

Central Connecticut Health District
Workforce Development Plan



May 30, 2014

Prepared by the CT-RI Public Health Training Center

Purpose & Introduction

Introduction

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This document provides a comprehensive workforce development plan for the Central Connecticut Health District (Health District). It also addresses the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

In this plan

This workforce development plan contains the following topics:

Topic	See Page
Agency Profile	2
Workforce Profile	6
Competencies & Education Requirements	8
Training Needs	9
Goals, Objectives, & Implementation Plan	11
Curricula & Training Schedule	16
Evaluation & Tracking	18
Conclusion/Other Considerations	19
List of acronyms	20
Appendices	22

Questions

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Agency Profile

Mission & vision

Vision Statement

Healthy People in a Healthy Community

Mission

The Central Connecticut Health District is committed to improving the quality of life in our communities through prevention of disease and injury, fostering of a healthy environment, and promotion of the health of our residents. As a public health agency it holds a special position of public trust and responsibility and is responsible for several key obligations to the communities that the agency serves. Specifically, the agency is responsible in its jurisdiction to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors
- Respond to disasters and assist communities in recovery; and
- Assure the quality and accessibility of health services.

Essential Public Health Services

Nationally the public health community has identified and reached consensus on ten essential services that describe the work of a functional local public health agency. See Appendix A for list of the Ten Essential Services. The Health District is committed to providing these ten nationally accepted services and to use this framework in its planning and service delivery to member towns.

Health District values as a public health agency

As a health district we work for and are accountable to the public. Therefore, individually and as an agency we strive for excellence and will demonstrate:

- Integrity: We will be honest, ethical and responsible in our interactions with the public and each other.
- Transparency: Our decisions will be made openly and information made readily available to the public.
- Evidence-based practice: We believe that policy and practice should be guided by scientific evidence.
- Respect: We will demonstrate compassion and acceptance, honor confidentiality, and preserve dignity.
- Social justice and diversity: We believe that everyone's health matters equally, and that services and solutions must be accessible, affordable, and appropriate for all.
- Teamwork: We will communicate, coordinate, and collaborate within our agency, with other organizations and with the community.
- Innovation: We will support staff in creative and progressive problem-solving and service provision.
- Personal and Professional Development: We will support personal and professional growth through the advancement of knowledge and experience, the delegation of responsibility, and the recognition of individual and team accomplishments.

Location & population served

The Central Connecticut Health District is a regional public health agency organized and established pursuant to Chapter 368f of the Connecticut General Statutes. It serves as the local health department for the towns of Berlin, Newington, Rocky Hill and Wethersfield. The Health District is overseen by a thirteen member governing Board of Health. Its headquarters is in the Wethersfield Town Hall with satellite offices in Berlin, Newington and Rocky Hill.

The Health District serves a total population of 97,504. This represents an increase of 5.4% since the 2000 Census. Among the four towns, Berlin experienced the largest population increase, 12.3%, and Wethersfield experienced the smallest population increase, 1.7%.

The Central Connecticut Health District is less racially diverse when compared to all of Connecticut and the nation. Approximately 88% of residents in the Health District identify as White; less than 3% of residents identify as Black/African American and less than 7% identify as Hispanic or Latino. Berlin is the least racially diverse town with 95% of the population identifying as White. A notable difference is that 10% of Rocky Hill's population identifies as Asian. Comparison data for Connecticut and the nation is 3.8% and 5% respectively.

The median age in the Health District is 40.3 years, which denotes a slightly older population when compared to Connecticut (median age of 39.5 years) and the nation (median age of 37.3 years). Rocky Hill has the oldest population with a median age of 41.8 years. The primary spoken language in the Health District is English. However, 21% of residents speak another language, the most common being Indo-European. Examples of Indo-European languages include Russian and French.

Income statistics for the Central Connecticut Health District are primarily positive, although they should be considered with the cost of living in the area. The median income for households, families, and non-families is higher in the Health District (\$75,544) than in Connecticut (\$69,519) and the nation (\$53,046). In addition, the percentage of households that are enrolled in supplemental security income, cash public assistance, and food stamps/SNAP benefits is lower. Fewer families and individuals are also considered to have an income that is below the poverty level. In particular, the percentage of families headed by a female (with and without children) living in poverty is notably lower, when compared to the state and the nation. The percentage of students eligible to receive a free or reduced lunch is also lower for all four towns when compared to the state average.

