

Workforce Development Plan Erie County Department of Health

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 workforce development plan for Erie County Department of Health. 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 / Community Profile

Mission & vision The mission of the Erie County Department of Health is to preserve, promote and protect the health, safety and well-being of the people and the environment in the County by:

- ❖ Acting as the guardian and as an advocate in all matters relating to the public's health.
- ❖ Promoting healthy lifestyles.
- ❖ Reducing preventable illness and controlling the spread of communicable diseases.
- ❖ Identifying and eliminating health and safety hazards.
- ❖ Protecting and promoting the quality of the environment.

Governance The Erie County Department of Health was established as a Department of Erie County Government in 1955. The Erie County Board of Health serves in an advisory capacity, while day-to-day operation is governed by state law (PA Local Health Administration Law, aka Act 315, Act 12: PA Code: Title 28, Chapter 15; section 15.4(a) 9), as well as by County Council / County Administration. Personnel policies and procedures are governed by County Personnel Department and union contracts (AFSCME Professional and Technical / Clerical bargaining agreements).

Organizational structure The Erie County Department of Health is organized according to guidelines included in the PA Act 315, which requires the following components:

- Board of Health
- Health Director
- Professional, Technical and Clerical staff necessary to execute provisions of Act 315

See attached organizational chart—Appendix A

Learning culture The Erie County Department of Health has recently embarked on a journey to enhance employee learning opportunities with the goal of improving individual and group performance. This workforce development plan will contribute to the overall desired culture of learning and quality/performance improvement by creating an environment and a culture that values, supports, and promotes lifelong learning and continuous quality improvement.

Funding The Erie County Department of Health is funded by a combination of grants and contracts (46%), State tax dollars via Act 315 and Act 12 (28%), County tax dollars (19%), and fees related to environmental programs (7%).

Workforce policies Existing policies related to employee training are included in the County Personnel Policy manual, AFSCME bargaining agreements, and employee handbook. ECDH is in the process of developing policies related to increasing / improving employee training.

Location & population served

Erie County is located in northwestern Pennsylvania on the south-central shore of Lake Erie. Erie County measures 812.6 square miles, and includes a mix of urban, suburban and rural communities that radiate outward from the City of Erie, including 167,634 acres of farmland.

Within Erie County there are 38 municipalities, including 2 cities, 22 townships, and 14 boroughs. The City of Erie is the County's largest city with 101,786 residents, accounting for 36.3% of the total county population. The City of Erie serves as the County seat, and is the fourth largest city in Pennsylvania (behind Philadelphia, Pittsburgh, and Allentown). Approximately 80% of the County is urban/suburban, and 20% is rural.

Population Characteristics of Erie County

Tables for this section are included in Appendix B

Erie County's 2010 population was 280,566 residents, and included 137,975 males and 142,609 females. The median age was 38.6, with 22.7% of the population under age 18, 62.7% between ages 18 and 64, and 14.5% age 65 and over. Table B-1

Racial and Ethnic Composition

In 2010, 88.2% of Erie County's population was white, 7.2% was black or African-American, 1.1% was Asian, and 1.2% was classified as "other race." Approximately 3.4% of residents were Hispanic or Latino (of any race). Table B-2

The five leading reported ancestries of Erie County residents are German, Irish, Polish, Italian, and English.

Income

Incomes tend to be lower in Erie County compared to Pennsylvania and the rest of the United States. In 2010, per capita income in Erie County was \$22,192, compared to \$26,374 in Pennsylvania and \$26,059 in the rest of the United States. The median household income was \$42,519, compared to \$49,288 in Pennsylvania and \$50,046 in the rest of the United States. The median family income was \$56,663, compared to \$61,890 in Pennsylvania and \$60,609 in the United States. Table B-3

Education

Erie County residents graduate from high school at higher rates than the rest of Pennsylvania and the United States as a whole, except in the 18-24 year age range. In 2010, an estimated 84.2% of Erie County residents ages 18 to 24 possessed a high school education or higher, compared to 86.5% of Pennsylvanians and 83.2% of all Americans. High school graduation rates for people age 25 and over in Erie County are similar to, but still higher than, the state and the U.S. at 90.2%, 88.4%, and 85.6% respectively. Table B-4

Workforce Profile

Current workforce demographics

The table below summarizes the demographics of the agency's current workforce as of 05/23/2012:

Category	# or %
Total # of Employees:	76
# of FTE:	75.5
% Paid by Grants/Contracts:	46%
Gender:	Female: 59 Male: 17
Race:	Hispanic: 0 Non-Hispanic: 0 American Indian / Alaska Native: 0 Asian: 0 African American: 5 Hawaiian: 0 Caucasian: 71 More than One Race: 0 Other: 0
Age:	< 20: 0 20 – 29: 4 30 – 39: 10 40 – 49: 21 50 – 59: 32 >60: 9
Primary Professional Disciplines/Credentials:	Leadership/Administration: 11 Nurse: 21 Registered Sanitarian/EH Specialist: 15 Epidemiologist: 2 Health Educator: 7 Dietician: 0 Social Workers: 1 Medical Directors: 1 Information Technology: 2 Clerical: 16 Immunization/TB – Outreach Worker: 1
Employees < 5 Years from Retirement:	Management: 4 Non-Management: 7

Competencies

Core competencies for individuals

The Erie County Department of Health, in collaboration with the Pennsylvania Public Health Training Center, has chosen to use The Core Competencies for Public Health Professionals as the foundation for the workforce development plan. The Core Competencies are considered to be the national standard guiding the development of the current and future public health workforce. They represent a set of skills desirable for the broad practice of public health and are designed to serve as a starting point for academic and practice organizations to understand, assess, and meet training and workforce development needs.

Arranged in three tiers to reflect progressive levels of responsibility (entry level; supervisors and managers; senior managers and CEO's), the Core Competencies are categorized by eight areas of practice:

- Analytical/assessment skills
- Policy development/program planning skills
- Communication skills
- Cultural competency skills
- Community dimensions of practice skills
- Public health sciences skills
- Financial planning and management skills
- Leadership and systems thinking skills

More information on the Core Competencies is provided in Appendix C. Detailed information on the Core Competencies is available online at http://www.phf.org/resourcestools/Documents/Core_Public_Health_Competencies_I_II.pdf.

Competencies for the agency

The Erie County Department of Health, in collaboration with the Pennsylvania Public Health Training Center, has chosen the Public Health Accreditation Board Domains and Standards as the competency set for the agency. The Public Health Accreditation Board is the national organization that accredits local health departments with the goal of improving and protecting the public's health by advancing the quality and performance of public health departments.

The domains are groups of standards that pertain to a broad group of public health services. Of particular note in regard to this workforce development plan is Domain 8—*Maintain a competent public health workforce* and, specifically, Standard 8.2—*Assess staff competencies and address gaps by enabling organizational and individual training and development*. The focus of the PHAB standards is “what” the health department provides in services and activities, irrespective of how they are provided or through what organizational structure.

More information on the Domains and Standards can be found in Appendix D. Detailed information is available online at <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>.

Training Needs

Introduction

This section describes the identified training needs of the Erie County Department of Health at both the individual and organizational levels. The Pennsylvania Public Health Training Center assessed actual and perceived training needs and interests to guide competency-based curriculum development. The choices of approach and training methods are driven by workforce characteristics and delivery mode preferences.

In order to better understand agency-based needs, the Pennsylvania Public Health Training Center developed and deployed a training needs assessment in 2010 informed by the Public Health Accreditation Board Domains, Standards, and Measures. The assessment consisted of three parts: 1. Board members skills related to governance, 2. staff skills related to the PHAB standards, and 3. preferences, resources, and challenges for training delivery. Key informant interviews of the director and administrators were used to collect data.

Individual-level training needs and preferences were assessed by the Pennsylvania Public Health Training Center in 2012. The electronic survey was informed by the Core Competencies for Public Health Professionals of the Council on Linkages between Academia and Public Health Practice. The entire workforce of the Erie County Department of Health was asked to complete the survey.

Individual level training needs

A data collection tool based on the Core Competencies was developed in 2012 by the Pennsylvania Public Health Training Center in collaboration with ECDH administrators. The Internet-based survey captured demographic information as well as training needs and preferences. A survey was deployed for five tiers of staff: clerical, non-supervisory, supervisory with less than 5 years of experience (I), supervisory with more than 5 years of experience (II), and administrative. Respondents were asked to rate each competency based on importance to their job, degree to which they can complete the activity, interest in additional training, and familiarity with the terminology.

Assessed training needs were analyzed by tier. Following is a ranked summary of interest in additional training of those who responded that the activity is of high importance to their job:

Clerical/Support Staff

- Computer skills – One Note and Access
- Conveying public health information in print
- Contributing to the preparation of proposals for funding from external sources
- Participating in the measuring, reporting, and continuous improvement of organizational performance

Non-supervisory Staff

- Recognizing community linkages and relationships among multiple factors affecting health
- Using group processes to advance community involvement
- Describing the state, local, and federal public health and health care systems.
- Informing the public about policies, programs, and resources.

