

# Workforce Development Plan Norwalk Health Department



## Purpose & Introduction

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### 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 Norwalk Health Department. The Department utilized and modified the template created by the Ohio Public Health Training Center to develop the plan.

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### Questions

For questions about this plan, please contact:  
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# Agency Profile

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## Mission, vision, & values

The mission of the Norwalk Health Department is to prevent and control the spread of disease, promote a healthy environment, and protect the quality of life within our changing community.

Vision: Excellence with Efficiency

Value Statements:

- We value our role in providing opportunities for all community members to be healthy.
  - We value quality and incorporate public health standards and best practices into our operations.
  - We value ethical behavior, accountability and integrity.
  - We value customer service and operate with the goal of achieving high levels of internal and external customer satisfaction.
  - We value our diverse community and strive to deliver our services in the best way possible.
  - We value collaboration and partner with a variety of individuals and organizations to improve community health by sharing information, resources and ideas.
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## Location & population served

- City of Norwalk, located in Fairfield County, Connecticut
- Population: 85,603
- Racial/ethnic composition: White: 68.7%; Black: 14.2%; American Indian/Alaska Native: 0.4%; Asian: 4.8%; Native Hawaiian and Other Pacific Islander: 0.1%; Two or more races: 2.8%; Hispanic or Latino origin: 24.3%; White, not Hispanic: 55.7%
- Persons under 18: 22%
- Persons 65 years and over: 12.8%
- Language other than English spoken at home: 32.2%
- High school graduates, 25+: 86.5%
- Homeownership rate: 66.8%
- Housing units in multi-unit structures: 44.8%
- Population in poverty: 8.2%

*Data from 2010 US Census*

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**Governance**

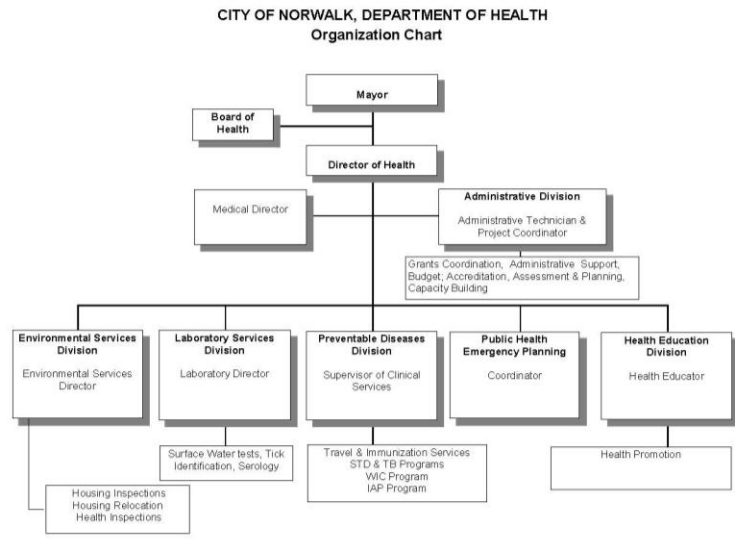
The Norwalk Health Department provides services and programs under the direction of the Mayor and with valuable guidance from the six-member Board of Health.

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**Organizational structure**

The Norwalk Health Department staff consists of a team of trained health and administrative support professionals. There are 23 full-time and 9 part-time employees, comprising 27 FTEs. Department staff are organized within six divisions:

- Environmental Health (9.5 FTEs)
- Preventable Diseases (8 FTEs)
- Health Education (2 FTEs)
- Emergency Preparedness (1 FTEs)
- Laboratory Services (1 FTE)
- Administration (5.5 FTEs)



Revised 2-21-13

**Funding**

The Health Department operating budget is approximately \$3.5 million. The budget is comprised of City funds and grant funding.

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# Competencies, Education Requirements, and Training Needs

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## Core competencies for agency

The Health Department utilizes the Core Competencies for Public Health Professionals from the Council of Linkages to guide department-wide professional development. The Accreditation Workgroup completed a workforce assessment in December 2012 to determine the priority core public health competencies to develop within the staff. These competencies included analytical/assessment, policy development/program planning, communication, cultural competency, community dimensions of practice skills, public health science, financial planning & management, and leadership & systems thinking skills.

