

**Columbia/Boone County
Department of Public Health and
Human Services**

**Workforce
Development Plan**

May 2014



Public Health

Prevent. Promote. Protect.

**Columbia/Boone County
Public Health & Human Services**

Purpose & Introduction

Introduction

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

This document provides a comprehensive workforce development plan for Columbia/Boone County Department of Public Health and Human Services (PHHS).

In this plan

This workforce development plan contains the following topics:

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Questions?

For questions about this plan, please contact:

Jason Wilcox, MPH

Senior Planner

(573) 874-7224

jrwilcox@GoColumbiaMO.com

Agency Profile

Vision: Optimal health, safety, and well-being for all.

Mission: To promote and protect health, safety, and well-being of the community through leadership and service.

City of Columbia Core Values(adopted by PHHS)

Customer Service: We exist to provide the best possible service to our customers

Communication: We listen to our customers and respond with clear, compassionate, and timely communication.

Continuous Improvement: We value continuous improvement through planning, learning, and innovative practices.

Integrity: We expect our employees to be ethical, honest, and responsible. Our customers deserve nothing less.

Teamwork: We achieve results through valuing diversity and partnerships within our own organization as well as the community. Each person's contribution is critical to our progress.

Stewardship: We develop and empower our employees to serve the community to the best of their ability. We are responsible with the resources the community entrusts to us.

Mission & Vision

Public Health & Human Services: Our Five Strategic Priorities

Health, Safety, and Well-being: Promote and protect health, safety, and well-being.

Customer Focused Department: Adopt innovative ways to engage our customers and community to improve services based on community values, priorities, and expectations.

Financial Health: Meet the needs of the community while maintaining a balanced budget through revenue growth, expenditure reallocation, and efficient use of resources.

Workforce: Create an environment that supports engaged, high performing employees; encourages a unified team approach to accomplish department goals; and ensures retention of institutional knowledge.

Public Health & Human Services Operational Infrastructure: Ensure quality and high performance by assessing the current state of the department's operational infrastructure to support planning, delivery, and evaluation of activities and practices and make recommendations on actions that can be taken to strengthen key components.

Agency Profile

There are 10 incorporated cities in Boone County: Ashland, Centralia, Columbia, Hallsville, Harrisburg, Hartsburg, McBaine, Pierpont, Rocheport, and Sturgeon. Approximately 73% of Boone County residents live in a city/town. The largest city is Columbia, the county seat, with a population of 108,500 (U.S. Census, 2010). Over two-thirds (66.7%) of the county population reside inside the city limits of Columbia. Centrally located in Boone County, Columbia is located on Interstate 70 with Kansas City 125 miles to the west and St. Louis 125 miles to the east. The state capital, Jefferson City, lies 30 miles to the south.

Location & Population Served

Located in the northern part of the county, Centralia is the second largest community with a population of 4,027. Ashland, located in the southern part of the county, is the third largest town with a population of 3,707. Hallsville, in northern Boone County, is the fourth largest with a total of 1,491. The remaining six communities (Sturgeon, Harrisburg, Rocheport, Hartsburg, Pierpont and McBaine) each have less than 1,000 persons (U.S. Census, 2010).

Boone County has a combined city/county public health department with a human services division. The Columbia/Boone County Department of Public Health and Human Services (PHHS) is a City of Columbia department with an appointed Board of Health which advises elected officials regarding the operations of PHHS, and makes policy recommendations in the interest of public health. The department operates with 63 staff.

Organizational Structure

The organizational structure of PHHS is available in the organizational chart in the Appendix A.

Funding

The fiscal year 2014 PHHS budget is approximately \$6.5 million. The majority of the budget comes from the City of Columbia's General Fund. Other funding sources include grants, fees, and contracts from county, state, and other agencies.

Agency Profile

The City of Columbia is a charter form of government. The city manager is appointed by, and serves at the discretion of, the City Council. The PHHS Director reports to the Deputy City Manager. Since PHHS is a city/county health and human services department, it also maintains a contract with Boone County to provide services to residents outside the Columbia city limits.

An 11 member Board of Health acts as an advisory board to the City Manager, PHHS Director, and City Council on matters pertaining to public health and animal control, and performs other duties as may be prescribed by law or by ordinance. The City Council makes seven appointments to the 11 member board. Membership must include a physician, veterinarian, nurse, dentist, and health care worker. The remaining members must have an interest in public health. The length of terms is three years, with openings occurring in August for the City appointments. The remaining four members of the board are appointed by the county. The board also acts as an advisory board to the County Commission.

A 10 member Human Services Commission appointed by City Council advises the council on all matters regarding the planning and contracting for human services programs to adequately meet the needs of the citizens of the City of Columbia, especially the low-income.

