in my Unit
CULTURAL COMPETENCY SKILLS
1. Incorporate strategies for interacting with persons from diverse backgrounds
2. Consider the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
3. Respond to diverse needs that are the result of cultural differences
4. Explain the dynamic forces that contribute to cultural diversity
5. Describe the needs for a diverse public health workforce
6. Assess public health programs for their cultural competence
COMMUNICATION SKILLS
1. Develop materials at appropriate literacy levels
2. Communicate in writing and electronically with proficiency
3. Give oral presentations with confidence and skill
4. Apply appropriate group facilitation techniques
5. Respond quickly and accurately to all inquiries
6. Prepare and distribute files, bulletins, and other promotion materials
COMMUNITY DIMENSIONS OF PRACTICE SKILLS
1. Develop and maintain productive partnerships with key stakeholders
2. Distinguish the role of governmental and nongovernmental organizations in the public health system
3. Inquire about and use available community assets and resources
4. Promote Division of Public Health policies, programs, and resources to communities or populations served

FINANCIAL PLANNING AND MANAGEMENT SKILLS

1. Develop a program budget
2. Manage programs in light of budget constraints
3. Develop budget priorities based on federal, state, and local guidance
4. Write effective grant proposals
5. Develop contracts, sub grants and other service agreements
6. Manage and monitor contracts, sub grants and other service agreements

LEADERSHIP AND SYSTEMS THINKING SKILLS

1. Use ethical practices as the basis of all interactions with organizations, communities and individuals
2. Describe how my individual program or unit fits into the overall mission of the Division of Public Health
3. Describe how my individual program or unit fits into the larger public health system
4. Aware of internal and external influences that may affect the delivery of public health services
5. Able to motivate team members
6. Able to participate in and resolve conflict productively
7. Modify individual practices with changing social, political, and/or economic situations