Supervisory Staff (I and II)

- Relating public health science skills to the core public health functions and ten essential services
- Applying basic human relations skills to the management of the Department, motivation of personnel, and resolution of conflicts
- Assessing the health status of populations and the related determinants of health
- Using decision analysis for policy development and program planning

Administrative Staff

- Establishing a performance management system
- Critiquing the feasibility and expected outcomes of various policy options using data and other relevant information
- Managing partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or issues.
- Including the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making

continued

The following preferences for training delivery modalities were identified:

- Live video conference
- In-person (3-4 hours)
- Interactive webinar

The full Executive Summary of the 2012 Individual Training Needs Assessment is included in Appendix E.

**Agency level
training needs**

The Pennsylvania Public Health Training Center developed a data collection tool based on the Public Health Accreditation Board's Domains and Standards. A key informant interview of the director and administrators was used for data collection.

Assessed training needs to improve organizational performance include:

- developing prevention and preparedness strategies
- maintaining an all hazards / emergency response plan
- developing health communications (print, electronic, media) for various audiences (community, low literacy, elected officials)
- promoting access to health care services
- conducting a health improvement / community planning process
- data reporting to influence policy and program development
- evaluating public health processes, programs, and interventions
- identifying and using evidence-based programs / best practices
- evaluating staff competencies and addressing deficiencies
- leadership development
- establishing a quality improvement plan

The full Executive Summary of the 2010 Organizational Training Needs Assessment is included in Appendix F.

Curricula & Training Schedule 2012

Introduction

This section describes the 2012 curricula and training schedule for the Erie County Department of Health. Issue considered in the selection of topics included needs and interests of employees in relationship to the core competencies and available resources. We also looked at what are realistic expectations regarding employee time away from job duties for training. This Plan does not reflect program-specific training or training required for maintenance of licensure, certification, or registration. For 2012, all program-related and/or discipline-specific training will continue to be planned and monitored by individual ECDH division directors and program supervisors.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Creating a Culture of Quality	This presentation provides an overview of performance management and quality improvement. <i>Accreditation Standard 9.2.5</i>	All staff	8A7 8B7 7C17 8C7 8C9	February, April	<u>PA Public Health Training Center</u>
Quality Improvement	An in-depth exploration of quality assessment/quality improvement for public health agencies is presented. <i>Accreditation Standard 9.2.5</i>	Professional staff	8A7 8B7 8C7 8C9 7C16	June	PA DOH Public Health Training Institute
2012 Management Institute	This leadership/management development opportunity focuses on building high performance teams. <i>Accreditation Standard 8.2.2</i>	Managers and administrators	7B11 7C12	June	PA Public Health Training Center

Curricula & Training Schedule 2012

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Building Health Communication Campaigns	The elements of a communication campaign and the use of CDCynergy are explored.	Health educators, support staff	3A3 3A4 3B3 3B4 3C3 3C4	August	PA Public Health Training Center
This is Public Health	Basic aspects of public health, including core functions, essential services, historical considerations, and major public health achievements are discussed.	All staff	6A1 6A3 6A4 6B1 6B2 6B3 6C1 6C2	October	PA Public Health Training Center
NIMS IS-700 National Incident Management System, an Introduction	Provides a consistent nationwide template to enable all government, private-sector, and non-governmental organizations to work together during domestic incidents.	Managers and administrators		November	Online
ICS IS-100 Introduction to the Incident Command System	Describes the history, features and principles, and organizational structure of the Incident Command System. Also explains the relationship between ICS and the National Incident Management System (NIMS).	Managers and administrators		December	Online
Roots of Health Disparities	Social and culture factors that form the basis of health disparities are discussed. <i>Accreditation Standard 11.1.3</i>	Health educators, Community Health Services staff	4A2 4A4 4B2 4B4	December	PA Public Health Training Center

Evaluation and Tracking

Introduction

Evaluation of training opportunities will provide the Erie County Department of Health with useful feedback regarding training effectiveness. The Kirkpatrick Model is widely accepted for the evaluation of training events. The model recognizes four levels of impact:

- Level 1—Reaction (to what degree participants react favorably to the training)
- Level 2—Learning (to what degree participants acquire the intended knowledge, skills, attitudes, confidence, and commitment based on their participation in a training event)
- Level 3—Behavior (to what degree participants apply what they learned during training when they are back on the job)
- Level 4—Results (to what degree targeted outcomes occur as a result of the training event and subsequent reinforcement)

Continuing education requirements and quality improvement are additional elements that drive training evaluation. This section describes how the evaluation and tracking of training opportunities will be conducted.

Evaluation

Hard copies of standardized satisfaction surveys are distributed at the conclusion of all in-person training opportunities offered by the Pennsylvania Public Health Training Center. These surveys focus on Levels 1 and 2 of the Kirkpatrick Method, continuing education requirements, and quality improvement measures (attached as Appendix G). Data captured includes overall satisfaction with the training; increase in knowledge, skills, and confidence; and intent to implement newly acquired skills. Pre- and post-tests may also be used to determine increase in knowledge. Select training opportunities are further evaluated six months post-training to determine application of training in the workplace.

The Pennsylvania Public Health Training Center analyzes the data collected and provides summary reports.

Tracking

Accurate tracking is necessary for professional continuing education documentation purposes. The Pennsylvania Public Health Training Center captures demographic data and continuing education requirements of training participants using a learning content management system for registration. The system has the ability to create and maintain personal learning records, perform course searches, and provide for online course registration.

Continuing education certificates and certificates of attendance provided to participants can be used by the Erie County Department of Health to confirm and track attendance during annual performance reviews.

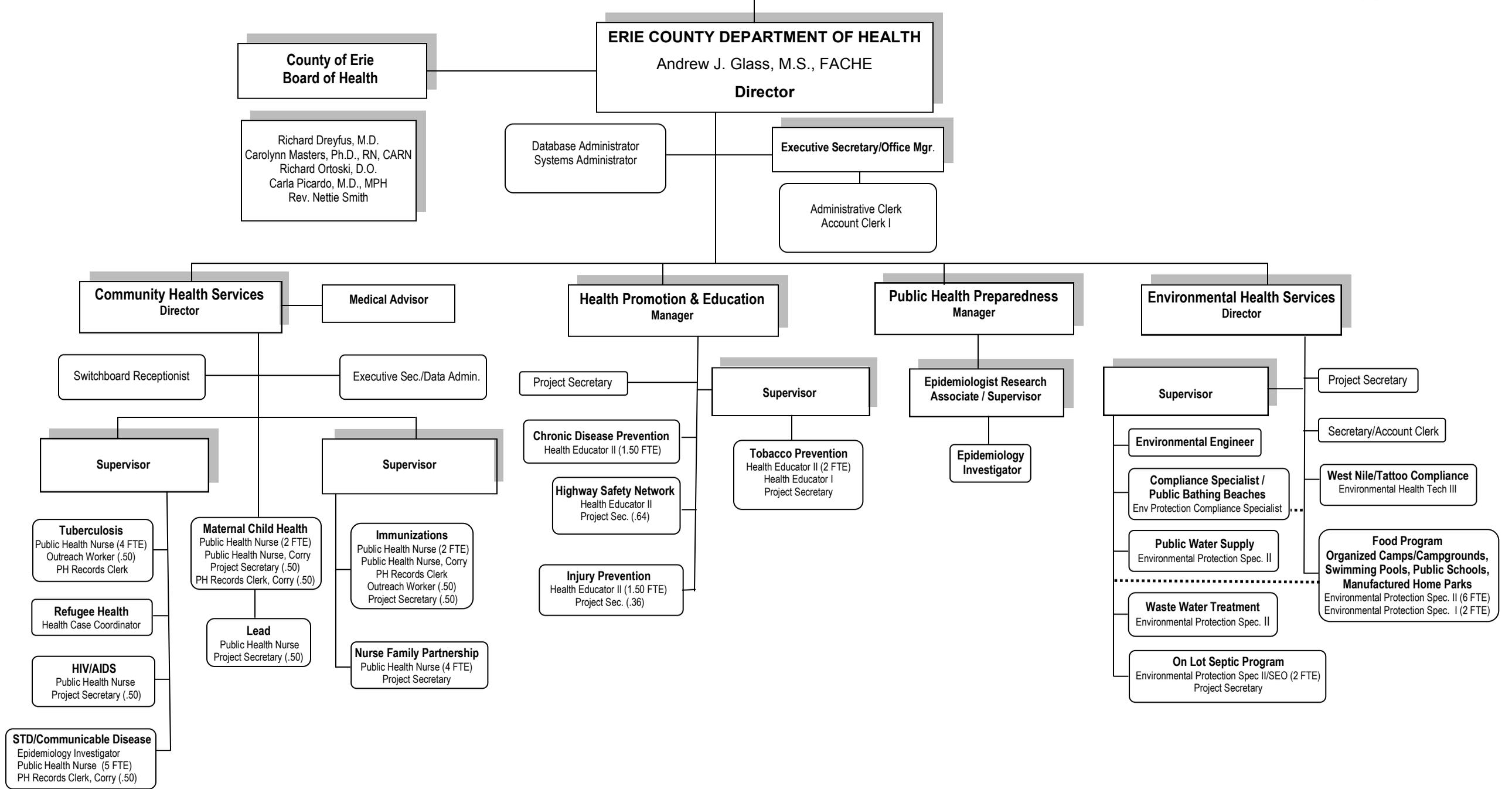
Plan Review and Responsibilities

Review of plan This plan will be reviewed and updated annually in December, with input from ECDH managers during regular meetings of directors and supervisors, as well as from PA Public Health Training Center and/or others with expertise in public health workforce development. The plan will be maintained by the health education manager.