A 10 member Substance Abuse Advisory Commission advises City Council in all matters pertaining to substance abuse and promotes the coordination of programs indented to prevent and eliminate the abuse of alcohol and other controlled substances.

A strategic priority identified in the City of Columbia Fiscal Year 2012-15 Strategic Plan is workforce. Specifically, creating an environment that supports engaged, high performing employees; enabling the city to recruit, retain, and compete for talent, and ensuring retention of institutional knowledge. One of the performance measures related to the workforce strategic priority is training hours per employee per year. Beginning with the 2012 fiscal year, all City employees must obtain 40 hours of training per year. Employees must log training hours and share them with their supervisors. The city offers standardized training for all supervisors and for staff interested in becoming a supervisor in the future, through the City University program. PHHS is committed to supporting the City's strategic priority of ongoing staff training and development.

Governance

Learning Culture

Agency Profile

Workforce Policies

The Department recognizes and acknowledges that a well-trained staff is essential to providing the optimal level of services to our customers.

- All department employees will comply with city-wide training requirements as listed by the Human Resources Department (e.g., New Employee training, Customer Service training, etc.).
- Department management may identify training that would benefit all or a portion of staff, who may be required to participate in such training, as arranged by the department.
- Staff will not have to use accumulated leave or make up work time to participate in training events which are required of them by department management or their supervisor.
- Staff who choose to attend courses not required or approved by their supervisor, including taking classes to pursue a college degree, may be allowed time off from work, but will need to use accumulated time or seek approval from their supervisor for a temporarily modified work schedule to make up the time.
 - Please see Columbia Code of Ordinances 19-105(e): “Employees may be allowed time off from work to attend approved formal classes or training sessions; provided, the employee makes up the hours in full, on the job, in a meaningful, responsible work assignment; and such absence does not impose additional expense to the department in terms of overtime pay or burden on other employees, as determined by the department head”.

Workforce Profile

Introduction

This section provides a description of the current PHHS workforce, and anticipated future workforce needs.

The table below summarizes the demographics of the agency's current workforce as of May 30, 2014.

Category	# or %
Total # of Employees:	63
# of FTE	57
Gender	Female: 54 Male: 9
Race	Hispanic: 1 African-American: 8 Caucasian: 54
Age	20-29: 12 30-39: 16 40-49: 14 50-59: 16 >60: 5
Primary Professional Disciplines/Credentials:	
Leadership/Administration:	2
Community Health Manager:	1
Nurse:	8
Nurse Practitioner:	2
Nursing Supervisor:	1
Environmental Health Specialist:	6
Environmental Health Supervisor:	1
Senior Planner (Including Emergency Response Planner):	3
Public Health Planning Supervisor:	1
Health Educator:	3
Public Health Promotion Supervisor:	1
Dietitian/Nutritionist:	2
Nutrition Supervisor:	1
Social Worker:	5
Human Services Manager:	1
Medical Director (Contract):	1
Animal Control Officer:	6
Animal Control Supervisor:	1
Senior Administrative Supervisor:	1
Administrative Supervisor:	1
Senior Administrative Support Assistant:	4
Administrative Support Assistant:	6
Public Information Officer:	1
Laboratory Analyst:	1
WIC Office Specialist:	4

Current Workforce Demographics

Workforce Profile

Current Workforce Demographics

Category	# or %				
Retention Rate Last 5 Years: 86.51 average	FY13: 87.10 FY12: 87.50% FY11: 83.61% FY10: 83.87% FY09: No Report FY08: 90.48%				
Employees <5 Years from Retirement <table style="float: right; border: none;"> <tr> <td style="padding-right: 10px;">Management:</td> <td>1</td> </tr> <tr> <td>Non-Management:</td> <td>13</td> </tr> </table>	Management:	1	Non-Management:	13	
Management:	1				
Non-Management:	13				

Workforce Profile

Recommendations for improving the PHHS public health workforce requires assurance that staff meets department-wide core competencies, a focus on leadership succession, and formal linkages with schools of public health for training and internship opportunities.

Based on preliminary modeling, the population of Columbia is projected to grow from 108,500 (2010 Census) to between 131,000 and 145,000 by 2030. Metro-area population is projected to grow from 134,572 (2010) to between 165,000 and 181,000. Boone County's population is projected to increase by over 25% by 2025 from the 2010 Census population of 162,642.