Participants assessed how relevant each competency was for the entire department, the current capacity level staff exhibit for each competency, and the value and benefit they placed on the competency. Based on the results, staff determined cultural competency and communication as the focus for workforce development over the next year. For the full assessment report, see Appendix A.

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## Continuing education required by discipline

There are multiple requirements for continuing education for ongoing licensing and practice that are discipline-specific. Licensures and certifications held by staff, and their associated continuing education requirements, are shown in table below.

License/Certification	Who	Frequency
Food	Director of Environmental Health, Registered Sanitarians, Housing Inspectors, Health Inspector	16 contact hours over 3 years
Lead	2 Registered Sanitarians, 1 Housing Inspector	Annually
Certified Health Education Specialist (CHES)	Health Educator, Health Education Associate	75 hours of continuing education contact hours over 5 years
Advanced Practice Registered Nurse (APRN)	Communicable Disease Coordinator	150 continuing education units over 5 years
Certified Lactation Consultant	WIC Site Nutritionist, WIC Nutritionist	18 hours over 3 years
Registered Dietician	WIC Nutritionist	75 hours over 5 years

## Other trainings

Based on the strategic direction of the Health Department, the following training areas have also been identified as necessary:

- Quality Improvement
- Performance Management
- Confidentiality
- Information Technology
- Emergency Preparedness

## Goals, Objectives, & Implementation Plan

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### Roles & responsibilities

Who	Roles & Responsibilities
Health Director	Responsible for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning.
Division Supervisors	Responsible to the Director of Health for all employees within their divisions. Supports, coaches, and mentors employees to assure that appropriate training resources and support structures are available within the division.
Project Coordinator	Responsible for implementation of the plan, identifying training opportunities, providing training, and tracking implementation.
All Employees	Ultimately responsible for their own learning and development. 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.

## Norwalk Health Department Training Goals & Objectives 2013 - 2014

Goal	Objectives	Target Audience	Responsible Party
Enhance cultural competency and communications skills within all Health Department staff	<ul style="list-style-type: none"> <li>Identify training opportunities that will enhance the Core Competencies within staff</li> <li>Hold trainings at the Health Department</li> </ul>	All staff	Project Coordinator
Maintain required discipline-specific licensures and certifications	<ul style="list-style-type: none"> <li>Staff fulfills all requirements for maintaining licensures and certifications</li> <li>Staff submits documentation showing they have fulfilled requirements each year to division supervisors, who will then report to the Project Coordinator</li> </ul>	All staff	All staff
Ensure staff maintain client confidentiality and protect client/patient health information	<ul style="list-style-type: none"> <li>Conduct trainings on confidentiality policies and procedures</li> </ul>	All staff	Supervisor of Clinical Services
Establish a culture of quality within the agency	<ul style="list-style-type: none"> <li>All members of the Quality Improvement Workgroup will complete basic and advanced quality improvement trainings</li> </ul>	Quality Improvement Workgroup members	Project Coordinator
Enhance capacity for performance management in the Health Department	<ul style="list-style-type: none"> <li>Once internal performance management system is finalized, Project Coordinator will train division supervisors on the Health Department system and basics of performance management</li> </ul>	Division Supervisors	Project Coordinator
Continue to improve our use of technology	<ul style="list-style-type: none"> <li>Offer trainings on information technology topics during each quarterly staff meeting</li> </ul>	All staff	Laboratory Director
Ensure staff members receive proper training to enable them to carry out Emergency Preparedness activities.	<ul style="list-style-type: none"> <li>All remaining staff must complete the mandatory Emergency Preparedness training and report completion to the Emergency Preparedness Coordinator</li> </ul>	All staff	Emergency Preparedness Coordinator
Establish an orientation program for new Health Department employees	<ul style="list-style-type: none"> <li>By May 2014, outline and establish components of new Health Department orientation program</li> </ul>	New staff	Project Coordinator