Authorship This plan was developed and reviewed by the following individuals, and finalized on May 30, 2012.

Role	Printed Name & Title	Signature	Date
Author	Janet Vogt, MPH, CHES Health Education Manager Erie County Department of Health		05/30/2012
Author	Linda Duchak, EdM, MCHES Project Director, Pennsylvania Public Health Training Center		05/29/2012
Reviewer	Andrew J. Glass, M.S., FACHE Director Erie County Department of Health		05/31/2012

Erie County Administration



Population Characteristics of Erie County
Tables B-1 through B-5

**Table B-1: 2010 POPULATION ESTIMATES FOR ERIE COUNTY
 SEX AND SELECTED AGE GROUPS - TOTAL POPULATION**

Age group	Total	Males	Females
All ages	280,566	137,975	142,609
Median age	38.6	37.1	39.9
Under 18 years	63,808 (22.7%)	32,927	30,881
18 to 64 years	175,934 (62.7%)	87,883	88,051
65 years and over	34,112 (14.6%)	15,046	19,066

Source: US Census Bureau, Population Estimates Program

**Table B-2: 2010 POPULATION ESTIMATES FOR ERIE COUNTY
 RACE & ETHNICITY—TOTAL POPULATION**

Race or Ethnicity	Population	Males	Females
All Races	280,566 (100.0%)	137,975	142,609
White alone	247,569 (88.2%)	120,954	126,615
Black or African American alone	20,155 (7.2%)	10,582	9,573
Asian alone	3,210 (1.1%)	1,574	1,636
American Indian and Native Alaskan alone	376 (0.2%)	185	191
Native Hawaiian and other Pacific Islander alone	73 (0.03%)	48	25
Two or more races	5,753 (2.1%)	2,885	2,868
Hispanic or Latino (of any race)	9,518 (3.4%)	4,923	4,595

Source: US Census Bureau, Population Estimates Program

Table B-3: 2010 AMERICAN COMMUNITY SURVEY ESTIMATES FOR ERIE COUNTY INCOME IN THE PAST 12 MONTHS COMPARED TO PENNSYLVANIA AND U.S. (IN 2008 INFLATION-ADJUSTED DOLLARS)

Category	Erie County	Pennsylvania	U.S.
Total population	280,566	12,702,379	304,059,728
Per capita income	\$22,192	\$26,374	\$26,059
Total households	109,388	4,936,030	114,567,419
Median household income	\$42,519	\$49,288	\$50,046
Less than \$10,000	11.2%	7.6%	7.6%
\$10,000 to \$14,999	7.1%	6.0%	5.8%
\$15,000 to \$24,999	13.3%	11.7%	11.5%
\$25,000 to \$34,999	11.4%	11.1%	10.8%
\$35,000 to \$49,999	13.1%	14.1%	14.2%
\$50,000 to \$74,999	19.3%	18.8%	18.3%
\$75,000 to \$99,999	11.0%	12.0%	11.8%
\$100,000 to \$149,999	9.8%	11.4%	11.8%
\$150,000 or more	1.9%	3.8%	8.1%
Family households	67,345	3,197,710	76,089,045
Median household income	\$56,663	\$61,890	\$60,609
Nonfamily households	42,043	1,730,320	38,478,374
Median household income	\$23,986	\$27,316	\$30,440

Source: U.S. Census Bureau, 2010 American Community Survey

**Table B-4: 2010 AMERICAN COMMUNITY SURVEY ESTIMATES
FOR ERIE COUNTY, PENNSYLVANIA AND U.S.—EDUCATIONAL
ATTAINMENT**

Education Level	Erie County	Pennsylvania	U.S.
Population 18 to 24 years	34,342 (100.0%)	1,269,627	30,895,391
Less than high school graduate	15.9%	13.5%	16.8%
High school graduate (includes equivalency)	25.1%	31.3%	29.4%
Some college or associate's degree	48.7%	43.6%	44.6%
Bachelor's degree or higher	10.4%	11.6%	9.2%
High school graduate or higher	84.2%	86.5%	83.2%
Education Level	Estimated Percent		
Population 25 years and over	183,154 (100.0%)	8,654,829	204,288,933
Less than high school graduate	9.9%	11.6%	14.4%
High school graduate (includes equivalency)	42.1%	37.5%	28.5%
Some college or Associates degree	24.6%	23.9%	28.9%
Bachelor's degree	14.1%	16.7%	17.7%
Graduate or professional degree	9.3%	10.4%	10.4%
Bachelor's degree or higher	23.4%	27.1%	28.2%
High school graduate or higher	90.2%	88.4%	85.6%

Source: U.S. Census Bureau, 2010 American Community Survey

Table B-5: 2008 AMERICAN COMMUNITY SURVEY ESTIMATES FOR ERIE COUNTY DISABILITY CHARACTERISTICS COMPARED TO PENNSYLVANIA AND U.S. (5 Years and Older); Civilian Non-institutionalized Population

Category	Erie County	Pennsylvania	U.S.
Population 5 years and over	256,659	11,470,565	277,667,051
Without any disability	83.44%	85.9%	87.1%
With a disability	16.6%	14.1%	12.9%
Population 5 to 17 years	46,730	2,018,401	52,878,578
With any disability	8.7%	6.1%	5.2%
Hearing	0.7%	0.6%	0.6%
Vision	1.0%	0.6%	0.7%
Cognitive	7.6%	6.2%	5.1%
Self-care	1.6%	1.1%	1.0%
Ambulatory	1.0%	0.6%	0.7%
Population 18 to 64 years	172,295	7,658,886	187,579,233
With any disability	13.3%	10.9%	10.2%
Hearing	3.3%	2.9%	2.8%
Vision	2.2%	1.7%	1.8%
Cognitive	5.6%	4.6%	4.2%
Self-care	2.4%	1.8%	1.7%
Ambulatory	6.5%	4.9%	4.6%
Independent Living	4.6%	3.4%	3.2%
Population over 65 years	37,634	1,793,278	37,209,240
With any disability	41.7%	37.0%	38.1%
Hearing	17.5%	15.2%	15.7%
Vision	8.3%	6.6%	7.7%
Cognitive	9.6%	8.5%	9.8%
Self-care	8.5%	7.8%	9.2%
Ambulatory	26.8%	23.2%	24.7%
Independent Living	19.5%	16.5%	17.2%

Persons could report more than one type of disability.

Source: U.S. Census Bureau, 2008 American Community Survey



Tier 1, Tier 2 and Tier 3 Core Competencies for Public Health Professionals (ADOPTED May 3, 2010)

(This version contains Core Competencies without examples imbedded in individual competencies.)

Introduction

The Core Competencies for Public Health Professionals (Core Competencies) are a set of skills desirable for the broad practice of public health. They reflect the characteristics that staff of public health organizations (collectively) may want to possess as they work to protect and promote health in the community. The Core Competencies are designed to serve **as a starting point** for academic and practice organizations to understand, assess, and meet education, training and workforce needs.

About the Three Tiers – 1, 2 and 3

Tiers 1, 2 and 3 reflect the Core Competencies that public health professionals at different stages of their career may wish to have. Specifically, Tier 1 Core Competencies apply to entry level public health professionals (i.e. individuals that have limited experience working in the public health field and are not in management positions); Tier 2 Core Competencies apply to individuals with management and/or supervisory responsibilities; and Tier 3 Core Competencies apply to senior managers and/or leaders of public health organizations.

On May 3, 2010, the Council on Linkages Between Academia and Public Health Practice (a coalition of representatives from 17 national public health organizations) unanimously adopted Tier 1 and Tier 3 Core Competencies, as well as minor changes to the Tier 2 Core Competencies. Tier 2 Core Competencies were originally adopted in June 2009. However, it was noted that some minor changes to Tier 2 Core Competencies were desirable in order to ensure a logical progression of competencies from Tier 1 to Tier 2 to Tier 3. "Guidance definitions" for the Tier 1, Tier 2 and Tier 3 Core Competencies are listed on page 18 of this document.

Why the Core Competencies are Important

Over 50% of state and local health departments and more than 90% of public health academic institutions are using the Core Competencies to identify and meet workforce development needs. To learn more about how public health organizations are using the Core Competencies, go to www.pfh.org/programs/council/Pages/Core_PublicHealthCompetencies_Examples_of_use.aspx.

Please Note

In the tables below, a grey background is used to denote that the same competency appears in more than one Tier. It should be noted that while the same competency may appear in more than one Tier, the way one demonstrates competence may vary from Tier to Tier.