To ensure a highly trained future workforce, PHHS will:

- Encourage employees to participate in the year-long supervisor preparatory curriculum;
- Support employee lifelong learning through training requirements and plans which take advantage of technology (distance learning), but also encourage participation in conferences to not only expand technical expertise, but also build professional relationships which will continue to build expertise after conferences;
- Assure staff are appropriately equipped to address the needs of our clients, both technically, and from a cultural competency standpoint;
- Increase the PHHS focus on prevention of chronic diseases;
- Increase cross-training of staff to facilitate collaboration between programs and to increase overall employee development;
- Assure staff are properly trained in program evaluation and quality improvement;
- Build stronger relationships with institutes of higher learning to have input into the future public health workforce and to draw from those relationships.

Future Workforce

Competencies & Education Requirements

PHHS tentatively identified three sets of core competencies for the department: City of Columbia Core Competencies, Missouri Institute for Community Health (MICH) Voluntary Accreditation Standards, and the Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice. After a thorough review of the overlap between each set of competencies, PHHS determined that the Core Competencies for Public Health Professionals would serve as the primary competency model for the department.

The Council on Linkages Between Academia and Public Health Practice Core Competencies for Public Health Professionals are a nationally recognized set of broad public health skills. The Core Competencies provide a starting point for organizations to understand, assess, and focus efforts to improve public health education, training, and practice needs.

The Core Competencies are arranged in three tiers which reflect skills and knowledge desired at each stage of a public health professional's career:

- Tier 1 – Entry Level: 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 professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.
- Tier 2 – Program Management/Supervisory Level: apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.
- Tier 3 – Senior Management/Executive Level: apply to public health professionals at senior management level to leaders of public health organizations. These professionals typically have staff that report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization's culture.

Core Competencies for Agency

Competencies & Education Requirements

Other Competencies

Other competency sets utilized by the department.

- Core Competencies outlined in the City of Columbia 2012-2015 Strategic Plan

Although it was determined that there is significant overlap between this set of competencies and the Council on Linkages’ competencies, it is important to highlight these as the model was integrated into the City of Columbia’s strategic plan prior to the creation of the plan outlined here.

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

Discipline	Requirements (as of May 30, 2014)
Health Educator (National Commission for Health Education Credentialing, CHES)	15 hours per year
Medical Director	50 hours CME per year and maintenance of Board Certification (Family Medicine)
Dietitian (RD)	5 hours CEU per year in nutrition and/or health
Animal Control Officer	10 CEU per year and Missouri Animal Control Association (MACA) certification maintenance
Nurse Practitioner (American Nurses Credentialing Center)	75 hours over five years 25 hours professional development 25 hours pharmacotherapeutics

Other Competencies

See Appendix B for a copy of the Council on Linkages Between Academia and Public Health Practice Core Competencies for Public Health Professionals.

Training Needs

Introduction

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

As previously mentioned, PHHS elected to have the Council on Linkages Core Competencies for Public Health Professionals provide the foundation for its workforce development initiatives. As such, all staff was assessed to the degree in which they met each of the competencies included in the model. Here, five survey tools were designed and administered to staff by tier and sent in three waves. In the first wave, Tier 2 and Tier 3 employees (i.e., supervisor positions) assessed their direct staffs' competency levels and how important they felt the each competency was for their staff to possess. In the second wave, all tiers were asked to assess their own competency levels and how important they felt each competency was for their position.

Training Needs Assessment Results

Survey data from the first two waves was aggregated and analyzed by competency domain at the division/unit- and department-level in order to identify competency gaps. Results obtained from the first two waves of surveys were compared to ensure consistency existed between supervisors' assessment of their direct staff and their respective staffs' self-assessments. While there was a certain degree of variation by division/unit, supervisors and their direct staff generally identified the same competency gap levels. Each competency domain was weighted based on both supervisors' and their direct staffs' assessments of gap levels (see Table 1, column 1).

In the third wave, all Tier 2 and Tier 3 employees received a final survey asking them to identify the top three competencies that should be given priority in their respective division/unit and the entire department. Competency domains were weighted based on the number of times each was identified as being a department-wide priority and its priority rating (see Table 1, column 1). These results were then compared to the weighted gap levels obtained from the first two survey waves. As shown in Table 1, the analyses revealed that communication skills and cultural competency skills scored highest on having the highest gap levels and being the highest department priorities. Furthermore, since there was a clear disparity between the values assigned to communication skills and cultural competency skills and the remaining six competencies, PHHS elected to focus on improving these areas during the first year of implementation of the workforce development plan.

