**Central Connecticut Health District**

**Staff Training Needs Assessment Report March 2014**

**I. Individual Competency Assessment**

*Background*

PHAB requires health departments to adopt a set of professional competencies for their staff and base their Workforce Development Plan on an assessment of these competencies. The Central Connecticut Health District (Health District) selected “Core Competencies for Public Health Professionals” from the Council on Linkages Between Academia and Public Health Practice for use by the agency. To conduct the individual competency assessment of professional staff members, the Health District contracted with the CT-RI Public Health Training Center (CT-RI PHTC) at the Yale School of Public Health for technical assistance. CT-RI PHTC identified the survey tool, a series of PDF documents for each competency tier, which can be found at the [Public Health Foundation’s website](http://www.phf.org/resourcestools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx). The survey measures a respondents’ self-perceived proficiency for each competency indicator within the eight general public health skill areas, or domains (see list below).

Core Competencies for Public Health Professionals Domains

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

*Method*

On February 24, 2014 the Accreditation Coordinator e-mailed Health District professional staff with instructions on participating in the assessment. A PDF file containing the assessment for each tier was attached. Staff was instructed to download survey file for the tier appropriate to the role/experience at the Health District. Each staff member was asked to complete the survey and print out the results. To maintain anonymity, staff were instructed not to put their name on the print out. Hard copies of each completed survey were provided to CT-RI PHTC at the staff training focus group session on February 27, 2014 (see below).

To complete the survey, respondents were asked read each competency indicator within the eight domains and think about what level he/she was currently able to perform the skill. Then they were asked to rate their level of proficiency on each indicator by selecting the number on the continuum from “None” (1) to “Proficient” (4) (see below) that best describes their self-reported level of expertise for that indicator. They were instructed to note the competency indicators listed in each key dimension should be interpreted as broadly as possible to apply to their position.

Competency Assessment Rating Scale

1= None: I am unaware, or have very little knowledge of the item

2= Aware: I have heard of it; limited knowledge and/or ability to apply the skill

3= Knowledgeable: I am comfortable with knowledge or ability to apply the skill

4= Proficient: I am very comfortable, an expert; could teach this to others

Results

All eight professional staff responded to the survey (100%). To determine the Agency Score, the average score of proficiency on the domain level was recorded for each respondent and then averaged. The table below contains the Agency Score for each domain and also the high and low range of scores for that domain.

The domain with the lowest score was *Financial Planning and Management* (2.3) followed by *Policy Development/Program Planning* and *Cultural Competency* (both 2.5) The remaining five domains all had an average score of 2.7.

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain/Skill Area** | **Agency Score** | **Range Low Score** | **Range High Score** |
| Analytical/Assessment | 2.7 | 1.6 | 3.3 |
| Policy Development/Program Planning | 2.5 | 1.4 | 3.2 |
| Communication | 2.7 | 1.5 | 3.5 |
| Cultural Competency | 2.5 | 1.2 | 4.0 |
| Community Dimensions of Practice | 2.7 | 1.6 | 3.7 |
| Public Health Science | 2.7 | 1.4 | 3.3 |
| Financial Planning and Management | 2.3 | 1.4 | 3.2 |
| Leadership and Systems Thinking | 2.7 | 1.5 | 3.5 |

*Discussion*

It is critical to note that while this assessment did have a 100% response rate, there were only eight participants. Staff did note they had some difficulty interpreting the competency indicators and that selecting their score, particularly a “3 - Knowledgeable” as compared to a “4 - Proficient” was challenging. Staff also expressed concern that administrative support staff was not included in the survey, as their role is critical to the Health District’s operations.

**II. Staff Structured Discussion**

**Assessment of Training Barriers and Motivators**

**Conducted February 27, 2014**

PHAB standards require a health department to address barriers to training in their workforce development plans. In order to identify these barriers and build strategies, on Thursday, February 27, 2014, the CT-RI PHTC led a focus group of all Health District staff on a guided discussion of the following areas:

1. What are the barriers to you taking training
2. What are the motivators or incentives for training
3. What training formats do you prefer? Why?

**Training Barriers**

* Money – funding – not all trainings are free
* Tuition reimbursement is minimal for advanced degree or certifications
* Time – staff at trainings = work not being completed
* Coordination of training; many staff need to take same programs, leaving office understaffed
* Location: distance, out of state, overnight
* No incentives for staff to obtain formal advanced degrees
* No career development plans
* Limited or no expertize in specific subject matter within agency
* Not being able to recognize resources within organization – need documentation in training plan
* Not always to able to apply training to daily work
* No state program to advance from current position to management
* No resources to support development/training for emergency response teams
* CT Environmental Health Association/CT Department of Public Health (CT DPH) offer best trainings for sanitarians.
* Staff needs prep to taking Registered Sanitarian (RS) exam.
* Lacy computer speed to take part in webinars
* Webinars sometimes don’t have effective instructors.

**Training Motivators:**

* Need MPH to advance to higher level position (sanitarian to chief sanitarian)
* Work with public health colleagues for internship programs and career advancement
* Step system to advance sanitarians
* Incentives to motivate and retain employees, i.e. staff recognition
* If CT DPH would require or offer additional training programs specific to local health job titles. Other states offer and require these, as well as more support.
* Recognize staff for participation in professional organizations.
* Health District has resources to train sanitarians (cross train) to sit for RS exam
* Health District does provide some financial support for some training programs
* Support for participation in webinars
* Training offered is relevant to daily work.

**Preferred Training Methods:**

* Dependent on topic and facilitator effectiveness
  + Sometimes webinars are ideal

**Training Topics of Priority to Staff:**

* Worker safety (blood borne pathogens, protection skills out in field, unsafe homes, animals, hoarding)
* Hazmat
* Freedom of Information – HIPPA/Healthcare Privacy
* Grant writing
* Emergency preparedness: PH 101, ICS 100, 200, 700, 900
* Customer Service, de-escalation, dealing with difficult people
* Trainer facilitation – learning how to be a trainer
* Available but access is difficult (either cost prohibitive or limited offerings):
  + Minute/note taking
  + Computer skills
  + Insurance billing
* Social media and designing effective webpages
* Sanitarians cross training in health education
* How to educate community on what public health is
* Working with local policy-makers/boards of health