Analytical/Assessment Skills		
Tier 1ⁱ	Tier 2 (Mid Tier)ⁱⁱ	Tier 3ⁱⁱⁱ
1A1. Identifies the health status of populations and their related determinants of health and illness	1B1. Assesses the health status of populations and their related determinants of health and illness	1C1. Reviews the health status of populations and their related determinants of health and illness conducted by the organization
1A2. Describes the characteristics of a population-based health problem	1B2. Describes the characteristics of a population-based health problem	1C2. Describes the characteristics of a population-based health problem
1A3. Uses variables that measure public health conditions	1B3. Generates variables that measure public health conditions	1C3. Evaluates variables that measure public health conditions
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1B4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1C4. Critiques methods and instruments for collecting valid and reliable quantitative and qualitative data
1A5. Identifies sources of public health data and information	1B5. References sources of public health data and information	1C5. Expands access to public health data and information
1A6. Recognizes the integrity and comparability of data	1B6. Examines the integrity and comparability of data	1C6. Evaluates the integrity and comparability of data
1A7. Identifies gaps in data sources	1B7. Identifies gaps in data sources	1C7. Rectifies gaps in data sources
1A8. Adheres to ethical principles in the collection, maintenance, use, and dissemination of data and information	1B8. Employs ethical principles in the collection, maintenance, use, and dissemination of data and information	1C8. Ensures the application of ethical principles in the collection, maintenance, use, and dissemination of data and information

Analytical/Assessment Skills		
Tier 1	Tier 2	Tier 3
1A9. Describes the public health applications of quantitative and qualitative data	1B9. Interprets quantitative and qualitative data	1C9. Integrates the findings from quantitative and qualitative data into organizational operations
1A10. Collects quantitative and qualitative community data	1B10. Makes community-specific inferences from quantitative and qualitative data	1C10. Determines community specific trends from quantitative and qualitative data
1A11. Uses information technology to collect, store, and retrieve data	1B11. Uses information technology to collect, store, and retrieve data	1C11. Uses information technology to collect, store, and retrieve data
1A12. Describes how data are used to address scientific, political, ethical, and social public health issues	1B12. Uses data to address scientific, political, ethical, and social public health issues	1C12. Incorporates data into the resolution of scientific, political, ethical, and social public health concerns
		1C13. Identifies the resources to meet community health needs

Policy Development/Program Planning Skills

Tier 1	Tier 2	Tier 3
2A1. Gathers information relevant to specific public health policy issues	2B1. Analyzes information relevant to specific public health policy issues	2C1. Evaluates information relevant to specific public health policy issues
2A2. Describes how policy options can influence public health programs	2B2. Analyzes policy options for public health programs	2C2. Decides policy options for public health organization
2A3. Explains the expected outcomes of policy options	2B3. Determines the feasibility and expected outcomes of policy options	2C3. Critiques the feasibility and expected outcomes of various policy options
2A4. Gathers information that will inform policy decisions	2B4. Describes the implications of policy options	2C4. Critiques selected policy options using data and information
		2C5. Determines policy for the public health organization with guidance from the organization's governing body
	2B5. Uses decision analysis for policy development and program planning	2C6. Critiques decision analyses that result in policy development and program planning
2A5. Describes the public health laws and regulations governing public health programs	2B6. Manages public health programs consistent with public health laws and regulations	2C7. Ensures public health programs are consistent with public health laws and regulations
2A6. Participates in program planning processes	2B7. Develops plans to implement policies and programs	2C8. Implements plans and programs consistent with policies

Policy Development/Program Planning Skills		
Tier 1	Tier 2	Tier 3
2A7. Incorporates policies and procedures into program plans and structures	2B8. Develops policies for organizational plans, structures, and programs	2C9. Ensures the consistency of policy integration into organizational plans, procedures, structures, and programs
2A8. Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality	2B9. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	2C10. Critiques mechanisms to evaluate programs for their effectiveness and quality
2A9. Demonstrates the use of public health informatics practices and procedures	2B10. Incorporates public health informatics practices	2C11. Oversees public health informatics practices and procedures
2A10. Applies strategies for continuous quality improvement	2B11. Develops strategies for continuous quality improvement	2C12. Implements organizational and system-wide strategies for continuous quality improvement
		2C13. Integrates emerging trends of the fiscal, social and political environment into public health strategic planning

Communication Skills

Tier 1	Tier 2	Tier 3
3A1. Identifies the health literacy of populations served	3B1. Assesses the health literacy of populations served	3C1. Ensures that the health literacy of populations served is considered throughout all communication strategies
3A2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3B2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3C2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3A3. Solicits community-based input from individuals and organizations	3B3. Solicits input from individuals and organizations	3C3. Ensures that the public health organization seeks input from other organizations and individuals
3A4. Conveys public health information using a variety of approaches	3B4. Uses a variety of approaches to disseminate public health information	3C4. Ensures a variety of approaches are considered and used to disseminate public health information
3A5. Participates in the development of demographic, statistical, programmatic and scientific presentations	3B5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	3C5. Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
3A6. Applies communication and group dynamic strategies in interactions with individuals and groups	3B6. Applies communication and group dynamic strategies in interactions with individuals and groups	3C6. Applies communication and group dynamic strategies in interactions with individuals and groups

Communication Skills		
Tier 1	Tier 2	Tier 3
		3C7. Communicates the role of public health within the overall health system

Cultural Competency Skills

Cultural Competency Skills		
Tier 1	Tier 2	Tier 3
4A1. Incorporates strategies for interacting with persons from diverse backgrounds	4B1. Incorporates strategies for interacting with persons from diverse backgrounds	4C1. Ensures that there are strategies for interacting with persons from diverse backgrounds
4A2. Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4B2. Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4C2. Ensures the consideration of the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
4A3. Responds to diverse needs that are the result of cultural differences	4B3. Responds to diverse needs that are the result of cultural differences	4C3. Responds to diverse needs that are the result of cultural differences
4A4. Describes the dynamic forces that contribute to cultural diversity	4B4. Explains the dynamic forces that contribute to cultural diversity	4C4. Assesses the dynamic forces that contribute to cultural diversity
4A5. Describes the need for a diverse public health workforce	4B5. Describes the need for a diverse public health workforce	4C5. Assesses the need for a diverse public health workforce
4A6. Participates in the assessment of the cultural competence of the public health organization	4B6. Assesses public health programs for their cultural competence	4C6. Assesses the public health organization for its cultural competence

Cultural Competency Skills		
Tier 1	Tier 2	Tier 3
		4C7. Ensures the public health organization's cultural competence

Community Dimensions of Practice Skills

Tier 1	Tier 2	Tier 3
5A1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health	5B1. Assesses community linkages and relationships among multiple factors (or determinants) affecting health	5C1. Evaluates the community linkages and relationships among multiple factors (or determinants) affecting health
5A2. Demonstrates the capacity to work in community-based participatory research efforts	5B2. Collaborates in community-based participatory research efforts	5C2. Encourages community-based participatory research efforts within the public health organization
5A3. Identifies stakeholders	5B3. Establishes linkages with key stakeholders	5C3. Establishes linkages with key stakeholders
5A4. Collaborates with community partners to promote the health of the population	5B4. Facilitates collaboration and partnerships to ensure participation of key stakeholders	5C4. Ensures the collaboration and partnerships of key stakeholders through the development of formal and informal agreements
5A5. Maintains partnerships with key stakeholders	5B5. Maintains partnerships with key stakeholders	5C5. Maintains partnerships with key stakeholders
5A6. Uses group processes to advance community involvement	5B6. Uses group processes to advance community involvement	5C6. Uses group processes to advance community involvement
5A7. Describes the role of governmental and non-governmental organizations in the delivery of community health services	5B7. Distinguishes the role of governmental and non-governmental organizations in the delivery of community health services	5C7. Integrates the role of governmental and non-governmental organizations in the delivery of community health services

Community Dimensions of Practice Skills		
Tier 1	Tier 2	Tier 3
5A8. Identifies community assets and resources	5B8. Negotiates for the use of community assets and resources	5C8. Negotiates for the use of community assets and resources through MOUs and other formal and informal agreements
5A9. Gathers input from the community to inform the development of public health policy and programs	5B9. Uses community input when developing public health policies and programs	5C9. Ensures community input when developing public health policies and programs
5A10. Informs the public about policies, programs, and resources	5B10. Promotes public health policies, programs, and resources	5C10. Defends public health policies, programs, and resources
		5C11. Evaluates the effectiveness of community engagement strategies on public health policies, programs, and resources

Public Health Sciences Skills		
Tier 1	Tier 2	Tier 3
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of the public health profession	6B2. Distinguishes prominent events in the history of the public health profession	6C2. Explains lessons to be learned from prominent events in the history in comparison to the current events of the public health profession
6A3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6B3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6C3. Incorporates the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences
6A4. Identifies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)	6B4. Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	6C4. Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs
6A5. Describes the scientific evidence related to a public health issue, concern, or, intervention	6B5. Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or, intervention	6C5. Integrates a review of the scientific evidence related to a public health issue, concern, or, intervention into the practice of public health