Training Needs

Table 1. Comparison of Weighted Largest Gap Levels to Weighted Highest Priorities

Weighted Largest Gap Levels		Weighted Highest Priorities	
Competency	Total Weighted Value	Competency	Total Weighted Value
Communication Skills	19	Communication Skills	31
Cultural Competency Skills	19	Cultural Competency Skills	30
Leadership and Systems Thinking Skills	9	Leadership and Systems Thinking Skills	21
Policy Development/Program Planning Skills	5	Policy Development/Program Planning Skills	20
Analytic/Assessment Skills	4	Community Dimensions of Practice Skills	20
Public Health Science Skills	3	Financial Planning and Management Skills	19
Financial Planning and Management Skills	1	Analytic/Assessment Skills	15
Community Dimensions of Practice Skills	0	Public Health Sciences Skills	5

However, competency levels required of employees vary substantially by division/unit. As such, supervisors were also asked to identify the top three competencies that should be given the highest priority in their division/unit. Supervisor responses in this wave were compared to division/unit level gap analyses conducted using data from the first two survey waves. As shown in Table 2, the data obtained in the third wave was largely consistent with prior gap analyses. Of course, the results from wave three did not completely match prior analyses. However, because supervisors were given the opportunity to review the results obtained from the first two waves and speak with their direct staff about the results, they were able to reconsider their assessment of competency priorities. Therefore, it was determined that each division/unit would focus on the priorities identified in the third wave, beginning with their highest priority (Table 2, column 2).

Training Needs

Table 2. Division/Unit Largest Priority

Division/Unit	Highest Priority	2nd Highest Priority	3rd Highest Priority
WIC	Financial Planning and Management Skills	Leadership and Systems Thinking Skills	Public Health Sciences Skills
Nursing	Financial Planning and Management Skills	Policy Development/Program Planning Skills	Leadership and Systems Thinking Skills
Human Services	Policy Development/Program Planning Skills	Analytic/Assessment Skills	Financial Planning and Management Skills
Environmental Health	Financial Planning and Management Skills	Financial Planning and Management Skills	Cultural Competency Skills
Epi, Planning and Evaluation	Analytic/Assessment Skills	Community Dimensions of Practice Skills	Policy Development/Program Planning Skills
Community Health Promotion	Policy Development/Program Planning Skills	Cultural Competency Skills	Financial Planning and Management Skills
Community Health Administration	Cultural Competency Skills	Communication Skills	Analytic/Assessment Skills
Animal Control	Policy Development/Program Planning Skills	Communication Skills	Financial Planning and Management Skills
_____	Indicates that in prior analyses, both supervisors and staff agreed that this was 1 of the top 3 gap levels in their unit		
_____	Indicates that in prior analyses, either supervisors or staff indicated that this was 1 of the top 3 gap levels in their unit		

Given the results obtained from all three survey waves, it was determined that the all employees will be required to complete training designed to improve their communication skills and cultural competency skills as part of their mandatory 40 hours of training per year. In addition, it was recommended that supervisors encourage their direct staff to acquire additional training in other competency domains if they were also identified as a division-/unit-specific priority. Table 3 includes the recommended competencies for the PHHS divisions/units to target with training and development strategies. Pending supervisor approval, employees may utilize resources designed to improve these competencies listed in the PHHS course catalog.

Training Needs

Table 3. Unit Specific Training Needs

Competency Domain	Division/Unit	Mandatory	Completed By
Communication Skills	Department-Wide	Yes	5/30/2015
Cultural Competency Skills	Department-Wide	Yes	5/30/2015
Analytic/Assessment Skills	Epi, Planning and Evaluation	No	
Policy Development/ Program Planning Skills	Human Services, Community Health Promotion, Animal Control	No	
Community Dimensions of Practice Skills		No	
Public Health Sciences Skills		No	
Financial Planning and Management Skills	WIC, Nursing, Environmental Health	No	
Leadership and Systems Thinking Skills		No	

Department-Specific Needs

Department-specific training needs identified during the PHHS strategic planning process include:

- Cultural competency training
- Leadership development training
- Communication training
- Program evaluation and quality improvement training
- Health literacy training

Training Needs

Discipline-Specific Training Needs

Training needs by discipline/unit include:

Administration

- InDesign
- Public Relations conference

Animal Control

- National Animal Cruelty Investigations School – University of Missouri

Epidemiology, Planning, & Evaluation

- Principles of Epidemiology – Missouri Dept. of Health & Senior Services
- Performance Management
- MICA and Health Data Analysis – Missouri Dept. of Health & Senior Services

Community Health Promotion

- As identified by the supervisor

Environmental Public Health

- Principles of Epidemiology – Missouri Dept. of Health & Senior Services
- Food & Drug Administration Office of Regulatory Affairs University courses
- Food-borne viruses - MIC04
- Food-borne parasites - MIC05
- Controlling growth factors - MIC06
- Control by refrigeration and freezing - MIC07
- Basic food law for state regulators - FDA35
- Beginning an inspection – FDA38
- Issues and observations – FDA39

Community Health Administration

- As identified by the supervisor

Nursing

- Public Health Nurse (PHN) Ready – Empire State Public Health Training Center

WIC

- Breastfeeding course – Missouri Dept. of Health & Senior Services
- Cultural competency
- Missouri WIC Association conference

Human Services

- Motivational Interviewing
- Self Care: Preventing Compassion Fatigue and Vicarious Trauma
- Resiliency Building

Training Needs Assessment Results

Training Needs

Mandatory Training

All department employees must comply with city-wide training requirements listed by the Human Resources Department. In addition, all city employees must acquire 40 hours of training per year.