## Norwalk Health Department Curricula & Training Schedule 2013 - 2014

Topic/Title	Description	Target Audience	Competencies Addressed	Schedule	Resources
Enhancing Cultural Awareness & Cultural Competence in Service Delivery	A 2-hour interactive workshop offered at the Health Department. Purpose is to introduce public health service providers to knowledge, awareness and skills that enhance the ability to provide culturally competent services.	All staff	4A2, 4B2, 4A4, 4B4, 3A2,	June 13 & 27, 2013	N/A
External Communications	Training on procedures to communicate to external stakeholders. This applies to print materials, all online communication, paid advertisements, and media outreach.	All staff	3C1, 3B4, 3B5, 3C7, 7A3	Summer 2013	NHD External Communications Policy & Procedures
Confidentiality	Mandatory training on NHD Confidentiality Policy and Procedure.	All staff	Mandate, 7A3	June 2013	NHD Confidentiality Policy & Procedure
Open Forum for Quality Improvement	The Community of Practice for Public Health Improvement (COPPHI) Open Forum is held twice a year and offers participants an opportunity to learn from leaders in the field of quality improvement.	Business Manager	7B12, 7C16, 8A6, 8A7	June 12-13, 2013	<a href="http://www.nnphi.org/">www.nnphi.org/</a>
Basic Quality Improvement	Overview of NHD Quality Improvement Plan; Overview of past NHD QI Projects; Intro to QI (Online webinar)	QI Workgroup	7C16, 8A7	July 2013	NHD QI Plan; <a href="http://www.nnphi.org/">www.nnphi.org</a> ;
Intermediate Quality Improvement	Kaizen Model; other local health department QI projects	QI Workgroup	7C16, 8A7	January 2014	<a href="http://www.nnphi.org">www.nnphi.org</a>
Performance Management	Introduction to performance management concepts; overview of NHD system	Division Supervisors	7B12, 7C17, 8A7	July 2013	NHD Performance Management Policy
Technology	Laboratory Director will offer trainings on the use of technology for Health Department operations during each staff meeting.	All staff	1A11, 2A9	Quarterly Staff Meetings	N/A
Emergency Preparedness	Three online classes: Intro to ICS 100.b, ICS 200.b, Intro to NIMS 700.a; All staff are required by CT DPH to complete these.	All staff	Mandate	Ongoing	<a href="https://ct.train.org">https://ct.train.org</a>

## Evaluation and Tracking

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**Evaluation** Training provided at the Norwalk Health Department and/or by the Norwalk Health Department will be evaluated on content, delivery, and training effectiveness. This is important for professional continuing education documentation and quality improvement purposes.

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**Tracking** The following information will be tracked for each training as appropriate:

- Participant name and title
- Date of training
- Location of training
- Training content, which could include agendas, curriculum objectives, Power Point presentation, and training materials.
- Training transcripts or records from CT Train

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## Conclusion / Other Considerations

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**Review of plan** This plan will be reviewed and updated annually in June, with input from senior management during regular supervisors meetings. The plan will be maintained by the Project Coordinator.

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### Review & Approval

	<b>Printed Name &amp; Title</b>	<b>Signature</b>	<b>Date</b>
<b>Reviewed by</b>	Deanna D'Amore Project Coordinator		
<b>Approved by</b>	Tim Callahan Director of Health		



# Appendix A: Workforce Needs Assessment Report



## Norwalk Health Department Workforce Needs Assessment Report February 26, 2013

### Background & Purpose

Public Health Accreditation Board (PHAB) measure 8.2.1 A requires a health department workforce development plan that addresses the training needs of staff and the development of nationally adopted core competencies. The Norwalk Health Department was fortunate to have the support of the Connecticut-Rhode Island Public Health Training Center (CT-RI PHTC) in planning their approach to addressing these requirements. The Assistant Director of the CT-RI PHTC offered to support local health departments in conducting a competency-based training needs assessment. On October 11, 2012 staff from the Ledge Light Health District, Naugatuck Valley Health District, Norwalk Health Department, Waterbury Health Department, and the CT-RI PHTC met to discuss how the Center could support local health department workforce development efforts as they relate to PHAB accreditation. The group discussed different approaches to training needs assessments, including surveying staff to prioritize their perceived needs and interests, surveying staff or interviewing staff to assess competency levels, and conducting a workshop with staff to prioritize competencies. The group decided the most efficient method would be to conduct a workshop with a facilitator to introduce staff to the core competencies and then prioritize them for inclusion in the workforce development plan using quality improvement tools.