Public Health Sciences Skills		
Tier 1	Tier 2	Tier 3
6A6. Retrieves scientific evidence from a variety of text and electronic sources	6B6. Retrieves scientific evidence from a variety of text and electronic sources	6C6. Synthesizes scientific evidence from a variety of text and electronic sources
6A7. Discusses the limitations of research findings	6B7. Determines the limitations of research findings	6C7. Critiques the limitations of research findings
6A8. Describes the laws, regulations, policies and procedures for the ethical conduct of research	6B8. Determines the laws, regulations, policies and procedures for the ethical conduct of research	6C8. Advises on the laws, regulations, policies and procedures for the ethical conduct of research
6A9. Partners with other public health professionals in building the scientific base of public health	6B9. Contributes to building the scientific base of public health	6C9. Contributes to building the scientific base of public health
		6C10. Establishes partnerships with academic and other organizations to expand the public health science base and disseminate research findings

Financial Planning and Management Skills

Tier 1	Tier 2	Tier 3
7A1. Describes the local, state, and federal public health and health care systems	7B1. Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	7C1. Leverages the interrelationships of local, state, and federal public health and health care systems for public health program management
7A2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies	7B2. Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	7C2. Leverages the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management
7A3. Adheres to the organization's policies and procedures	7B3. Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	7C3. Manages partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events
	7B4. Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	7C4. Manages the implementation of the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization
7A4. Participates in the development of a programmatic budget	7B5. Develops a programmatic budget	7C5. Defends a programmatic and organizational budget

Financial Planning and Management Skills

Tier 1	Tier 2	Tier 3
7A5. Operates programs within current and forecasted budget constraints	7B6. Manages programs within current and forecasted budget constraints	7C6. Ensures that programs are managed within current and forecasted budget constraints
7A6. Identifies strategies for determining budget priorities based on federal, state, and local financial contributions	7B7. Develops strategies for determining budget priorities based on federal, state, and local financial contributions	7C7. Critiques strategies for determining budget priorities
		7C8. Determines budgetary priorities for the organization
7A7. Reports program performance	7B8. Evaluates program performance	7C9. Evaluates program performance
7A8. Translates evaluation report information into program performance improvement action steps	7B9. Uses evaluation results to improve performance	7C10. Uses evaluation results to improve performance
7A9. Contributes to the preparation of proposals for funding from external sources	7B10. Prepares proposals for funding from external sources	7C11. Approves proposals for funding from external sources
7A10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	7B11. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	7C12. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts

Financial Planning and Management Skills

Tier 1	Tier 2	Tier 3
7A11. Demonstrates public health informatics skills to improve program and business operations	7B12. Applies public health informatics skills to improve program and business operations	7C13. Integrates public health informatics skills into program and business operations
7A12. Participates in the development of contracts and other agreements for the provision of services	7B13. Negotiates contracts and other agreements for the provision of services	7C14. Approves contracts and other agreements for the provision of services
7A13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making	7B14. Uses cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	7C15. Includes the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making
		7C16. Incorporates data and information to improve organizational processes and performance
		7C17. Establishes a performance management system

Leadership and Systems Thinking Skills		
Tier 1	Tier 2	Tier 3
8A1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8B1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8C1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
8A2. Describes how public health operates within a larger system	8B2. Incorporates systems thinking into public health practice	8C2. Integrates systems thinking into public health practice
8A3. Participates with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	8B3. Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	8C3. Partners with stakeholders to determine key values and a shared vision as guiding principles for community action
8A4. Identifies internal and external problems that may affect the delivery of Essential Public Health Services	8B4. Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	8C4. Resolves internal and external problems that may affect the delivery of Essential Public Health Services
8A5. Uses individual, team and organizational learning opportunities for personal and professional development	8B5. Promotes individual, team and organizational learning opportunities	8C5. Advocates for individual, team and organizational learning opportunities within the organization
8A6. Participates in mentoring and peer review or coaching opportunities	8B6. Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	8C6. Promotes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce, including him or herself

Leadership and Systems Thinking Skills		
Tier 1	Tier 2	Tier 3
8A7. Participates in the measuring, reporting and continuous improvement of organizational performance	8B7. Contributes to the measuring, reporting and continuous improvement of organizational performance	8C7. Ensures the measuring, reporting and continuous improvement of organizational performance
8A8. Describes the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	8B8. Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	8C8. Ensures organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment
		8C9. Ensures the management of organizational change

ⁱ Tier 1 Core Competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

ⁱⁱ Tier 2 (Mid Tier) Core Competencies apply to individuals with program management and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc.

ⁱⁱⁱ Tier 3 Core Competencies apply to individuals at a senior/management level and leaders of public health organizations. In general, an individual who is responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and/or building the organization's culture can be considered to be a Tier 3 public health professional. Tier 3 public health professionals (e.g. health officers, executive directors, CEOs etc.) typically have staff that report to them.

For more information about the Core Competencies, please contact Kathleen Amos at kamos@phf.org or 202.218.4418.



*Advancing
public health
performance*

Public Health Accreditation Board

STANDARDS: AN OVERVIEW

VERSION 1.0

APPLICATION PERIOD 2011–2012

APPROVED MAY 2011

ASSESS

DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

Standard 1.1: Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

INVESTIGATE

DOMAIN 2: Investigate health problems and environmental public health hazards to protect the community

Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.3: Ensure Access to Laboratory and Epidemiologic/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards

Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

INFORM & EDUCATE

DOMAIN 3: Inform and educate about public health issues and functions

Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

COMMUNITY ENGAGEMENT

DOMAIN 4: Engage with the community to identify and address health problems

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes

Standard 4.2: Promote the Community's Understanding of and Support for Policies and Strategies That will Improve the Public's Health

POLICIES & PLANS

DOMAIN 5: Develop public health policies and plans

Standard 5.1: Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan

Standard 5.4: Maintain an All Hazards Emergency Operations Plan

PUBLIC HEALTH LAWS

DOMAIN 6: Enforce public health laws

Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/Appointed Officials to Update as Needed

Standard 6.2: Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

Standard 6.3: Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

ACCESS TO CARE

DOMAIN 7: Promote strategies to improve access to health care services

Standard 7.1: Assess Health Care Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

WORKFORCE

DOMAIN 8: Maintain a competent public health workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

QUALITY IMPROVEMENT

DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

EVIDENCE-BASED PRACTICES

DOMAIN 10: Contribute to and apply the evidence base of public health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2: Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices With Appropriate Audiences

ADMINISTRATION & MANAGEMENT

DOMAIN 11: Maintain administrative and management capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

GOVERNANCE

DOMAIN 12: Maintain capacity to engage the public health governing entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and of the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

The **PHAB STANDARDS** apply to all health departments—Tribal, state, local, and territorial. Standards are the required level of achievement that a health department is expected to meet. Domains are groups of standards that pertain to a broad group of public health services. The focus of the PHAB standards is “what” the health department provides in services and activities, irrespective of “how” they are provided or through what organizational structure. Please refer to the **PHAB Standards and Measures** Version 1.0 document, available at www.phaboard.org, for the full official standards, measures, required documentation, and guidance.

ELIGIBLE HEALTH DEPARTMENTS

Health departments must submit their community health assessment, community health improvement plan, and department strategic plan to PHAB in order to be eligible to apply for accreditation.

TRIBAL HEALTH DEPARTMENTS

A Tribal health department is defined, for the purposes of PHAB accreditation, as a federally recognized Tribal government,¹ Tribal organization or inter-Tribal consortium, as defined in the Indian Self-Determination and Education Assistance Act, as amended. Such departments have jurisdictional authority to provide public health services, as evidenced by constitution, resolution, ordinance, executive order or other legal means, intended to promote and protect the Tribe's overall health, wellness and safety; prevent disease; and respond to issues and events. Federally recognized Tribal governments may carry out the above public health functions in a cooperative manner through formal agreement, formal partnership or formal collaboration.

1. As evidenced by inclusion on the list of recognized Tribes mandated under 25 U.S.C. § 479a-1. Publication of List of Recognized Tribes.

STATE AND TERRITORIAL HEALTH DEPARTMENTS

A state or territorial health department is defined, for the purposes of PHAB accreditation, as the governing entity with primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by state or territorial constitution, statutes or regulations, or established by Executive Order. State or territorial health departments may also apply if they are part of an umbrella organization, super public health agency, or super agency that oversees public health functions as well as other government functions. However, PHAB will review and accredit only the public health function of the health department.

LOCAL HEALTH DEPARTMENTS

A local health department is defined, for the purposes of PHAB accreditation, as the governmental body serving a jurisdiction or group of jurisdictions geographically smaller than a state and recognized as having the primary statutory authority to promote and protect the public's health and prevent disease in humans. This authority is defined by the state's constitution, statute, or regulations or established by local ordinance or through formal local cooperative agreement or mutual aid. The entity may be a locally governed health department, a local entity of a centralized state health department, or a city, city-county, county, district, or regional health department.



PUBLIC HEALTH ACCREDITATION BOARD
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The goal of national public health department accreditation is to improve and protect the public's health by advancing the quality and performance of public health departments.

The **Public Health Accreditation Board (PHAB)** is the national organization that accredits Tribal, state, local, and territorial public health departments.

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2012

PUBLIC HEALTH TRAINING NEEDS ASSESSMENT

Erie County Department of Health

...a summary of the findings of the training needs assessment of the public health workforce related to the Core Competencies for the Public Health Workforce as defined by the Council on Linkages Between Academia and Public Health Practice.