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

Training	Who	Frequency
HIPAA	All staff	Annually
Customer Service	All staff	One-time
Cultural Competency	All staff	Annually
Performance Management & Quality Improvement	All staff	Annually
Supervisor Training and Resources (STAR)	Supervisors	One-time
IS 100 & 700	All staff	One-time
ICS 200, 300 & 400	Identified staff by contract	One-time
HIV testing update	Health Educator	Annually
Missouri Comprehensive Prevention Planning Group (CPPG)	Health Educator	Quarterly
Teen Outreach Program (TOP) facilitator	Health Educator	Annually
Maternal & Child Health	Health Educator	Annually
Show-Me Healthy Women billing	Clinic support staff	Annually
Accounts payable	Clinic support staff	Annually
Medicaid billing	Clinic support staff	Annually
Bloodborne Pathogens	Nursing Staff	Annually
CPR	Nursing Staff	Every 2 years
Mandated Reporting of Child Abuse and/or Neglect	Social Service Specialist	One-time
Mandated Reporting of Adult Abuse	Social Service Specialist	One-time
Mental Health First Aid	Social Service Specialist	One-time
Temporary Medicaid	Social Service Specialist	One-time
Safety: Awareness and Prevention, De-escalation techniques	Social Service Specialist	One-time

Training	Who	Frequency
Domestic Violence 101	Social Service Specialist	One-time
Reproductive Health	Social Service Specialist	One-time
CPR/First Aid	Social Service Specialist	One-time
Home Visitor Safety: Awareness and Prevention	Home Visitor	One-time
Prenatal-Infant-Child Development: Ages and Stages	Home Visitor	One-time
HFA Assessment Core Training	Home Visitor	One-time
HFA Home Visitor Core Training	Home Visitor	One-time
HFA Keeping Babies Healthy and Safe	Home Visitor	One-time
HFA Fostering Infant and Child Development	Home Visitor	One-time
HFA Addressing Domestic Violence	Home Visitor	One-time
HFA Prevention of Child Abuse	Home Visitor	One-time
HFA Recognizing Substance Abuse	Home Visitor	One-time
HFA Responding to Relationship Issues	Home Visitor	One-time
HFA Promoting Mental Health	Home Visitor	One-time
Managers Journey	Supervisors	Annually
Supervisors Apprenticeship	Supervisors	Annually

Goals, Objectives, & Implementation Plan

Introduction

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

Roles & Responsibilities

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

Who	Roles & Responsibilities
Director and Assistant Director	Responsible for workforce development planning, priority setting, establishment of goals and objectives, budgeting, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Human Resources	Provide guidance to the Health Director and Assistant Director regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Director and Assistant Director to find appropriate training/development opportunities for staff. Provide guidance to the Director and Assistant Director with coaching, mentoring, and succession planning.
Department Supervisors	Responsible to the Health Director and Assistant Director for all employees within their units. Supports, coaches, and mentors employees to assure that appropriate training resources and support structures are available within the unit. Identifies high potential employees as part of agency succession plan. Responsible for ensuring that individual and agency-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan.
All staff	Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Assure all mandatory training is completed. Identify opportunities to apply new learning on the job.

Goals, Objectives, & Implementation Plan

Goal	Objectives	Target Audience	Resources	Responsible Party
Adopt nationally accepted staff core competencies	<ul style="list-style-type: none"> Analyze preliminary identified sets of core competencies Determine the competency model for PHHS 	All staff	NACCHO ASI Grant; Core Competencies for Public Health Professionals; MICH Voluntary Accreditation Program for Local Public Health Agencies; City of Columbia Strategic Plan	Assistant Director; Planner; Doctoral research associate
Assessment of staff competencies against adopted core competencies	<ul style="list-style-type: none"> Administer survey to supervisors and staff to assess competency gaps Assess degree that staff meets competencies <ul style="list-style-type: none"> Identify department-wide and unit-specific competency gaps 	All staff	NACCHO ASI grant; Core Competencies for Public Health Professionals	Assistant Director; Planner; Doctoral research associate
Prioritize department-wide and unit-specific core competencies	<ul style="list-style-type: none"> Hold meetings with unit supervisors to discuss survey results <ul style="list-style-type: none"> Survey supervisors to determine competency priorities 	All staff	NACCHO ASI grant; Core Competencies for Public Health Professionals	Director; Assistant Director Supervisors; Planner; Doctoral research associate
Select department-wide and unit-specific core competencies for development	<ul style="list-style-type: none"> Weigh largest competency gap levels and priorities Select core competencies for development based on weighted results 	All staff	NACCHO ASI grant; Core Competencies for Public Health Professionals	Director; Assistant Director Supervisors; Planner; Doctoral research associate