Agency Profile *continued*

Governance

The governing entity for the Health District is the Board of Health. It is the point of accountability for the Health District achieving its mission, goals and objectives to protect and preserve the health of the population within its jurisdiction.

The Central Connecticut Health District is governed by a thirteen member Board of Health made up of its Director of Health and members of the public appointed by each of its four member towns. Board members represent the needs and interests of these towns, serve staggered 3-year terms and can be reappointed. The Director of Health serves as the Board's executive officer as well as its secretary-treasurer. With the exception of the Director of Health, these positions are voluntary and are not compensated.

The Board sets the overall direction for the Health District and the services it provides; develops both agency and public health policy; establishes and enforces public health regulations and ordinances; provides oversight for the Health District's budget and financial affairs; and employs the Director of Health for a three year term as its executive officer. The Board meets monthly and rotates its meeting sites among its four member towns.

Organizational structure

The current staff of the Health District is comprised of the following approved positions (8 full-time, 4 part-time):

- Director of Health (Vacant)
- Chief of Environmental Health Services (Interim Director of Health)
- Registered Sanitarians(RS)/Environmental Specialist (ES) (3)
- Registered Sanitarians (2) – temporary/part-time
- Environmental Health Inspector (1)
- Administrative Assistant (1)
- Secretary – part time (1)
- Health Educator – part time (1)
- Community Health Coordinator (Accreditation Coordinator) (1)
- Emergency Preparedness Coordinator/Community Health Coordinator- part time (1)

Volunteers are an important adjunct to the Health District staff to provide various types of assistance/support when needed during public health events and help carry out agency activities such as seasonal influenza clinics and health screening. The Health District currently has a database over 400 volunteers. This does not include the members of the Board of Health who also volunteer their time in their roles as board members. A Health District organizational chart can be found in Appendix B.

Agency Profile *continued*

Learning culture

The Health District's training philosophy is to empower staff to provide the best service possible to member towns and the public and to increase their skills to advance in the practice of public health. One of the Health District's organizational values, Personal and Professional Development, reflect its training philosophy: *support personal and professional growth through the advancement of knowledge and experience, the delegation of responsibility, and the recognition of individual and team accomplishments.*

Training and certification needs are assessed and prioritized based on state regulations, certification requirements, the Health District's strategic plan and the health needs of the District's residents. The goal is to increase the competency-based proficiency and knowledge of the agency staff and to support their future professional advancement in public health. The Health District offers opportunities for developing the future workforce through internships. Essential training is supported regardless of funding limitations. It is an employee's responsibility to obtain CEU's to maintain required certifications.

Funding

The Health District is funded through three main sources: 1) an annual per capita charge to each Town for membership in the Health District (44%); 2) revenue generated from license and inspection fees, immunization charges, etc. (22%); and 3) federal, state and private grants (33%). Total revenue in FY 2012 was \$955,775.

Workforce policies

All training policies and procedures are located in two places for employee access: (1) a binder in the Director of Health's office and (2) in the Health District Main Office on the agency server.

Training and tuition reimbursement policies are found in Section IX of the agency's Personnel Policies. Health District travel reimbursement policies are found in the Health District's Policy Letters. See Appendix C of this plan for Health District policies.

Workforce Profile

Introduction

This section provides a description of the Central Connecticut Health District’s current and anticipated future workforce needs.

Current workforce demographics

The table below summarizes the demographics of the agency’s current workforce as of May 2014.

Category	# or %
Total # of Employees:	12
# of FTE:	9.5
Gender:	
Female:	75%
Male:	25%
Race:	
African American:	1
Caucasian:	11
Age:	
< 20:	0
20 – 29:	1
30 – 30:	2
40 – 49:	5
50 – 59:	3
>60:	1
Primary Professional Disciplines/Credentials:	
Leadership/Administration:	3
Nurse:	1
Registered Sanitarian/EH Specialist:	6
Epidemiologist:	0
Health Educator:	1
Community Health Coordinator:	1
Retention Rate	
	<5 years: 6
	5-10 years : 3
	>10 years: 3
Employees < 5 Years from Retirement:	
Management:	0
Non-Management:	1

**Future
workforce**

Based on the demographics of the workforce and the jurisdiction, the Health District leadership will be dealing with three main issues as it looks to the future.

