

Documentation Selection Tools - Workforce Requirements

Introduction

PHAB has specific requirements for health department staff throughout the standards and measures. This tool is a checklist of documentation that refers to health department staff, including information and activities generally related to human resources; functions/responsibilities that must be specifically designated to a staff member; and staff training and development requirements. Requirements for staff involvement in a performance management system and a quality improvement plan are also captured here.

A significant requirement is a health department-specific workforce development plan, to be updated annually. A [template and instructions](#) were created by the OSU College of Public Health Center for Public Health Practice (for Version 1.0 of the standards and measures).

*Asterisks indicate specific pieces of documentation that will be sought from accredited health departments.

Workforce requirements regarding emergency preparedness are not included in this checklist, and instead can be found in the Project Public Health Ready Overlap Tool.

Please note: This checklist captures the documentation guidance directly related to health department staff, and therefore does not include all of the required documentation for the listed measures. Refer to the PHAB standards and measures for comprehensive information regarding the required documentation for all measures.

The highlighted and underlined measures from PHAB’s Standards and Measures 1.5 are included in this tool

1.1.1 T/L	2.2.3 A	4.1.1 A	6.1.1 A	8.1.1 T/L	<u>11.1.1 A</u>
1.1.2 T/L	2.3.1 A	4.1.2 T/L	6.1.2 A	<u>8.2.1 A</u>	11.1.2 A
1.1.3 A	2.3.2 A	4.2.1 A	<u>6.2.1 A</u>	<u>8.2.2 A</u>	<u>11.1.3 A</u>
<u>1.2.1 A</u>	2.3.3 A	4.2.2 A	6.2.2 A	<u>8.2.3 A</u>	<u>11.1.4 A</u>
1.2.2 A	2.3.4 A		6.2.3 A	8.2.4 A	<u>11.1.5 A</u>
1.2.3 A	2.4.1 A	5.1.1 A	6.3.1 A		11.1.6 A
1.2.4 L	2.4.2 A	5.1.2 A	6.3.2 A	<u>9.1.1 A</u>	11.1.7 A
1.3.1 A	2.4.3 A	5.1.3 A	6.3.3 A	9.1.2 A	11.2.1 A
1.3.2 L		5.2.1 L	6.3.4 A	<u>9.1.3 A</u>	11.2.2 A
1.4.1 A	3.1.1 A	5.2.2 L	6.3.5 A	9.1.4 A	11.2.3 A
1.4.2 T/L	3.1.2 A	5.2.3 A		<u>9.1.5 A</u>	11.2.4 A
	3.1.3 A	5.2.4 A	7.1.1 A	<u>9.2.1 A</u>	
<u>2.1.1 A</u>	3.2.1 A	5.3.1 A	7.1.2 A	<u>9.2.2 A</u>	12.1.1 A
2.1.2 T/L	3.2.2 A	5.3.2 A	7.1.3 A		12.1.2 A
2.1.3 A	<u>3.2.3 A</u>	5.3.3 A	7.2.1 A	10.1.1 A	12.2.1 A
2.1.4 A	3.2.4 A	5.4.1 A	7.2.2 A	10.2.1 A	12.3.1 A
2.1.5 A	3.2.5 A	5.4.2 A	7.2.3 A	<u>10.2.2 A</u>	12.3.2 A
2.2.1 A	<u>3.2.6 A</u>			10.2.3 A	12.3.3 A
2.2.2 A					

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Human Resources	
✓ Required Documentation	Guidance
Health department organizational chart	Measure 11.1.1 A #2. The health department must provide its current health department organizational chart. If the health department is part of a super-agency or umbrella agency, and some of the documentation provided is from other divisions within the umbrella agency, then an organizational chart showing the health department’s relationship with the other divisions is also required. The health department’s organizational chart must show leadership, upper management positions, and the organization of programs. It need not detail every staff person. Position titles or program names are required; individuals’ names are not required.
Description of methods for staff access to policies	Measure 11.1.1 A #4. The health department must document how staff access policies. Access methods can include for example, the website; health department intranet; server access; or paper copy distributed to staff, available from supervisors, or located in central locations.
Signed employee confidentiality forms, as required by policies	Measure 11.1.3 A #3. The health department must provide a confidentiality form or agreement that is signed by employees. Through this form, staff will acknowledge their responsibilities for protecting confidentiality. The health department can submit a copy of the form. Do not submit copies of every employee-signed form; a log or other tracking mechanism showing that employees have signed the form is sufficient.
Human resource policies and procedures	Measure 11.1.5 A #1. The health department must provide a human resource manual or set of policies and procedures. The policies and procedures must address all of the following: <ul style="list-style-type: none"> • Employment and human resources legal requirements that pertain to the jurisdiction served by the health department (Tribal, state, and/or local); • Personnel recruitment, selection, and appointment; • Employee confidentiality; • Equal opportunity employment; • Salary structure; • Hours of work; • Benefits package; • Performance evaluation process based on job/position descriptions and individualized development plans; and • Problem solving and complaint handling, including sexual harassment.