Contributors

Research Team

This training needs assessment is a product of the Pennsylvania Public Health Training Center, based in the Center for Public Health Practice of the Graduate School of Public Health at the University of Pittsburgh. The Training center is part of a national network of public health training centers responsible for assessing the learning needs of the public health workforce; providing accessible training to meet assessed needs and preferences; and delivering organizational development services to meet strategic, educational, and resource needs.

The following individuals were instrumental in the design, development, implementation and interpretation of this assessment and the resulting data:

- **Margaret Potter, JD, MS**, Associate Dean, Graduate School of Public Health and Director, Center for Public Health Practice.
- **Linda Duchak, EdM, MCHES**, Associate Director, Center for Public Health Practice and Director, Pennsylvania Public Health Training Center.
- **Abi Fapohunda, DrPH, MPH, MS**, Research Analyst, Department of Behavioral and Community Health Sciences.

Financial Support

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Executive Summary

Purpose The purpose of this training needs assessment was to identify the actual and perceived training needs, interests, and preferences of the workforce of the Erie County Department of Health.

Background Training should be aligned with the goals of individual learning and job performance. Alignment of individual learning, skill development, and job performance will lead to systematic improvement of workforce efforts over time, the delivery of the essential public health services, and the demonstration of outcomes that determine the health of a population.

The Public Health Training Center network, funded by the Health Resources and Services Administration, improves the Nation's public health system by strengthening the technical, scientific, managerial and leadership competencies and capabilities of the current and future public health workforce.

The Pennsylvania Public Health Training Center designs its program on the basis of assessed needs. The assessment guides competency-based curriculum development; the choices of approach and training methods are driven by workforce characteristics and delivery mode preferences. As preferred by adult learners, PAPHTC trainings use specific, practical tasks directly applicable to job performance and organizational development.

Methodology A data collection tool based on the Core Competencies for Public Health Professionals was developed by the Pennsylvania Public Health Training Center in collaboration with ECDH administrators. In addition to assessing training needs, the survey captured demographic data and training preferences. Surveys were developed for five tiers of responsibility: clerical/support staff, non-supervisory staff; supervisory staff with less than five years of experience; supervisory staff with more than five years of experience; and administrative staff.

The surveys were deployed in 2 phases. Survey #1 focused on analytical and assessment skills, policy development and program planning skills, communication skills; and cultural competency skills; Survey #2 focused on community dimensions of practice skills, public health sciences skills; financial planning and management skills; and leadership and systems thinking skills. Respondents were asked to

continued

rate each competency based on importance to their job, degree to which they can complete the activity, interest in additional training, and familiarity with the terminology.

Key Findings Demographic data collected with the needs assessment indicate that 76% of respondents have non-supervisory responsibilities. More than half of the respondents have a bachelor's degree; 40% have an educational background in nursing, followed by public health (22%) and business (22%). Respondents were equally distributed for years of experience in public health (30% 0-5 years of experience; 34% 6-15 years of experience; 36% more than 16 years of experience). Almost half of the respondents are employed in the Community Health Services Division.

Sixty-seven percent of respondents indicated a training delivery preference for live video conference, followed by 3-4 hour in-person workshops (62%) and interactive webinars (60%).

Training needs were analyzed by tier. The following list ranks needs according to high importance to jobs, high interest in training, and low familiarity with the skill:

Clerical/support staff

- Computer skills – One Note and Access.
- Conveying public health information in print.
- *Financial Planning and Management*: Contributing to the preparation of proposals for funding from external sources.
- *Leadership and Systems Thinking*: Participating in the measuring, reporting and continuous improvement of organizational performance.

Non-supervisory staff

- *Community Dimensions of Practice*: Recognizing community linkages and relationships among multiple factors, or determinants, affecting health.
- *Community Dimensions of Practice*: Using group process to advance community involvement.
- *Financial Planning and Management*: Describing the local, state, and federal public health and health care systems.
- *Community Dimensions of Practice*: Informing the public about policies, programs, and resources.

- *Leadership and Systems Thinking Skills:* Incorporating ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.
- *Communication:* Communicating orally with proficiency.

Supervisory staff

- *Public Health Sciences:* Relating public health science skills to the Core Public Health Functions and the Ten Essential Services of Public Health.
- *Financial Planning and Management:* Applying basic human relations skills to the management of the Department, motivation of personnel, and resolution of conflicts.
- *Analytical/Assessment:* Assessing the health status of populations and the related determinants of health.
- *Analytical/Assessment:* Using decision analysis for policy development and program planning.
- *Leadership and Systems Thinking:* Analyzing internal and external problems that may affect the delivery of the ten essential services.
- *Analytical/Assessment:* Describing the characteristics of a population-based health problem.

Administrative staff

- *Financial Planning and Management:* Establishing a performance management system
- *Policy Development/Program Planning:* Critiquing the feasibility and expected outcomes of various policy options using data and other relevant information.
- *Financial Planning and Management:* Managing partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or issues.
- *Financial Planning and Management:* Including the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making.
- *Community Dimensions of Practice:* Ensuring collaboration and partnerships of key stakeholders through the development of formal and informal agreements.
- *Leadership and Systems Thinking:* ensuring the measuring, reporting, and continuous improvement of organizational performance.

Overall, the areas of focus are prioritized as:

- Community dimensions of practice
 - Financial planning and management
 - Leadership and systems thinking
 - Analysis and assessment
-

Recommendations

To address the needs and preferences identified through this assessment, the Pennsylvania Public Health Training Center recommends the development of a curricula and training schedule that identifies the topic, target audience, competency(s) addressed, delivery mode, facilitator, and date of delivery.

The Pennsylvania Public Health Training Center further recommends the development of a comprehensive 12-month workforce development plan that incorporates identified needs and preferences of the workforce, identified needs of the organization, continuing education requirements, and mandatory training.

Delivery modalities should include video conferences (pending the availability of equipment), in-person workshops (3-4 hours in length), and interactive webinars.

2010

PUBLIC HEALTH TRAINING NEEDS ASSESSMENT Erie County Department of Health

...a summary of findings of the training needs of local public health departments in Pennsylvania related to the proposed Standards and Measures of the Public Health Accreditation Board.



Contributors

Research Team

This training needs assessment is a product of the Pennsylvania and Ohio Public Health Training Center, housed in the Center for Public Health Practice of the Graduate School of Public Health at the University of Pittsburgh. The following individuals were instrumental in the design, development, implementation and interpretation of this assessment and the resulting data:

- **Margaret Potter, JD** in the Center for Public Health Practice of the Graduate School of Public Health at the University of Pittsburgh for serving as Principal Investigator.
 - **Linda Duchak, EdM, CHES** in the Center for Public Health Practice of the Graduate School of Public Health at the University of Pittsburgh for serving as project director.
 - **Abi Fapohunda, DrPH, MPH, MS** in the FOB Group LLC for the design of the survey instrument and development of the survey methodology as well as analysis and reporting of the data.
 - **Jason Flatt, MPH, CHES**, a doctoral candidate in the Department of Behavioral and Community Health Sciences of the Graduate School of Public Health at the University of Pittsburgh, for serving as project coordinator.
 - **Rachael Bieltz, MPH, CHES** in the Center for Public Health Practice of the Graduate School of Public Health at the University of Pittsburgh for assistance with data collection.
 - **Kathryn Murphy, BA**, a graduate student in the Department of Behavioral and Community Health Sciences of the Graduate School of Public Health at the University of Pittsburgh, for serving as a research assistant.
 - **Brandon Cicero, BA**, a graduate student in the Department of Behavioral and Community Health Sciences of the Graduate School of Public Health at the University of Pittsburgh, for serving as a research assistant.
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Executive Summary

Purpose The purpose of this training needs assessment was to assess the actual and perceived public health workforce training needs, interests, and resources necessary for voluntary accreditation at the local level.

Assumptions

- Public health systems may be defined as the infrastructure, operations and outcomes that determine the health of a population.
- The training of public health workers is a central component in the building of a public health infrastructure.
- Alignment of the goals of individual learning, job performance and agency effectiveness will lead to systematic improvement of overall workforce efforts over time and the demonstration of outcomes that determine the health of a population.
- Training should be aligned with the goals of individual learning, job performance and agency effectiveness.

Background The goal of the Public Health Training Center program is to improve the Nation's public health system by strengthening the technical, scientific, managerial and leadership competencies and capabilities of the current and future public health workforce. The Pennsylvania Public Health Training Center designs its program on the basis of assessed needs. The assessment guides competency-based curriculum development; the choices of approach and training methods are driven by workforce characteristics and delivery mode preferences. As preferred by adult learners, PAPHTC trainings use specific, practical tasks directly applicable to job performance and organizational development.

Soon, a voluntary system for accrediting state and local health departments will introduce performance standards and quality assurance / quality improvement principles to the practice of public health. There are 10 Domains, 30 Standards and 102 Measures applicable to local public health departments (Appendix 1). The domains and standards, developed to be broadly applicable to differing structures, sizes and complexities of agencies, focus on the core public health functions (as defined by the Ten Essential Services). They address a broad range of governmental public health activities, including environmental public health, human resources and information technology; and exclude areas such as mental health, substance abuse, and human service programs. Standards under Part A, Administrative Capacity and Governance, and each domain of Part B that lend themselves to training opportunities were selected for

the key informant interview questionnaire (Appendix 2).

