

Workforce Development Plan Central Valley Health District

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 Central Valley Health District (CVHD). It also serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

In this plan

This workforce development plan contains the following topics:

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Questions

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Agency Profile

Mission & vision

Mission: Prevent, promote, and protect for optimal community health.

Our Vision: To be the healthiest community to live, learn, work, and play.

Core Values:

- **Collaboration** - Working with other facilities and services in the community to promote optimal health
- **Respect** - Embrace the dignity and diversity of individuals, groups, and communities
- **Science** - Support and promote evidence-based practices
- **Teamwork** - Working together to share purpose and common goal
- **Excellence** - Achieve the highest quality in what we do
- **Innovation** - Integrating new ideas and technology into practical processes to improve our effectiveness
- **Prevention** - Using knowledge to prevent disease and injury and make smart decisions to stay healthy

Location & population served

According to the US Census Bureau, the population of North Dakota increased by 4.7% between the years 2000 and 2010. During this time period, the population of Stutsman and Logan Counties decreased by 3.7% and 13.8%, respectively. Stutsman and Logan counties are comprised of predominantly rural areas with agriculture-based economies. Both Stutsman and Logan counties experienced declines in young people ages 10-19 from 2000 thru 2010. The percentage of men and women (women = 49.1% in both Stutsman and Logan counties) is about the same. The percentage of females 65 and older is higher for both counties than for males*.

Governance

CVHD is governed by an eight member board of health appointed by the county commissioners of both Stutsman and Logan counties, along with a medical director. The Board of Health meets monthly to review program needs and approve financial statements. The medical director meets monthly with the nurses and on an individual case by case basis when needed. The board of health and the medical director actively encourages growth of CVHD programs and services.

Organizational structure

At the top of the organizational chart is the Joint Board of Commissioners, then the Board of Health, the Health Officer/Medical Director, and the unit administrator. After the Unit Administrator staff is split into various roles and levels of responsible including Directors, Supervisors, and support staff. See appendix A for more details.

Learning culture

Each year in January all the staff comes together for a staff development day which includes agency strategic planning and agency wide training. The agency overall is supportive of employees participating in education opportunities and obtaining the training needed to do one's job efficiently and effectively.

Funding

Central Valley Health District has a variety of funding sources including state, local and federal dollars. Central Valley collects fees for services and bills insurance companies when appropriate. Trainings are accommodated based on availability of funds in a program travel budget. Trainings sponsored by State or Federal partners are encouraged.

Workforce policies

Central Valley Health District has policies for workforce development included in the personnel policy manual and the administration policy. These policies include such topics as employee classification, compensation, and payment, travel, discipline, leaves and benefits, and professional development.

Workforce Profile

Introduction

This section provides a description of Central Valley 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 January 1, 2013.

Category	# or %
Total # of Employees:	24
# of FTE:	21.33
% Paid by Grants/Contracts:	%
Gender:	Female: 23 Male: 1
Race:	Hispanic: - Non-Hispanic: - American Indian / Alaska Native: - Asian: - African American: - Hawaiian: - Caucasian: 24 More than One Race: - Other: -
Age:	< 20: 0 20 – 29: 2 30 – 39: 7 40 – 49: 4 50 – 59: 9 >60: 2
Primary Professional Disciplines/Credentials:	Leadership/Administration: 3 Nurse: 13 Registered Sanitarian/EH Specialist: 2 Epidemiologist: 0 Health Educator: 1 Dietician: 0 Social Workers: 0 Medical Directors: 1* Other: 5
Retention Rate per 5 Years	17
Employees < 5 Years from Retirement:	Management: 2 Non-Management: 9
Other	#

Workforce Profile, *continued*

Future workforce

As the North Dakota continues to grow in population due to the low unemployment rate, the population diversity of Stutsman and Logan counties will likely increase to include many non-English speaking residents who will need the services of CVHD. Although there is a translation service available via telephone through a state contract, it may be beneficial for CVHD to have one or more bi-lingual employees on staff order to provide services efficiently.

In addition, it may be challenging trying to fill the Nurse Practitioner and the RN positions that will become vacant as staff retires due to the nurse shortage, limited funds, and lower salary ranges than the private sector.