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Employment working relationship agreements	Measure 11.1.5 A #3. The health department must provide documents in use to establish working relationships. Examples of documents used to establish working relationships include, for example, employment agreements, contract template, letter of employment template, contracts, or labor agreements (if appropriate). This does not include contracts for service.
Staff access to human resources policies and procedures	Measure 11.1.5 A #2. The health department must document how department staff access human resource policies and procedures. Methods may include, for example, web-based, health department intranet, server access, or distribution of a hard copy that is available from supervisors or located in central locations.
Recruitment of qualified individuals for specific positions	Measure 8.2.2 A #1. The health department must document the recruitment of individuals who are qualified for their public health specific specialty position. Examples of the evidence of the efforts of the health department to achieve the desired applicant pool are required. Documentation could be, for example, a competency-based job description and requirement for specific certification posting that specifies the level of skills, training, experience, and education that the applicant needs to possess to qualify for the position.
Recruitment of individuals who reflect the population served	Measure 8.2.2 A #2. The health department must document the recruitment of individuals who reflect the demographics (e.g., race, ethnicity, language, etc.) of the population that the health department serves. Examples of the evidence of the efforts of the health department are required, not the success or failure to achieve the desired applicant pool.
Retention activities	Measure 8.2.2 A #3. The health department must document activities to retain staff. Examples include: employee satisfaction survey results, needs assessments of work environment, reward and recognition programs, career ladders, promotion opportunities, and supervisor mentoring programs.
Position descriptions, available to staff	Measure 8.2.2 A #4. The health department must provide position descriptions or job descriptions. Position or job descriptions must include the competencies that are required for the position and must address both public health specialty needs (e.g., epidemiologist, public health laboratory technician, etc.) and generalist needs. The health department must also document how the descriptions are made available to staff. They may be made available for example, through the internet/intranet, a policy procedures manual, or through the human resources department.
A process to verify staff qualifications	Measure 8.2.2 A #5. The health department must document the process used to verify staff qualifications. This process may be defined in policy or it may be found in personnel guidelines that are part of the human resources system or a central administrative unit, such as a civil service system. Other examples include: guidelines used by all Tribal/county/state agencies or a

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	separate process defined and used by the health department. The process may include: reference checks; confirmation of transcripts with the issuing academic institution; confirmation of any registration, certification, or license with the issuing institution; or other check of credentials provided by the staff member.
Verified qualifications for all staff hired	Measure 8.2.2 A #6. The health department must document that qualifications have been verified for all staff hired in the past two years. Reviews include tracking required recertification. Documentation could be, for example, personnel files, a log or spreadsheet, or a template or form used by the health department; civil service commission certification; or evidence from a county or state personnel office demonstrating that the person is qualified for the position.

Functions/responsibilities specifically designated to a staff member	
✓ Required Documentation	Guidance
24/7 contact capacity	Measure 1.2.1 A #3. The health department must document a 24/7 contact system or protocol to collect data from those who report data to the health department. This may be, for example, a designated telephone line (voice or fax), email addresses, or ability to submit a report on the health department’s website. There may be a designated contact person for the health department or a list of contacts. The list may be a call-down list that is used if the primary call is received off-site or by another organization. Reports may be received by a contractor or by a call center (for example a poison control center), via regional or state agreements, or other arrangement. If there is a contract or other form of agreement to provide such services, the contract or agreement must be submitted as part of the documentation.
Assignment of responsibilities for investigation health problems and environmental public health hazards (as part of a written protocol for conducting investigations)	Measure 2.1.1 A #1a. The health department must provide written protocols that include a procedure for conducting investigations of suspected or identified health problems and environmental and occupational public health hazards. The protocol must delineate the assignment of responsibilities for investigations of health problems and environmental public health hazards. The assignment may be to a specified position or positions (for example, all environmental public health sanitarians, epi-diagnostic teams, and/or community health outreach staff in the health department) or may be assigned to a named individual. Documentation must include specific responsibilities shown in a procedure, protocol, or flow chart. If this function is carried out in full or in part by a federal agency, other health department, or other entity, then an MOU/MOA or other agreement, must be provided to