Utilizing resources CT-RI PHTC staff researched and additional resources Norwalk Health Department staff identified from the Public Health Foundation, the Project Coordinator of the Norwalk Health Department designed the methodology for the assessment. On December 18, 2012 members of the Norwalk Health Department Accreditation Workgroup met to complete the assessment. The Accreditation Workgroup consists of staff from all divisions of the department and front-line and management staff. The purpose of the assessment was to determine which Core Competencies for Public Health Professionals from the Council of Linkages to focus on within the agency workforce development plan.

### Methods

At the meeting prior to completing the assessment, the Project Coordinator reviewed PHAB requirements for workforce development, described the Core Competencies, facilitated a discussion on the Core Competencies, and described how quality improvement tools can help prioritize the Core Competencies. The Project Coordinator facilitated the workforce assessment with the help of the Project Assistant. Staff first completed a Prioritization Matrix (Figure 1), comparing staff perceptions on relevancy for each of the Core Competencies. They compared each competency to determine which was more relevant to the entire department. The Project Coordinator posed this question to the group for each comparison, "Are \_\_\_\_\_ skills more, less, or equally relevant to the entire health department than \_\_\_\_\_ skills?" The following numerical scale was utilized to assign the comparison values: 1– equally important, 5 – significantly more important, 10 - exceedingly more important, 1/5 - significantly less important, 1/10 - exceedingly less important. Each comparison prompted staff members to explain their reasoning for why they thought a particular competency was more relevant than another, which often resulted in staff changing their opinions. The numerical scores for each competency were determined by majority vote when group consensus was not reached. Scores for each competency were then tallied and the rank of competencies was determined.

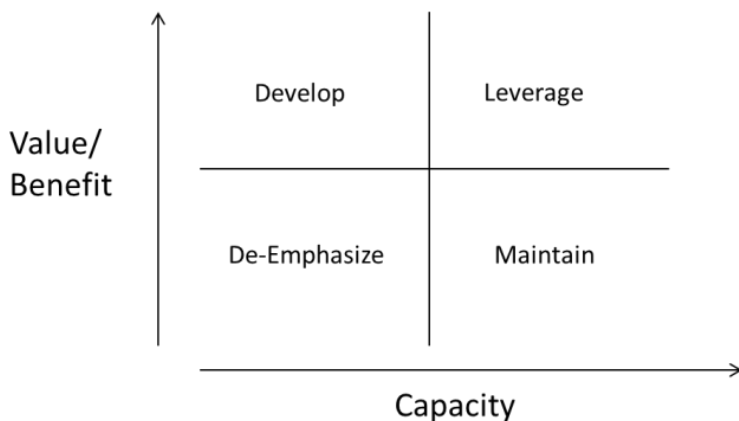
**Figure 1: Core Competencies Prioritization Matrix**

Are _____ skills more, less, or equally relevant to the entire health department than _____ skills?	Analytical/ Assessment	Policy Dev./ Program Planning	Communi- cation	Cultural Competency	Community Engagement	Public Health Science	Financial Planning & Mngt	Leadership & Systems Thinking	Score	Rank
1. Analytical/Assessment										
2. Policy Development/ Program Planning										
3. Communication										
4. Cultural Competency										
5. Community Engagement										
6. Public Health Science										
7. Financial Planning & Management										
8. Leadership & Systems Thinking										

\*Note: The title of Domain 5 was changed to Community Engagement from Community Dimensions of Practice Skills because this term was easier for staff to understand.

The top five competencies ranked from the Prioritization Matrix were then further narrowed using a modified PICK Chart exercise. The PICK chart is a Lean Six Sigma tool developed to identify and prioritize opportunities for improvement by evaluating the payoff and the ease of implementing changes. For the workforce assessment, staff used benefit/value and capacity level as the decision criteria. Staff individually scored the five remaining competencies on a scale of 1-5, first on the current capacity level staff exhibit and then on the value and benefit they place on the specific competency. The individual scores for each item were then tallied to get total group scores. The group scores were then placed on a 2x2 matrix (Figure 2), the horizontal axis representing capacity and the vertical axis representing value/benefit. The goal was to choose competencies that staff placed a high value and benefit on and had lower capacity levels, which would be placed in the upper left quadrant of the 2x2 matrix. Based on the results, the staff chose two competencies for inclusion within the workforce development plan.