Goals, Objectives, & Implementation Plan

Goal	Objectives	Target Audience	Resources	Responsible Party
Identify barriers for staff to obtain needed training	<ul style="list-style-type: none"> Consult with administration through in-person interviews to determine largest barriers Outline specific barriers to needed training 	All staff	NACCHO ASI grant; Core Competencies for Public Health Professionals	Planner; Doctoral research associate
Identify strategies for overcoming barriers to obtain needed training	<ul style="list-style-type: none"> Select training opportunities that are flexible in terms of time Select training opportunities that are not fiscally burdensome 	All staff	NACCHO ASI grant; Core Competencies for Public Health Professionals	Planner; Doctoral research associate
Establish individualized professional development training plans for staff	<ul style="list-style-type: none"> Create training course catalog Assess whether courses in catalog are likely to be valuable 	All staff	NACCHO ASI grant; Public Health Foundation –train.org; City of Columbia; Online training modules offered at identified universities	Planner; Doctoral research associate
Identify areas for improvement through evaluation	<ul style="list-style-type: none"> Administer survey to staff to assess if competencies have improved Utilize written and verbal feedback from staff to determine if competencies have improved 	All staff	Survey software	Planner

Goals, Objectives, & Implementation Plan

Communication Plan

The plan will be introduced to staff through a series of meetings, emphasizing staff roles and responsibilities as well as the curricula and training schedule. The plan will be posted for staff to access on the existing PHHS Performance Management and Quality Improvement Google site. Minor updates to the plan will be communicated to staff through email, while major updates and revisions will be communicated at all staff meetings.

CBCDPHHS Training Goals & Objectives

Introduction

This section describes the curricula and training schedule for PHHS.

It is important to note that the following barriers for staff to obtain needed training were identified:

- Employees having limited ability to take time away from their day-to-day responsibilities to complete training.
- Limited financial resources available to devote to training.

Consequently, largely online courses that place a modest or no financial burden on the department were selected. Clearly, online courses provide employees with flexibility in terms of time management. This decision, however, is by no means meant to devalue face-to-face and classroom training. In some instances, employees may find greater value in these forms of training and, as a result, many of such courses are made available to employees as well.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
HIPAA	HIPAA & PHHS requirements	All staff	Mandate – Public Health Science Skills	Annually	Internal – HIPAA Officer
Customer Service	Required by City	All staff	Mandate - Communication Skills Cultural Competency Skills	One-time	City of Columbia Service with Principles course

CBCDPHHS Training Goals & Objectives

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Cultural Competency	Required by PHHS	All staff	Mandate - Communication Skills Cultural Competency Skills Community Dimensions of Practice Skills	Annually	Internal - Health Literacy Committee http://www.cdc.gov/healthliteracy/training/
Performance Management & Quality Improvement	Basic or advanced concepts	All staff	Mandate - Policy Development/ Program Planning Skills	Annually	Internal, online webinars and training modules
Supervisor Training and Resources (STAR)	Supervisor training	Supervisors	Mandate - Leadership and Systems Thinking Skills	One-time year-long curriculum	City of Columbia STAR training course
IS 100 & 700	National Incident Command System (NIMS) required by DHSS contract	All staff	Mandate - Public Health Science Skills	One-time	FEMA Online training module http://emilms.fema.gov/IS100b/index.htm http://emilms.fema.gov/IS700aNEW/index.htm
ICS 200, 300 & 400	National Incident Command System (NIMS) required by DHSS contract	Identified staff by contract	Mandate - Public Health Science Skills	One-time	Sponsored by Missouri State Emergency Management Agency (SEMA) in various locations
HIV testing update	Required by Missouri DHSS contract	Health Educator	Mandate - Public Health Science Skills	Annually	Sponsored by Missouri Department of Health & Senior Services
Missouri Comprehensive Prevention Planning Group (CPPG)	Required by Missouri DHSS contract	Health Educator	Mandate - Public Health Science Skills Policy Development/ Program Planning Skills	Quarterly	Sponsored by Missouri Department of Health & Senior Services
Teen Outreach Program (TOP) facilitator	Required by Missouri DHSS contract	Health Educator	Mandate - Public Health Science Skills	Annually	Sponsored by Missouri Department of Health & Senior Services