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	demonstrate the formal assignment of responsibilities for investigation of health problems and environmental and occupational public health hazards.
A designated staff position as the public information officer	Measure 3.2.3 A #1d. Identify which department staff position is designated as the public information officer. The protocol must define this position’s responsibilities, which must include: maintaining media relationships; creating appropriate, effective public health messages; and managing other communications activities.
Responsibilities and expectations for positions interacting with the news media and the public, including, as appropriate, any governing entity members and any department staff member	Measure 3.2.3 A #1e. Describe the responsibilities for all staff positions that may interact with the news media and the public. This may include guidance for specific staff positions, such as the director, public information officer, and representatives of the governing entity.
Interpretation, translation, or other specific communication services	Measure 3.2.6 A #2. The health department must provide a list of staff or contractors who provide interpretation, translation, or specific communication services. Specific communication services may mean non-English speaking or low literacy or hearing impaired communications. These services are provided as needed, based on demographic data. The services do not have to be provided directly by the health department, but must be available when needed. Tribal health departments may have “Indian preference” policies that demonstrate the promotion of culturally appropriate interactions between staff and community members. CHR’s or “Cultural Interpreters” may also be available to provide both translation and feedback from community members on program materials or services provided.
Assistive staff or technology devices	Measure 3.2.6 A #3. The health department must document assistance for the hearing and the visually impaired, or other assistive staff or technology devices.
The availability of expertise (internal or external) for analysis of research	Measure 10.2.2 A #1. The health department must document that it has expert staff or access to outside experts who can analyze research and its public health implications. This measure includes analysis of the current body of research relevant to public health practice, irrespective of whether or not the research was conducted in the Tribe, state, or community. Documentation could be, for example, a list of experts and a description of their training or expertise. The expertise may be within the department or may reside outside the health department, for example, an academic institution, research center, Tribal epidemiology center, public health institute, or consultant. If the expertise is outside of the health department, the health department must show a written agreement (contract, MOA/MOU, etc.) that demonstrates access to such expertise.

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Staff Development and Training	
✓ Required Documentation	Guidance
Provisions of training for staff in laws to support public health interventions and practice	<p>Measure 6.2.1 A #1. The health department must document that the staff are trained in laws that support public health interventions and practice. The training agenda is not specified and can include both general and specific aspects of public health law. Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, an infectious disease nurse should be trained on the law that addresses infectious disease reporting; he or she would not be required to know specific elements on public water laws. Documentation could be, for example, training agendas, minutes of training meetings, HR lists of personnel trained and the date of the training, or screenshots of links to online training required for staff completion and documentation that it was completed. Orientation for new staff is not sufficient.</p>
Workforce development plan	<p>Measure 8.2.1 A #1. The health department must provide a health department-specific workforce development plan. The workforce development plan must:</p> <ul style="list-style-type: none"> • Address the collective capacity and capability of the department workforce and its units. • Address gaps in capacity and capabilities and include strategies to address them. • Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science. • Be responsive to the changing environment and include considerations of areas where the field is advancing, for example, emergency preparedness training, health equity, and cultural competence. <p>The plan must include:</p> <ul style="list-style-type: none"> • An assessment of current staff competencies against the adopted core competencies. • An example of nationally adopted core competencies is the “Core Competencies for Public Health Professionals” from the Council on Linkages between Academia and Public Health Practice. The plan may also use state developed or specialty focused sets of competencies, for example, nursing, public health preparedness, informatics, and health equity competencies.

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	<ul style="list-style-type: none"> • Training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies. • A description of barriers/inhibitors to the achievement of closing gaps or addressing future needs in capacity and capabilities and strategies to address those barriers/inhibitors.
Implemented workforce development activities	Measure 8.2.1 A #2. The health department must document implementation of its workforce development strategies. Examples must demonstrate how the health department addresses gaps in capacity and capabilities.
Participation in personal professional development activities by staff of the department (other than management and leadership staff, who are addressed below)	Measure 8.2.3 A #1. The health department must document staff's completion of their annual personal professional development plan. Professional development activities could include: education assistance (e.g., time off for classes, tuition reimbursement, bringing classes to the health department), continuing education, training opportunities, mentoring, job shadowing, certification in public health, etc. Topics could be, for example, HIPAA, emergency response, methods for the presentation of data, health equity, communications, and courses required for Certified Public Health continuing education. Documentation could be, for example, a training completion certificate, an attendance record for a class, or a report written by the staff person documenting the activities and learnings.
Development activities for leadership and management staff	Measure 8.2.3 A #2. The health department must document the provision of department training and development programs for department leaders and managers. Activities could include, for example, education assistance, continuing education, support for membership in professional organizations, and training opportunities.
Participation of department leaders and managers in training provided by others, outside of the health department	Measure 8.2.3 A #3. The health department must document leaders' and/or managers' attendance at a leadership and/or management development training. Online courses are acceptable. Examples of providers include National Public Health Leadership Institutes; Public Health Training Centers Network, Environmental Public Health Leadership Institute; executive management seminars or programs; graduate programs in leadership/management; and related meetings and conferences. Examples of course topics include negotiation skills, CQI, systems thinking, change management, intercultural or intergenerational management, collaborative intelligence, handling conflict, coaching and mentoring skills, communications skills for managers, leadership styles, effective networks, concepts of public health informatics, leading teams and collaborations, health equity, community resilience, relationship building, marketing/branding, business process improvement, digital media, and crisis/risk communication.