- *Increasing diversity of the workforce:* The municipalities served by the Health District are increasingly diverse and future Health District staff composition should aim to reflect this diversity.
 - *Adding staff with credentials in public health nursing and epidemiology:* Presently, the Health District staffing profile is primarily composed of staff with environmental health credentials (six of eight or 75% of staff) and the agency focuses on meeting state mandates. Looking to the future, the agency wants to assure comprehensive services in all ten public health service areas, address health equity and implement its Community Health Improvement Plan. The Board of Health has identified that adding staff to the Health District with expertise in nursing and epidemiology are vital to these goals.
 - *Explore arrangements with other local health departments/districts for shared staffing:* Continued pressure on current funding sources for the Health District makes it unlikely there will be sufficient revenue from these sources in the future to support adding needed staff. Exploring other sources of revenue as well as relationships with neighboring health departments with similar staffing needs may be a way to improve services at a cost that the Health District can absorb in its budget.
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Competencies & Education Requirements

Core competencies for agency

The Health District has begun to utilize the *Core Competencies for Public Health Professionals* from the Council of Linkages Between Academia and Public Health Practice (May 2010 version) to guide department-wide professional development for employees. See Appendix D for the complete competency set.

Other competencies

In addition to the competency set identified above, the Health District Board has also identified some competencies, such as cultural competency, that will be applicable to all its workforce - staff, Board of Health members and volunteers. The following four competencies from Cultural Competency Skills set in the *Core Competencies for Public Health Professionals* will also guide training for Board of Health members and Health District volunteers in this plan.

- Incorporates strategies for interacting with persons from diverse backgrounds (4A1)
 - Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability, and delivery of public health services (4A2)
 - Responds to diverse needs that are the result of cultural differences (4A3)
 - Describes the dynamic forces that contribute to cultural diversity (4A4)
-

CE required by discipline

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

Licensure/Certification	Staff Position	CE Requirements
Food	RS and ES	16 contact hours over 3 years
Lead	RS and ES	Annually
National Environmental Health Association Registered Environmental Health Specialist (REHS)	RS	24 contact hours over 2 years

Training Needs

Introduction

This section describes both identified and mandatory training needs within the agency.

Training needs assessment results

The Health District contracted with the CT-RI Public Health Training Center (CT-RI PHTC) at the Yale School of Public Health to conduct an individual competency assessment of professional staff members in February 2014. CT-RI PHTC identified the survey tool, a series of PDF documents for each competency tier, which can be found on the website of the Public Health Foundation (<http://www.phf.org>). The survey measures a respondents' self-perceived proficiency for each competency indicator within the eight general public health skill areas, or domains. All professional staff (n=8) self-selected their tier and completed the assessment questionnaire anonymously. The results were analyzed on the domain level by CT-RI PHTC.

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

The CT-RI PHTC also conducted a structured discussion on training barriers, incentives and preferences with all Health District staff on February 27, 2014. Themes around barriers included the small size of the agency, limited financial/time resources and a lack of a structured career ladder. A complete report on the competency assessment and barriers/incentives discussion results can be found in Appendix E.

Barriers

Additionally, CT-RI PHTC conducted a gap analysis with members of the Health District Workforce Development Team at a workshop on February 27, 2014. The team is made up of the interim director of health, staff, two board representatives and several volunteers. The group analyzed the current state of workforce development activities at the Health District based on PHAB Workforce Development standards and created a description of the desired state in the next three to five years, with ideas on how to reach that future state. Major barriers/challenges identified by the group were: lack of a Human Resources capability for the agency; lack of a centralized office space and up-to-date equipment; lack of an orientation program for new staff, interns, volunteers and Board members and lack of a career pathway. See Appendix F for complete report.

Training Needs, *continued*

Agency-specific needs

Based on the training needs assessment results and the current health district strategic plan, the following competency domains will be agency-wide training priorities in this plan:

- Quality Improvement and Performance Management (Competency Domains 2 and 7)
- Cultural Competency Skills (Competency Domain 4)

This plan will also ensure maintenance of all OSHA and Connecticut Department of Public Health training guidelines.

Mandatory training

The table below lists training required by the Health District and/or by state mandate:

Training	Who	Frequency
Intro to ICS 100.b, ICS 200.b, Intro to NIMS 700.a	All staff	One time
Blood Borne Pathogens	All staff	Annually

Goals, Objectives, & Implementation Plan

Introduction

This section provides information regarding training goals and objectives of the agency, as well as resources, roles, and responsibilities related to the implementation of the plan.