**Figure 2: Core Competencies PICK Chart**



**Participants**

The following members of the Norwalk Health Department Accreditation Workgroup participated in the workforce needs assessment: Theresa Argondezzi (Health Educator), Cindy Bermudez (Bilingual Receptionist), Tim Callahan (Director of Health), Tom Closter (Director of Environmental Services), Deanna D’Amore (Project Coordinator), Megan DiMiglio (Project Assistant), Patricia DiPietro (Office Manager/ Lab Technician), Lynette Gibson (HIV/AIDS Program Coordinator), Darleen Hoffler (Supervisor of Clinical Services), Bill Mooney (Registered Sanitarian), and Len Nelson (Emergency Preparedness Coordinator).

**Results**

Staff determined Communication, Cultural Competency, Community Dimensions of Practice (Community Engagement), Financial Planning and Management, and Policy Development/Program Planning as the top five most relevant competencies to focus on through completing the Prioritization Matrix exercise (Figure 3). Communication and Cultural Competency were the clear top two choices. Leadership and Systems Thinking scored particularly low, with staff commenting that these skills only apply to a small amount of people.

**Figure 3: Core Competencies Prioritization Matrix Results**

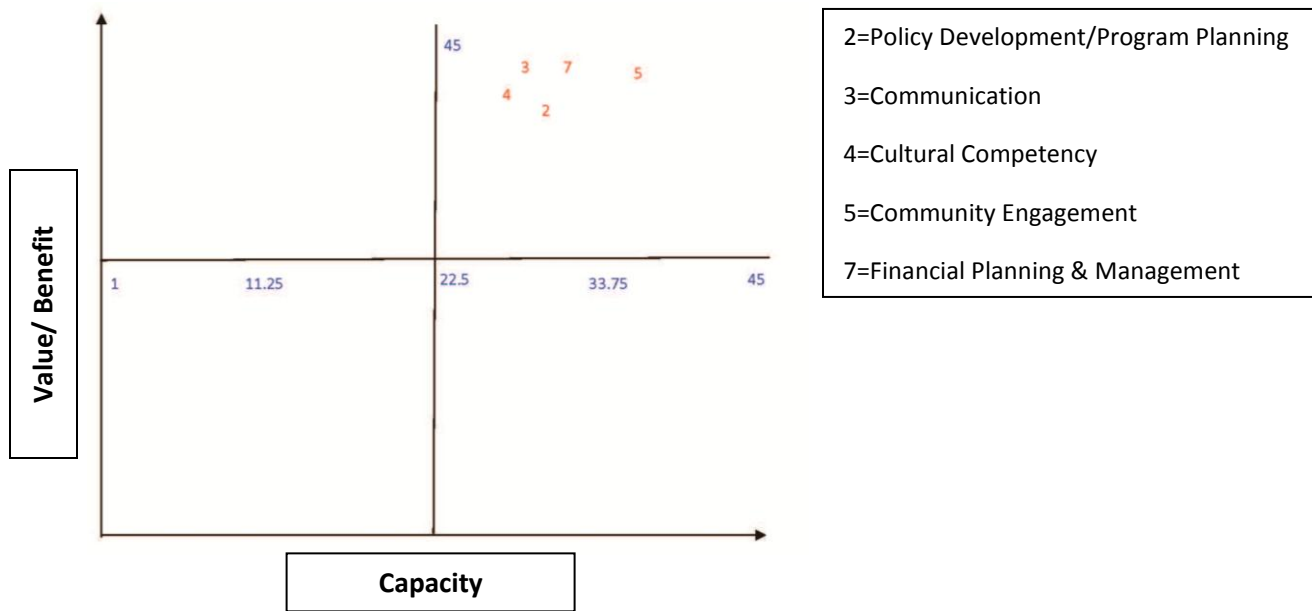
Are _____ skills more, less, or equally relevant to the entire health department than _____ skills?	Analytical/ Assessment	Policy Dev./ Program Planning	Commun- ication	Cultural Competency	Community Engagement	Public Health Science	Financial Planning & Mngt	Leadership & Systems Thinking	Score	Rank
1. Analytical/Assessment		5.0	1.0	0.2	0.2	1.0	0.2	5.0	12.6	6
2. Policy Development/ Program Planning	0.2		0.2	1.0	1.0	5.0	1.0	5.0	13.4	5
3. Communication	1.0	5.0		1.0	5.0	5.0	5.0	5.0	27.0	1
4. Cultural Competency	5.0	1.0	1.0		5.0	5.0	5.0	5.0	27.0	1
5. Community Engagement	5.0	1.0	0.2	0.2		5.0	0.2	5.0	16.6	3
6. Public Health Science	1.0	0.2	0.2	0.2	0.2		5.0	5.0	11.8	7
7. Financial Planning & Management	5.0	1.0	0.2	0.2	5.0	0.2		5.0	16.6	3
8. Leadership & Systems Thinking	0.2	0.2	0.2	0.2	0.2	0.2	0.2		1.4	8