Competencies & Education Requirements

Core competencies for agency

The *Council on Linkages Core Competencies for Public Health Professional* are used by the agency to guide professional development as these are considered to be the national standard guiding the development of the current and future public health workforce. This document can be found at the following link:

http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Other competencies

In addition to the use of the core competencies listed above the following are used to guide the professional development in discipline-specific areas:

- Environmental Health - *Environmental Health Competency Project: Draft Recommendations for Non-Technical Competencies at the Local Level*
<http://www.apha.org/programs/standards/healthcomproject/corenontechnicalcompetencies.htm>
 - Emergency Preparedness & Response - *Public Health Preparedness & Response Core Competency Model*
<http://www.asph.org/document.cfm?page=1081>
-

CE required by discipline

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

Discipline	North Dakota CEU requirements
Nursing (RN)	12 CEUs every 2 years
Registered Environmental Health Specialist /Registered Sanitarian	24 CEUs every 2 years
APRN with Prescriptive Authority	15 CEUs every 2 years in Pharmacology

Training Needs

Introduction

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

Training needs assessment results

Information will be gathered through the review of core competencies, the agency's strategic planning, individual employee performance evaluations, and client surveys. A survey will be done in the spring of 2013 to assess and finalize the training needs of the staff.

Agency-specific needs

Discipline-specific training needs (if applicable)

Training Needs, *continued*

Mandatory Training

The table below lists training required by the agency and/or by state or federal mandate:

Training	Who	Frequency
HIPPA Compliance	All staff	Annually
Civil Rights	All Staff	Annually
Human Trafficking	FP Staff	Annually
Bloodborne Pathogens	Nursing Staff	Annually
Continuous Quality Improvement	QI Team Members	Annually
ICS 100, 200, 300, 400, 700, 800, & 808	New Employees	Upon Hire
Respiratory Fit Testing	All Staff	Annually

Other information

The agency utilizes many discipline specific training opportunities to meet training needs including:

- Car Seat and Injury Prevention Conference.
- Family Planning All Staff Conference.
- WIC All Staff Conference.
- Women's Way Trainings.
- Hospital Preparedness Conference.
- Immunization Conference.
- North Dakota Public Health Association Conference.

Central Valley Health District also utilizes free trainings, webinars, and online training opportunities from such agencies as:

- FEMA - ICS (Incident Command System) classes.
- CDC.
- North Dakota State Health Department.

New Employees receive on the job training and spend time following staff. See Attachment D – Checklist.

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.

Roles & responsibilities The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities.

Who	Roles & Responsibilities
County Commissioners	
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Health Officer/Medical Director	Provide guidance on training needs.
Unit Administrator	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Works with Directors to find appropriate training/development opportunities for staff. Provide guidance to the Directors with coaching and mentoring. Responsible for informing supervisors of workforce development needs, plans, and issues. Identifies high potential employees as part of agency succession plan.
Division/Department Directors (eg. Director of Nursing)	Responsible to the Unit Administrator for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of agency succession plan.
Coordinators	Responsible to their Director and employees to ensure that individual and agency-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (ie. time away from work, coaching, opportunities for application). Identifies high potential employees as part of agency succession plan.
All Employees	Ultimately responsible for their own learning and development. Report needs for individual trainings to supervisor. Work 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 Valley Health District Training Goals & Objectives 2012

Goal	Objectives	Target Audience	Resources	Responsible Party
Establish individualized professional development plans for all employees	<ul style="list-style-type: none"> • Annually, as part of performance review process, all employees will create an individualized professional development plan. 	All staff	Performance evaluations	Employee and Supervisor
To conduct training needs assessment by December 31, 2013.	<ul style="list-style-type: none"> • Determine the trainings of staff. 	All Staff	Staff Surveys (Client & Staff) Performance Evaluations	Unit Administrator Health Services Director

Goals, Objectives, & Implementation Plan, *continued*

Communication plan This plan will be shared with agency personal on an annual basis during staff meeting. It will also be shared with the Board of Health during a scheduled meeting. All updates will be shared in the same manner. In addition, the plan will be available on the agency's shared drive which all employees have access to at any time.