Who	Roles & Responsibilities
Board of Health	Responsible for setting workforce policy in the agency, adopting the workforce development plan, and ensuring resource availability to implement the plan. Also responsible for assessing board needs and assuring training for Board members.
Director of Health	Responsible to the Board of Health for developing and implementing workforce strategy, priority setting, establishment of goals and objectives, establishing an environment that is conducive and supportive of learning, and identifying high potential employees as part of agency succession plan.
Chief of Environmental Health Services	Responsible to the Health Director for all environmental health staff training specific to their roles. Supports, coaches, and mentors employees to assure that appropriate training resources and support structures are available within the division.
Emergency Preparedness/Community Health Coordinator	Responsible to the Health Director for assuring all staff and volunteers are trained in accordance with Health District Public Health Emergency Preparedness and Response Core Education and Training Plan (EPR Core Training Plan); updating the EPR Core Training Plan annually and to provide any “just in time” training needed during emergency events.
Community Health Coordinator (Accreditation Coordinator)	Responsible for implementation of the overall agency plan under the direction of the Director of Health, identifying training opportunities, providing training, and tracking implementation
All Employees	Ultimately responsible for their own learning and development. Works with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

Central Connecticut Health District Training Goals & Objectives 2014 - 2015

Goals	Objectives	Target Audience	Resources	Responsible Party
Enhance cultural competency skills	<ul style="list-style-type: none"> Provide training on cultural competency and health equity Develop agency action plan on cultural competency 	Staff, Board and key volunteers	NACCHO, NCCC, CT TRAIN, Consultant	Community Health Coordinator (Accreditation Coordinator)
Establish a culture of quality within the agency	<ul style="list-style-type: none"> Provide basic Performance Management training to all staff and board members Establish a quality improvement workgroup and train its members to more advanced QI levels Establish agency-wide plan and move toward national accreditation Provide training for board and staff on community health improvement planning and targeted outcomes Board and staff participate in strategic planning 	Staff and Board	NACCHO, PHF, NNPFI PHAB NALBOH	Director of Health
Maintain required discipline-specific licensures and certifications	<ul style="list-style-type: none"> Staff fulfills all requirements for maintaining licensures and certifications Staff submits documentation showing they have fulfilled requirements each year to their supervisor 	Staff with credentials requiring Contact hours	CT DPH, CT TRAIN	Director of Health, Chief of Environmental Health Services
Staff maintain client confidentiality and protect client/patient health information	<ul style="list-style-type: none"> Conduct training on Health District confidentiality policies and procedures at a staff meeting 	Staff, Board and volunteers	CT DPH	Director of Health
Staff have up-to-date knowledge of laws in areas in which they are programmatically responsible	<ul style="list-style-type: none"> Conduct training on CT FOI law Appropriate staff participates in trainings offered by CT DPH, CCM, professional associations, etc. Provide updates to staff on new laws and regulations at regular staff meetings 	Staff and Board members	State of CT Office of State Ethics, CT FOI Commission, NALBOH	Director of Health, Chief of Environmental Health Services

Central Connecticut Health District Training Goals & Objectives 2014 - 2015

Goals	Objectives	Target Audience	Resources	Responsible Party
Establish an orientation program for new staff, student interns, Board members and volunteers	<ul style="list-style-type: none"> By June 2015, outline and establish components of new Health District orientation program for each group 	New staff, Board members, student interns, volunteers	CT-RI PHTC, CT DPH, other LHDs NALBOH	Community Health Coordinator (Accreditation Coordinator)
Staff receives proper training to enable them to carry out Emergency Preparedness activities	<ul style="list-style-type: none"> All remaining staff must complete the mandatory Emergency Preparedness training and report completion to the Emergency Preparedness/Community Health Coordinator Staff complete any training specified in EPR Core Training Plan 	Staff	CT DPH	Emergency Preparedness/Community Health Coordinator
Volunteers receive proper training to enable them to carry out Emergency Preparedness/Surge activities	<ul style="list-style-type: none"> Training to specific roles is provided to volunteers as a part of the Health District Flu Shot Clinics 	Volunteers	CT DPH	Emergency Preparedness/Community Health Coordinator
Staff members have technology skills to use new LHD data reporting systems	<ul style="list-style-type: none"> Select staff receive MAVEN training Select staff successfully submit data through MAVEN 	Emergency Preparedness/Community Health Coordinator, Administrative Staff	CT DPH	Director of Health
Complete staff job descriptions with competencies which are used for performance reviews and individual training plans	<ul style="list-style-type: none"> By April 2015, Human Resources Committee completes job descriptions updates with competencies; Board approves By July 2014, Board endorses the use of core competencies in staff performance review process By June 2015, new performance review process implemented 	Staff	PHF Other LHDs	Director of Health