Staff determined Cultural Competency and Communication as the final Core Competencies to include within the workforce development plan. They were both the lowest scoring capacity levels, and staff also placed high value and benefit to them. The total group scores for all the competencies are listed below (Table 1). Because no competencies were low capacity and all were perceived as having high value and benefit, the group decided to select the lowest scoring capacity competencies. The group scores are also shown in the 2x2 matrix (Figure 4).

**Table 1: Group Scores for Capacity and Value/Benefit Criteria**

Core Competency	Capacity Group Score	Value/Benefit Group Score
2. Policy Development/Program Planning	31	37
3. Communication	30	43
4. Cultural Competency	26	41
5. Community Engagement	35	42
7. Financial Planning & Management	32	43

Figure 4: 2x2 Matrix



**Lessons Learned**

Staff found the second exercise, the modified PICK, to be much easier to complete than the Prioritization Matrix. It took one hour and ten minutes to complete both exercises, with the majority of time being spent on the Prioritization Matrix. Staff did say that they became more comfortable with completing the Prioritization Matrix the further along they got in the exercise. When the workforce assessment is completed again in the future, staff will be asked to complete a practice Prioritization Matrix on a simpler topic. This is so that they are able to get familiar with the matrix first, before applying comparisons with the competencies.

Staff found many benefits to participating in the assessment and utilizing quality improvement tools. The tools allowed the staff to have equal input, narrowed the focus of workforce development to the most important department-wide topics, increased the chances of following through with the plan because of wide staff involvement, and reduced the chances of selecting someone’s “pet project”.

**Resources**

- “3-Step Competency Prioritization Sequence”. Public Health Foundation. [http://www.phf.org/resourcestools/Pages/3Step\\_Compety\\_Prioritization\\_Sequence.aspx](http://www.phf.org/resourcestools/Pages/3Step_Compety_Prioritization_Sequence.aspx)
- “Core Competencies for Public Health Professionals”. [http://www.phf.org/resourcestools/pages/core\\_public\\_health\\_competencies.aspx](http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)
- “How to Focus Your Training and Professional Development Efforts to Improve the Skills of Your Public Health Organization”. October 31, 2011. Workshop PowerPoint presentation for the 2011 APHA Annual Meeting. [http://www.phf.org/resourcestools/Pages/APHA2011\\_Prioritization\\_Matrix\\_Core\\_Competyencies.aspx](http://www.phf.org/resourcestools/Pages/APHA2011_Prioritization_Matrix_Core_Competyencies.aspx)
- “How to Focus Your Training and Professional Development Efforts to Improve the Skills of Your Public Health Organization”. March 2012. White Paper. [http://www.phf.org/resourcestools/Pages/Core\\_Competyencies\\_Prioritization\\_White\\_Paper.aspx](http://www.phf.org/resourcestools/Pages/Core_Competyencies_Prioritization_White_Paper.aspx)