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Maternal & Child Health	Required by Missouri DHSS contract	Health Educator	Mandate – Public Health Science Skills	Annually	Sponsored by Missouri Department of Health & Human Services – Maternal & Child Services Program
Show-Me Healthy Women billing training	Required by Missouri DHSS contract	Clinical support staff	Mandate – Financial Planning and Management Skills	Annually	Sponsored by Missouri Department of Health & Senior Services Show-Me Healthy Women program
Accounts payable training	Required by City	Clinical support staff	Mandate – Financial Planning and Management Skills	Annually	City of Columbia Finance Department
Bloodborne pathogens training	Required by City	Nursing staff	Mandate – Public Health Science Skills	Annually	City of Columbia Risk Management staff
CPR	Required by City	Nursing staff	Mandate – Public Health Science Skills	Every 2 years	Internal
Mandated Reporting of Child Abuse and/or Neglect	Required by PHHS	Social Service Specialist	Mandate - Analytical/ Assessment Skills	One-time	As identified by Supervisor
Mandated Reporting of Adult Abuse	Required by PHHS	Social Service Specialist	Mandate - Analytical/ Assessment Skills	One-time	As identified by Supervisor
Mental Health First Aid	Required by PHHS	Social Service Specialist	Mandate - Analytical/ Assessment Skills Communication Skills Cultural Competency Skills	One-time	As identified by Supervisor
Temporary Medicaid	Required by Missouri DHSS	Social Service Specialist	Mandate - Analytical/ Assessment Skills Communication Skills Cultural Competency Skills	One-time	Sponsored by Missouri Department of Health & Senior Services

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Safety: Awareness and Prevention, De-escalation techniques	Required by PHHS	Social Service Specialist	Mandate - Analytical/ Assessment Skills Communication Skills Cultural Competency Skills	One-time	As identified by Supervisor
Domestic Violence 101	Required by PHHS	Social Service Specialist	Mandate - Analytical/ Assessment Skills Cultural Competency Skills	One-time	As identified by Supervisor
Reproductive Health	Required by PHHS	Social Service Specialist	Mandate - Public Health Science Skills	One-time	Internal
CPR/First Aid	Required by PHHS	Social Service Specialist	Mandate - Public Health Science Skills	One-time	Internal
Home Visitor Safety: Awareness and Prevention	Required by PHHS	Home Visitor	Mandate - Policy Development/ Program Planning Skills	One-time	As identified by Supervisor
Prenatal- Infant-Child Development: Ages and Stages	Required by PHHS	Home Visitor	Mandate - Public Health Science Skills	One-time	As identified by Supervisor
HFA Assessment Core Training	Required by HFA contract	Home Visitor	Mandate - Analytical/ Assessment Skills	One-time	Healthy Families America
HFA Home Visitor Core Training	Required by HFA contract	Home Visitor	Mandate - Analytical/ Assessment Skills	One-time	Healthy Families America
HFA Keeping Babies Healthy and Safe	Required by HFA contract	Home Visitor	Mandate - Public Health Science Skills	One-time	Healthy Families America
HFA Fostering Infant and Child Development	Required by HFA contract	Home Visitor	Mandate - Public Health Science Skills	One-time	Healthy Families America
HFA Addressing Domestic Violence	Required by HFA contract	Home Visitor	Mandate - Analytical/ Assessment Skills	One-time	Healthy Families America
HFA Prevention of Child Abuse	Required by HFA contract	Home Visitor	Mandate - Analytical/ Assessment Skills	One-time	Healthy Families America
HFA Recognizing Substance Abuse	Required by HFA contract	Home Visitor	Mandate - Public Health Science Skills	One-time	Healthy Families America
HFA Responding to Relationship Issues	Required by HFA contract	Home Visitor	Mandate - Analytical/ Assessment Skills	One-time	Healthy Families America
HFA Promoting Mental Health	Required by HFA contract	Home Visitor	Mandate - Public Health Science Skills	One-time	Healthy Families America