Central Connecticut Health District Training Goals & Objectives 2014 - 2015

Goals	Objectives	Target Audience	Resources	Responsible Party
Establish individualized professional development plans for all employees	<ul style="list-style-type: none"> • By December 2015, Board adopts policies on career ladder/advancement within the Health District and individual professional development plans • Annually, as part of performance review process, all employees will create an individualized professional development plan 	All staff	Performance evaluations	Director of Health
Leadership training and development activities provided to Health District leaders/managers	<ul style="list-style-type: none"> • Director of Health participates in a leadership development training opportunity to maintain and enhance leadership skills • Management staff and Board participates in at least one statewide conference to learn application of best practices • Strategic planning orientation for Board 	Director of Health, Health District supervisors and the Board	NACCHO, APHA, CPHA NALBOH	Director of Health with the Board

Goals, Objectives, & Implementation Plan, *continued*

Communication plan This plan will be shared at staff meetings and be available on hard copy for all employees. This plan will also be available on the main office server and will be reviewed and updated annually.

Central Connecticut Health District Curricula & Training Schedule 2014 - 2015

Introduction This section describes the curricula and training schedule for Central Connecticut Health District.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Confidentiality laws and Health District policies	Onsite training on Health District confidentiality policy	All staff	2A5, 2B6, 2C7	By December 31, 2014	CIRMA
CT Freedom of Information Laws	Onsite training on FOI laws and Health District policy	All staff and Board members	2A5	By December 31, 2014	CT FOI Commission CCM
Mandatory worker safety trainings	CIRMA	All staff	Mandate	Annually	CIRMA
Introduction to Performance Management	Online tutorial TRAIN Course#1046419	All staff and Board members	8A7, 8A8	By December 31, 2014	CT TRAIN
Operationalizing Quality Improvement in Public Health	Online tutorial TRAIN course # 1029921	All staff and Board members	2A10, 7A11, 8A8	By June 2015	CT TRAIN
CQI for Public Health: The Fundamentals	Online tutorial TRAIN Course # 1031419	QI Team members	2A1, 2A10, 8B2, 8B3, 8B4, 8B5, 8B6, 8B7	By June 2015	CT TRAIN
Leadership	NACCHO Annual Meeting	Director of Health	213, 8C8	Summer 2015	NACCHO
Cultural Competency and Health Equity	Introduction to Cultural Competency on-site training or on-line training	All staff, key volunteers, and Board members	4A1, 4A2, 4A3, 4A4	By September 2014	NCCC CT TRAIN
Emergency Preparedness	Three online classes: Intro to ICS 100.b, ICS 200.b, Intro to NIMS 700.a; PH Emergency Preparedness 101	All staff	CT DPH Mandate	Ongoing	CT TRAIN, FEMA

Central Connecticut Health District Curricula & Training Schedule 2014 - 2015

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Technology	Department of Public Health, MAVEN Databases; Child Lead Poisoning and Communicable Disease Tracking	Select Staff	1A4, 1A10, 1A11	Ongoing	CT TRAIN, CT DPH
Just In Time Training for Volunteers	Training is provided to volunteers on their emergency preparedness roles	Volunteers		Fall Flu Clinics	CT DPH, CDC, CERT
Best practices	Participation in a statewide conference – i.e., CPHA or Yankee Conference	Health District leadership (staff and Board)	213, 8C8	Fall 2014	CPHA, APHA, NACCHO, CEHA
Strategic planning for board and staff	Training is provided onsite by strategic planning consultant on health district strategic plan	Board Staff	2A3, 2A6	Summer 2014	NACCHO Strategic Planning Guide
Community health improvement planning (CHIP)	Training is provided onsite by CHIP consultant on Health District CHIP and implementation of CHIP	Board Staff	2A3, 2A6	Summer 2014	NACCHO Resource Center

Evaluation and Tracking

Introduction

Evaluation of training will provide the Health District with useful feedback regarding its efforts, including content, delivery, learner preferences, and training effectiveness. Accurate evaluation tracking is necessary, particularly for professional continuing education documentation and quality improvement purposes. This section describes how evaluation and tracking of training will be conducted.

Evaluation

Evaluation measures:

- Number of plan goals reached within timeframe
- Level of satisfaction with Health District sponsored trainings, based on training evaluation
- Perceived gains in knowledge from Health District sponsored trainings, based on training evaluation

A copy of the Health District training evaluation form can be found in Appendix G.

Tracking

The following information will be tracked by the Emergency Preparedness/Community Health Coordinator for each training provided internally or onsite by the Health District.