Central Valley Health District Curricula & Training Schedule 2012

Introduction

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

Accreditation Note: This section is required to meet the documentation requirements associated with Accreditation Standard 8.2.1. Additional training requirements for agency accreditation include:

- Leadership and management development activities (Standard 8.2.2)
- Staff training on patient confidentiality policies (Standard 11.1.2)
- One training on social, cultural, and /or linguistic factors (Standard 11.1.3)
- Staff development in performance management (Standard 9.2.5)

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Quality Improvement	Three module, online introduction to CQI basics	QI team members Senior Leadership	COL Core: 8A7, 8B7, 8C7	August 2012	www.cphplearn.org
HIPAA Compliance	Mandatory training on patient confidentiality	All Staff	Mandate	January 2012	UND HIPAA Curriculum
ND Public Health Association Conference		All Staff		June 2013	
WIC All Staff Conference		WIC Staff			
Hospital Preparedness Conference		EPR Staff		June 2013	
Immunization Conference		Nursing Staff			
Women's Way Conference		Women's Way Staff			

Central Valley Health District Curricula & Training Schedule 2012

Evaluation and Tracking

Introduction

Evaluation of training will provide Central Valley Health District with useful feedback regarding its efforts, including content, delivery, vendor 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

All training provided in house will be evaluated using the Kirkpatrick Model. Most trainings will be evaluated using a Level 1 evaluation form included as Appendix B. The remaining trainings will be evaluated using Level 2 instruments such as test and quizzes and pre-post questionnaires. The level of evaluation will depend on the material covered in the training. Evaluations may be done via hard-copy or electronic survey. Results will be collated and shared with the appropriate personnel.

Tracking

Each employee is required to track any training they attend, except agency wide training, and provide the required documentation annually to their supervisor during their employee performance review. See Appendix C: Training Log. Required documentation includes (for each training):

- Date
- Name of the training
- Location
- Supportive documentation (e.g. certificate of completion, CEU certificate, attendee list, handout materials, and/or transcript)

Agency wide training (such as: HIPAA and Civil Rights training) will be tracked by the Health Services Director. One exception will be any training required by Emergency Preparedness and Response will be tracked by the program staff.

Conclusion / Other Considerations

Other agency documents and plans

This Workforce Development Plan (WDP) is being developed as part of the agency’s effort to become accredited. It will become a part of the agency’s resources to improve performance and meet goals and objectives, as well assist in preparing individuals as part of the agency’s line of succession. This WDP will be linked with the agency’s strategic plan and quality improvement plan.

Review of plan

This document will be reviewed and revised on an annual basis by the Unit Administrator and the Health Services Director. Revisions will be based upon the core competencies, the agency strategic plan, findings of annual employee performance reviews, client surveys, and employee requests. The Health Services Director will be responsible for the maintenance of the plan.

Authorship

This plan was developed by the following individuals, and finalized on **DATE**.