Methodology In order to better understand the agency-based needs of Pennsylvania's local public health departments as related to the Proposed Local Standards and Measures of the Public Health Accreditation Board (<http://www.phaboard.org>), a research team from the University of Pittsburgh Graduate School of Public Health's Center for Public Health Practice developed and deployed a training needs assessment focused on organizational development for the entire agency rather than on individual workers' skill enhancement.

A key informant interview of health commissioners and program directors was used for data collection (Appendix 2). The interview questionnaire for health commissioners consisted of three parts: 1) the assessment of Board members skills related to administrative capacity and governance; 2) the assessment of staff skills related to the standards and measures of each domain; and 3) the preferences, resources and challenges for training delivery. The interview questionnaire for program directors consisted of two parts: 1) the assessment of staff skills related to the standards and measures of each domain; and 2) the preferences, resources and challenges for training delivery. Research assistants conducted the telephone-based key informant interviews during the summer and fall of 2009.

Key Findings Program directors reported having a total of 71 full-time staff in 4 program areas. On average, 6 new employees are added and 7 are lost annually. Challenges reported for the delivery of essential services included lack of funding, lack of empowerment / support from upper management, staff turnover and staff retention. While adequate facilities are available, program directors reported that a lack of time and lack of funding impede training for staff.

Trainings requested to improve staff skills include:

- Developing prevention and preparedness strategies
- Maintaining an all hazards / emergency response plan
- Developing health communications (print, electronic, media) for various audiences (community, low literacy, diverse, media, elected officials)
- Promoting strategies to improve access to health care services
- Conducting a health improvement /community planning process
- Data reporting to influence policy and program development
- Evaluating public health processes, program and interventions

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- Identifying and using evidence-based programs / best practices
- Evaluating staff competencies and addressing deficiencies
- Leadership development
- Establishing a quality improvement plan
- Strategic planning

Additional trainings requested to improve the effectiveness and efficiency of staff to meet program area goals and objectives are:

- Evaluation of public health productivity
 - Social marketing
 - Health literacy
 - Survey / questionnaire design
 - Training on the use of the Internet and social media
 - Working with local government
-

Recommendations

PAPHTC's experience shows the benefits of customization to meet the particular needs and preferences of local trainees and of collaboration to share resources.

PAPHTC recommends that agencies interested in obtaining accreditation consider creating a training plan focused on organizational development for the entire agency rather than on individual workers' skill enhancement. Such training includes continuous quality improvement processes; performance management; determination of performance goals and measures; and education about the value, processes and documentation required for accreditation.

As a second step, PAPHTC recommends conducting a training needs assessment focused on the core competencies as recommended by the Council on Linkages to identify individual staff training needs.

APPENDIX 1: SUMMARY OF STANDARDS

PART A

Administrative Capacity and Governance

<p>Provide Infrastructure for Public Health Services</p> <p>Standard A1 B: Develop and maintain an operational infrastructure to support the performance of public health functions.</p>
<p>Provide Financial Management Systems</p> <p>Standard A2 B: Establish effective financial management systems.</p>
<p>Define Public Health Authority</p> <p>Standard A3 B: Maintain current operational definitions and statements of the public health roles and responsibilities of specific authorities.</p>
<p>Provide Orientation/Information for the Governing Entity</p> <p>Standard A4 B: Provide orientation and regular information to members of the governing entity regarding their responsibilities and those of the public health agency.</p>

PART B

Domain 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community

<p>Collect and Maintain Population Health Data</p> <p>Standard 1.1 B: Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance and on the health status of the population.</p>
<p>Analyze Public Health Data</p> <p>Standard 1.2 B: Analyze public health data to identify health problems, environmental public health hazards, and social and economic risks that affect the public’s health.</p>
<p>Use Data for Public Health Action</p> <p>Standard 1.3 B: Provide and use the results of health data analysis to develop recommendations regarding public health policy, processes, programs or interventions.</p>

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Domain 2: Investigate health problems and environmental public health hazards to protect the community

Investigate Health Problems and Environmental Public Health Hazards

Standard 2.1 B: Conduct timely investigations of health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.2 B: Contain/mitigate health problems and environmental public health hazards in coordination with other governmental agencies and key stakeholders.

Maintain Provision for Epidemiological, Laboratory, and Support Response Capacity

Standard 2.3 B: Maintain access to laboratory and epidemiological/environmental public health expertise and capacity to investigate and contain/mitigate public health problems and environmental public health hazards.

Maintain Policies for Communication

Standard 2.4 B: Maintain a plan with policies and procedures required for urgent and non-urgent communications.

Domain 3: Inform and educate about public health issues and functions

Provide Prevention and Wellness Policies, Programs, Processes, and Interventions

Standard 3.1 B: Provide health education and health promotion policies, programs, processes, and interventions to support prevention and wellness.

Communicate Information on Public Health Issues and Functions

Standard 3.2 B: Provide information on public health issues and functions through multiple methods to a variety of audiences.

Domain 4: Engage with the community to identify and address health problems

Engage the Public Health System and the Community in Identifying and Addressing Health Problems

Standard 4.1 B: Engage the public health system and the community in identifying and addressing health problems through an ongoing, collaborative process.

Engage the Community to Promote Policies to Improve the Public's Health

Standard 4.2 B: Promote understanding of and support for policies and strategies that will improve the public's health.

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Domain 5: Develop public health policies and plans

Establish, Promote, and Maintain Public Health Policies

Standard 5.1 B: Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and/or promising practice.

Develop and Implement a Strategic Plan

Standard 5.2 B: Develop and implement a health department organizational strategic plan.

Conduct a Community Health Improvement Planning Process

Standard 5.3 L: Conduct a comprehensive planning process resulting in a community health improvement plan (CHIP).

Maintain All Hazards/ Emergency Response Plan

Standard 5.4 B: Maintain All Hazards/Emergency Response Plan (ERP).

Domain 6: Enforce public health laws and regulations

Maintain Up-to-Date Laws

Standard 6.1 B: Review existing laws and work with governing entities and elected officials to update as needed.

Educate About Public Health Laws

Standard 6.2 B: Educate individuals and organizations on the meaning, purpose, and benefit of public health laws and how to comply.

Conduct Enforcement Activities

Standard 6.3 B: Conduct and monitor enforcement activities for which the agency has the authority and coordinate notification of violations among appropriate agencies.

Domain 7: Promote strategies to improve access to healthcare services

Assess Healthcare Capacity and Access to Healthcare Services

Standard 7.1 B: Assess healthcare capacity and access to healthcare services.

Implement Strategies to Improve Access to Healthcare Services

Standard 7.2 B: Identify and implement strategies to improve access to healthcare

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services.

Domain 8: Maintain a competent public health workforce

Maintain a Qualified Public Health Workforce

Standard 8.1 B: Recruit, hire and retain a qualified and diverse public health workforce.

Maintain a Competent Public Health Workforce

Standard 8.2 B: Assess staff competencies and address gaps by enabling organizational and individual training and development opportunities.

Domain 9: Evaluate and continuously improve processes, programs and interventions

Evaluate the Effectiveness of Public Health Processes, Programs and Interventions

Standard 9.1 B: Evaluate public health processes, programs, and interventions provided by the agency and its contractors.

Implement Quality Improvement

Standard 9.2 B: Implement quality improvement of public health processes, programs, and interventions.

Domain 10: Contribute to and apply the evidence base of public health

Identify and Use Evidence-Based and Promising Practices

Standard 10.1 B: Identify and use evidence-based and promising practices.

Promote Understanding and Use of Research

Standard 10.2 B: Promote understanding and use of the current body of research results, evaluations, and evidence-based practices with appropriate audiences.

APPENDIX 2: KEY INFORMANT INTERVIEW

Opening/Introduction

Thank you for agreeing to complete the 2009 agency-based needs assessment. As you know, POPHTC, funded by HRSA, has provided competency-based training and organizational support services to PA's public health workforce for 10 years. In the past, we've conducted individual-level training needs assessments to determine the training needs and preferences of your staff. This survey focuses on the Local Public Health Accreditation Standards and is being completed by city and county health department directors and program chiefs throughout Pennsylvania. Your feedback is important as we work together to identify the current workforce development and performance needs of Pennsylvania's public health system and subsequently develop targeting training and organizational development services to address those needs.

The survey will take approximately 20 minutes to complete. I'll ask you questions regarding staff strengths and areas for improvement in relation to the domains and associated standards identified by the PHAB. Please feel free to add additional details to your responses.

(Directors only) ADMINISTRATIVE CAPACITY AND GOVERNANCE

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Provide ongoing education for members of the governing entity regarding their responsibilities?
- 2. Provide ongoing education for members of the governing entity regarding the responsibilities of the agency?

Areas for improvement

- 3. Is there a need for additional training?" Yes No
- 4. What type of additional training is needed? (i.e. PH101, 10 Essential Services, public health law, preparedness 101, advocacy)
- 5. Who should receive the training?