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Staff development in performance management	Measure 9.1.5 A #1. The health department must document its staff professional development in the area of performance management. At a minimum, targeted staff includes those who will be directly working on performance measure monitoring and analysis, and/or serving on a quality team that assesses the department’s implementation of performance management practices and/or system. Documentation could be, for example, training attendance rosters, training curricula and objectives, presentations, participation in webinars, and other training materials, or specific work with consultants or technical assistants in performance management.
Quality improvement training	Measure 9.2.1 A #1 (partial). The health department must provide a quality improvement plan, which includes types of quality improvement training available and conducted within the organization for example: <ul style="list-style-type: none"> • New employee orientation presentation materials • Introductory online course for all staff • Advanced training for lead QI staff • Continuing staff training on QI • Other training as needed – position-specific QI training (MCH, Epidemiology, infection control, etc.)
Training staff on the implementation of confidentiality policies	Measure 11.1.3 A #2. The health department must document that staff has been trained on confidentiality policies, including training content and names of those who received the training. Documentation could be, for example, a copy of training materials and an agenda for the training session – whether group or individual. The health department must have a record of who attended the training. Documentation could also be a log, a sign-in sheet or a record/statement from web-based training.
Health equity and cultural competency training provided to health department staff	Measure 11.1.4 A #4. The health department must document staff training on health equity and cultural competence, including social, cultural, and/or linguistic aspects of policies, processes and programs. Training may include: examining biases and prejudices; developing cross-cultural skills; learning about specific populations’ values, norms, and traditions; and/or learning about how to develop programs and materials for low literacy individuals or the visually or hearing impaired. Documentation must show the content of the training. The health department must provide a record of who attended the training. This may be a log, a sign-in sheet, or a record/statement from web-based training. An example of training includes the Prevention Institute’s Health Equity Training Series. Documentation could be, for example, a copy of the

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	training materials or an agenda for the training session as well as a sign-in sheet or attendance list.
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Staff engagement in the Performance Management System and the Quality Improvement Plan	
✓ Required Documentation	Guidance
Health department leadership and management supportive and engaged in establishing and/or updating a performance management system	Measure 9.1.1 A #1. The health department must document the health department leadership’s engagement in setting a policy for and/or establishing a performance management system for the department. Documentation could be, for example, strategic and operational plans; training agendas, training programs, meeting agendas, packets, materials and minutes; draft policies or items discussed with the governing entity, and/or presentations to the governing entity. Documentation may include minutes of team meetings, quality council monthly reports, and final reports from teams showing results achieved.
Health department staff at all other levels engaged in establishing and/or updating a performance management system	Measure 9.1.1 A #2. The health department must document engagement of staff at all levels of the department in determining the nature of a performance management system for the department and implementing the system. Documentation could be, for example, meeting agendas, packets, materials, and minutes; orientation presentations/programs for new personnel; health department meeting materials and operational plans.
A functioning performance management committee or team	Measure 9.1.3 A #1. The health department must provide documentation of a department committee, team, council, executive team, or some other entity that is responsible for implementing the performance management system. This does not have to be a separate group that deals only with performance management but may be a function of a standing department committee. Documentation could be, for example, a charter, agendas, minutes, reports, or protocols of the subsidiary body responsible.
QI governance structure	Measure 9.2.1 A #1 (partial). The health department must provide a quality improvement plan. <ul style="list-style-type: none"> • Key elements of the quality improvement plan’s governance structure, such as: <ul style="list-style-type: none"> --Organization structure --Membership and rotation --Roles and responsibilities --Staffing and administrative support --Budget and resource allocation

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<p>Staff participation in quality improvement activities based on the QI plan</p>	<p>Measure 9.2.2 A #2. The health department must document how staff were involved in the implementation of the plan, worked on improvement interventions or projects, and/or served on a quality team that oversees the health department’s improvement efforts. Documentation could be, for example minutes, memos, reports, or committee or project responsibilities listings.</p>
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