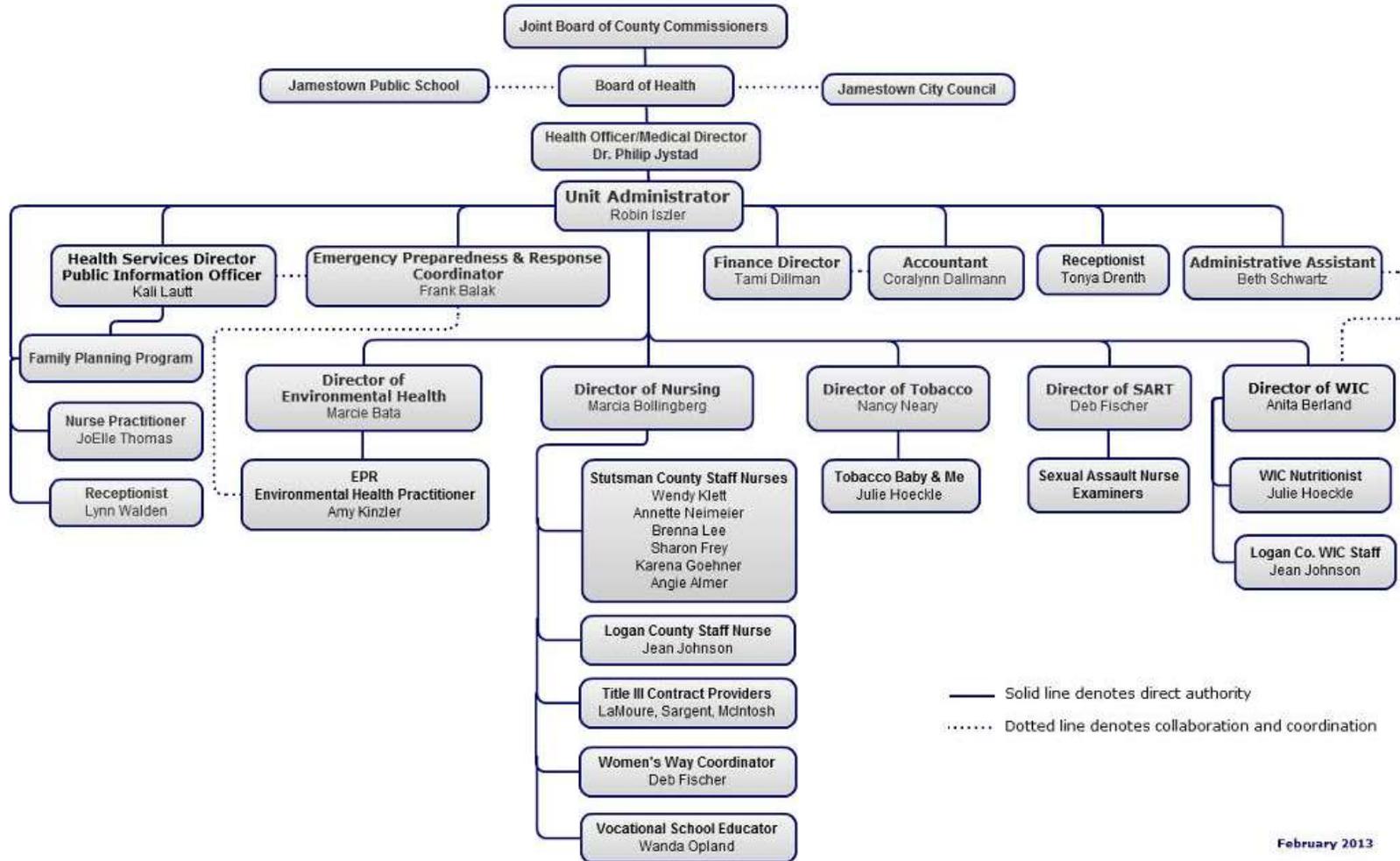
Printed Name & Title	Signature	Date
Robin Iszler, Unit Administrator		
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Appendix A

Central Valley Health District Organizational Chart



February 2013

Appendix B

Evaluation Form

Training:

Date:

Instructions: Circle the number that best reflects each evaluation statement and whether the objective was met.	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree

OBJECTIVES:

As a result of this course I am able to:

1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

COURSE:

6. The course is relevant to my work	1	2	3	4	5
7. I am committed to applying what I have learned to my job.	1	2	3	4	5
8. The level of the course met my needs.	1	2	3	4	5
9. The supplemental materials/resources were appropriate.	1	2	3	4	5
10. My questions were adequately resolved.	1	2	3	4	5
11. The overall quality of the course was very high.	1	2	3	4	5

INSTRUCTOR(s):

12. The teaching effectiveness of (instructor name) was excellent.	1	2	3	4	5
• Repeat #12 for additional instructors	1	2	3	4	5

TECHNOLOGY: (distance courses only)

13. I experienced technology difficulties while completing the course.	1	2	3	4	5
14. The technical support was adequate.	1	2	3	4	5

FACILITY: (face-to-face only)

15. The facility was conducive to learning.	1	2	3	4	5
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16. What features of the course would you change, why would you change them, and what specific changes would you recommend?

17.