NOTES

DOMAIN 1: CONDUCT ASSESSMENT ACTIVITIES FOCUSED ON POPULATION HEALTH STATUS AND HEALTH ISSUES FACING THE COMMUNITY

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Collect and maintain reliable, comparable, and valid data that provide information on conditions of public health importance?
- 2. Collect and maintain reliable, comparable, and valid data that provide information on the health status of the population?
- 3. Provide the results of health data analysis to report health status?
- 4. Use the results of health data analysis to develop recommendations regarding health policy and program development?

Areas for improvement

- 5. Is there a need for additional training? Yes No
- 6. What type of additional training is needed? (i.e. data collection and reporting, program development, health communications, health improvement planning process)

- 7. Who should receive the training?

NOTES

DOMAIN 2: INVESTIGATE HEALTH PROBLEMS AND ENVIRONMENTAL PUBLIC HEALTH HAZARDS TO PROTECT THE COMMUNITY

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Develop strategies to prevent or minimize adverse environmental public health hazards using evidence-based practices?
- 2. Develop strategies to prevent or minimize health risks using evidence-based practices?

Areas for improvement

- 3. Is there a need for additional training?" Yes No
- 4. What type of additional training is needed? (i.e. identifying evidence-based practices, PPE training, emergency preparedness)
- 5. Who should receive the training?

NOTES

DOMAIN 3: INFORM AND EDUCATE ABOUT PUBLIC HEALTH ISSUES AND FUNCTIONS

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Provide information within and outside the agency on public health issues and functions?
- 2. Develop health communications in print and electronic formats for various audiences (i.e. community, low literacy, diverse, elected officials) on a variety of public health issues (i.e. health behaviors and chronic disease)?
- 3. Provide health education and promotion activities to address identified health problems?

Areas for improvement

- 4. Is there a need for additional training?" Yes No
- 5. What type of additional training is needed? (i.e. health communications, social marketing, health literacy, cultural competence, principles of health education, program management, program evaluation)
- 6. Who should receive the training?

NOTES

DOMAIN 4: ENGAGE WITH THE COMMUNITY TO IDENTIFY AND SOLVE HEALTH PROBLEMS

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Engage the public health system and the community in a community planning process?
- 2. Promote understanding of and support for policies and activities that will improve the public's health?

Areas for improvement

- 3. Is there a need for additional training?" Yes No
- 4. What type of additional training is needed? (i.e. community health assessment, MAPP, PACE-EH, NPHPSP local public health system performance assessment, advocacy)
- 5. Who should receive the training?

NOTES

DOMAIN 5: DEVELOP PUBLIC HEALTH POLICIES AND PLANS

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Serve as a primary resource to governing entities and elected officials to establish and maintain public health policies, practices, and capacity based on current science and best practices?
- 2. Conduct a strategic planning process?
- 3. Conduct a collaborative planning process resulting in a community health improvement plan?

Areas for improvement

- 4. Is there a need for additional training?" Yes No
- 5. What type of additional training is needed? (i.e. advocacy, strategic planning, community health assessment, emergency preparedness, continuity of operations planning)
- 6. Who should receive the training?

NOTES

DOMAIN 6: ENFORCE PUBLIC HEALTH LAWS AND REGULATIONS

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

1. Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply?

Areas for improvement

2. Is there a need for additional training?" Yes No

3. What type of additional training is needed? (i.e. public speaking, adult education)

4. Who should receive the training?

NOTES

DOMAIN 7: PROMOTE STRATEGIES TO IMPROVE ACCESS TO HEALTHCARE SERVICES

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

1. Identify, promote, and implement strategies to improve access to healthcare services?

Areas for improvement

2. Is there a need for additional training?" Yes No

3. What type of additional training is needed? (i.e. Internet-based information searches)

4. Who should receive the training?

NOTES

DOMAIN 8: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Evaluate staff competencies?
- 2. Address staff deficiencies through continuing education, training, and leadership development activities?

Areas for improvement

- 3. Is there a need for additional training?" Yes No
- 4. What type of additional training is needed? (i.e. training needs assessment, succession planning, management and leadership development)
- 5. Who should receive the training?

NOTES

DOMAIN 9: EVALUATE AND CONTINUOUSLY IMPROVE PROCESSES, PROGRAMS, AND INTERVENTIONS

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

- 1. Evaluate the effectiveness of public health processes provided by the agency and its subcontractors?
- 2. Evaluate the effectiveness of public health programs provided by the agency and its subcontractors?
- 3. Evaluate the effectiveness of public health interventions provided by the agency and its subcontractors?
- 4. Implement quality improvement of agency processes, programs, and interventions?

Areas for improvement

- 5. Is there a need for additional training?" Yes No
- 6. What type of additional training is needed? (i.e. evaluation methodology and tools, quality improvement methodology and tools, quality improvement planning and implementation)
- 7. Who should receive the training?

NOTES

DOMAIN 10: CONTRIBUTE TO AND APPLY THE EVIDENCE BASE OF PUBLIC HEALTH

Strengths

On a scale of 1-5 where 1 is very little skill & 5 is very skilled, what is the skill level of your staff to:

1. Identify and use evidence-based and innovative practices?

2. Identify the current body of research results?

Areas for improvement

3. Is there a need for additional training?" Yes No

4. What type of additional training is needed? (i.e. identification of evidence-based and best practices, use of PubMed and similar tools)

5. Who should receive the training?

NOTES

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1. What is your biggest challenge in meeting the standards within these domains?

2. **(PROGRAM CHIEFS ONLY)** Could you tell me a little more about the essential services your program provides? I would like to know more about the perceived strengths and areas for improvement.

3. A.) What type of training resources do you currently have available? (e.g. space, computers, personnel, time, funds, equipment)

B.) Are there any additional training resources that your staff would benefit from?

4. Rank these training formats from 1 to 5 in order of preference:
 - Online self-guided
 - Webcast
 - Web-based video conference
 - Face-to-face onsite
 - Face-to-face offsite

Closing

5. To summarize this interview, what would you say is the biggest challenge in assuring that your staff receives adequate training?

6. Are there any training topics that we haven't covered that you feel would improve the effectiveness and efficiency of your staff to meet the goals and objectives of your department?

THANK YOU!

Appendix G Workshop Title

City, PA

Date

Please take a moment to reflect on your experience in this workshop and respond to the items found on *both* sides of this document. In doing so, you will help us determine the effectiveness of the workshop and the extent to which your professional needs and interests were met. We ask that you be as honest and constructive as possible.

***To receive verification of successful continuing education credit hour completion, participants must sign-in, attend the entire session and complete this evaluation. Please check below as appropriate:**

Nursing __ CHES__ Social Work__

Answer Selection: Correct = ● Incorrect = ✕ ☑ ⊖

1. Learning Objectives

As a result of this workshop, to what degree can you:

	Not at all	A little	Some-what	Quite well	A great deal
A.	1	2	3	4	5
B.	1	2	3	4	5
C.	1	2	3	4	5
D.	1	2	3	4	5
E.	1	2	3	4	5

2. Instructor

Please indicate the degree to which the instructor:

	Not at all	A little	Some-what	Quite well	A great deal
A. Was well prepared.	1	2	3	4	5
B. Used the allotted time efficiently.	1	2	3	4	5
C. Presented the content in an interesting manner.	1	2	3	4	5
D. Created a comfortable environment to encourage participation.	1	2	3	4	5
E. Answered questions competently.	1	2	3	4	5

Poor Fair Good Very Good Excellent

Overall rating of the instructor:

1 2 3 4 5

3. Workshop

Please indicate the degree to which:

	Not at all	A little	Some-what	Quite well	A great deal
A. The facilities were suitable.	1	2	3	4	5
B. The instructional methods/learning activities were effective.	1	2	3	4	5
C. The handouts/audiovisuals were useful.	1	2	3	4	5
D. There was a good balance between the presentations and group participation.	1	2	3	4	5
E. The material covered in this workshop was relevant to your job.	1	2	3	4	5
F. This workshop made a contribution to your ability to _____?	1	2	3	4	5

	Poor	Fair	Good	Very Good	Excellent
Overall rating of the workshop	1	2	3	4	5

4. Outcomes

As a result of this workshop, do you:

	Not at all	A little	Some-what	Quite well	A great deal
A. Feel you have the information you need to _____?	1	2	3	4	5
B. Feel you have knowledge and skills to _____?	1	2	3	4	5
C. Feel motivated to _____?	1	2	3	4	5

5. As a result of this workshop,

	Not at all	A little	Some-what	Quite well	A great deal
A. To what extent did your knowledge increase?	1	2	3	4	5
B. How strong is your intention to implement at least one concept or skill that you learned or refined?	1	2	3	4	5

6. Recommendations

Would you recommend this workshop to other professionals?

If you were to recommend this workshop to other professionals, what positive aspects would you highlight? Why?

Of the information presented today, what topics were *most* useful?

Of the information presented today, what, if anything needs further *clarification*?

Of the concepts and skills you learned or refined in this workshop, what do you think you will use *first*? What concepts or skills will you use the *most*?

Thank You!