- Participants
- Date of training
- Location of training
- Training instructor
- Training content, which could include agendas, curriculum objectives, Power Point presentation, and training materials.
- Core competencies or mandatory training addressed

The Health District will use CT TRAIN to provide documentation and tracking for training programs provided by CT DPH and online trainings, whenever possible. The Emergency Preparedness/Community Health Coordinator will download reports from TRAIN to document description of the trainings, competencies addressed and completion of training program.

Staff participating in trainings not listed on TRAIN will be required to provide documentation of program content and completion to Emergency Preparedness Coordinator.

Conclusion / Other Considerations

Other agency documents and plans

The Workforce Development Plan supports other Health District plans and initiatives.

- *Strategic Plan*: Training will be planned to meet the goals of the Strategic Plan as identified and authorized by the Director of Health
 - *Public Health Emergency Preparedness and Response Core Education and Training Plan*: All staff and volunteers will receive training as outlined in the plan, which is updated annually
-

Review of plan

This plan will be reviewed and updated annually in July, with input from staff and the Board of Health. The plan will be maintained by Hilary Norcia, MPH – Community Health Coordinator (Accreditation Coordinator).

Authorship

This plan was developed by the following individuals, and finalized on May 27, 2014.

Printed Name & Title	Signature	Date
Hilary Norcia, MPH, Community Health Coordinator (Accreditation Coordinator).		5/30/14
Nancy Carol Brault, MPH, RS, Chief of Environmental Health Services (Interim Director of Health)		5/30/14
Judith A. Sartucci, Board of Health Chairman		5/30/14

List of Acronyms

APHA: American Public Health Association <http://www.apha.org/>

BOH: Board of Health

CCM: Connecticut Conference of Municipalities <http://www.ccm-ct.org/Plugs/home.aspx>

CDC: Centers for Disease Control and Prevention <http://www.cdc.gov/>

CEHA: Connecticut Environmental Health Association <http://www.cteha.org/>

CERT: Community Emergency Response Teams <http://www.fema.gov/community-emergency-response-teams>

CIRMA: Connecticut Interlocal Risk Management Agency <http://cirma.ccm-ct.org/Plugs/about-cirma.aspx>

CPHA: Connecticut Public Health Association <http://www.cpha.info/>

CT DPH: Connecticut Department of Public Health <http://www.ct.gov/dph/site/default.asp>

CT-RI PHTC: Connecticut Rhode Island Public Health Training Center
<http://publichealth.yale.edu/ctriphct/index.aspx>

DOH: Director of Health

EP: Emergency Preparedness

FEMA: Federal Emergency Management Agency <http://www.fema.gov/>

FOI: Freedom of Information Law
<http://www.ct.gov/foi/cwp/view.asp?a=4161&Q=488540&foiNav=>

JTT: Just in Time Training

Maven: Consilience Software Inc.'s Maven is a commercial-off-the-shelf, web-based business application. It provides interactive, automated information gathering and is compatible with state and national IT standards. It also complies with the Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) standards.

NACCHO: National Association of City and County Health Officers <http://www.naccho.org/>

- NACCHO Developing a Local health Strategic Plan: A How To Guide
<http://www.naccho.org/topics/infrastructure/accreditation/upload/StrategicPlanningGuideFinal.pdf>
- NACCHO resource Center for Community Health Assessments and Community Health Improvement Plans <http://www.naccho.org/topics/infrastructure/CHAIP/chachip-online-resource-center.cfm>

NALBOH: National Association of Local Boards of Health <http://www.nalboh.org/>

NCCC: National Center for Cultural Competence <http://nccc.georgetown.edu/about.html>

NNPHI: National Network of Public Health Institutes <http://www.nnphi.org/>

PHAB: Public Health Accreditation Board <http://www.phaboard.org/>

PHF: Public Health Foundation <http://www.phf.org/Pages/default.aspx>

TRAIN Connecticut: The Connecticut Department of Public Health's learning management system for the public health community <https://ct.train.org/>

Appendices

Appendix	Document Title	See Page
A	Ten Essential Services	A-1
B	Central Connecticut Health District Organizational Chart	A-4
C	Central Connecticut Health District Training and Travel Reimbursement Policies	A-6
D	Core Competencies for Public Health Professionals	A-10
E	Central Connecticut Health District Staff Training Needs Assessment Report	A-33
F	Central Connecticut Health District Gap Analysis Report	A-38
G	Central Connecticut Health District Training Evaluation Form	A-43