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Managers Journey	Required by City	Supervisors	Mandate - Analytic/ Assessment Skills; Policy Development/ Program Planning Skills; Communication Skills, Financial Planning and Management Skills; Leadership and Systems Thinking Skills	Annually	EdTrek Internal
Supervisors Apprenticeship	Required by City	Supervisors	Mandate - Analytic/ Assessment Skills; Policy Development/ Program Planning Skills; Communication Skills, Financial Planning and Management Skills; Leadership and Systems Thinking Skills	Annually	EdTrek Internal
Introduction to Standardized Management System and the National Incident Management System	Largely online courses	Tier 1 Staff	Mandate - Analytic/ Assessment Skills; Policy Development Program Planning Skills; Community Dimension of Practice Skills; Financial Planning and Management Skills	Determined by Supervisor	PHF; Train.org
Healthcare Access for Persons with Disabilities	Largely online courses	Tier 1 Staff	Analytic/ Assessment Skills; Communication Skills; Cultural Competency Skills; Community Dimension of Practice Skills; Public Health Science Skills; Leadership Systems Thinking Skills	Determined by Supervisor	PHF; Train.org

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
ICS-400 Pre-course review of ICS 100, 200 and 300	Largely online courses	Tier 1 Staff	Analytic/ Assessment Skills; Communication Skills; Community Dimension of Practice Skills	Determined by Supervisor	PHF; Train.org
National Fire Incident Reporting System (NFIRS) 5.0 Self-Study	Largely online courses	Tier 1 Staff	Analytic/ Assessment Skills; Policy Development/ Program Planning Skills; Community Dimensions of Practice Skills;	Determined by Supervisor	PHF; Train.org
Ready, Willing, & Able - Disaster Preparedness and Response Course on Meeting the Needs of Persons with Disabilities	Largely online courses	Tier 1 Staff	Analytic/ Assessment Skills; Policy Development/ Program Planning Skills; Communication Skills; Cultural Competency Skills; Public Health Science Skills; Leadership Systems Thinking Skills	Determined by Supervisor	PHF; Train.org
Quarterly Trainings and Webinar	Online Courses/ Webinars	Tier 1 Staff	Analytic/ Assessment Skills; Communication Skills; Cultural Competency Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Center for Management and Professional Development, Missouri Office of Administration
Professional Development Training		Tier 1 Staff	Communication Skills; Cultural Competency Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Human Resources, Saint Louis University
Personal Development Trainings		Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Human Resources, Saint Louis University
Manager's Toolbox		Tier 1 Staff	Policy Development/ Program Planning Skills; Communication Skills; Financial Planning and Management Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Human Resources, Saint Louis University

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Community Health Training Institute	Courses offered both in person and as webinar	Tier 1 Staff	Policy Development/ Program Planning Skills; Communication Skills; Cultural Competency Skills; Community Dimensions of Practice Skills; Public Health Science Skills; Public Health Science Skills; Financial Planning and Management Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Community Health Training Institute
National Association of Community Health Centers	Combination of in-person, regional trainings and webinars/ online courses	Tier 1 Staff	Policy Development/ Program Planning Skills; Financial Planning and Management Skills; Leadership Systems Thinking Skills	Determined by Supervisor	National Association of Community Health Centers
National Networks of Public Health Institutes	Wide-variety of courses offered in Missouri and other states	Tier 1 Staff	Analytic/ Assessment Skills; Policy Development Program Planning Skills; Community Dimension of Practice Skills; Public Health Science Skills; Leadership Systems Thinking Skills	Determined by Supervisor	National Network of Public Health Institutes
MU HR: Valuing Diversity	In-person course	Tier 1 Staff	Communication Skills; Cultural Competency Skills; Community Dimension of Practice Skills	Determined by Supervisor	Missouri Training Institute, University of Missouri

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Mobilizing for Action Through Planning and Partnerships (MAPP): Organize for Success/ Partnerships Development and Four Assessment Phases	Online Training Module	Tier 1 Staff	Analytic/ Assessment Skills	Determined by Supervisor	NACCHO
Building Capacity From Within: Demonstrating the Value of the Medical Reserve Corps to Local Health Departments	Online Training Module	Tier 1 Staff	Community Dimension of Practice Skills	Determined by Supervisor	NACCHO
Opportunities for Hospital and Local Health Department Collaboration for Community Health Assessment and Improvement Planning	Online Training Module	Tier 1 Staff	Community Dimension of Practice Skills	Determined by Supervisor	NACCHO
Introduction to Applied Financial Management in Public Health: Self Study	Online Training Module	Tier 1 Staff	Financial Management and Planning Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
CQI For Public Health	Online Training Module	Tier 1 Staff	Financial Management and Planning Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Social Media in Public Health	Online Training Module	Tier 1 Staff	Communication Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Organizing at Work	Online Training Module	Tier 1 Staff	Financial Management and Planning Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Presentation Dos and Don'ts	Online Training Module	Tier 1 Staff	Communication Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Tracking Webinar Series--Part II: Incorporating Environmental Public Health Tracking into Health Impact Assessments	Online Training Module	Tier 1 Staff	Analytic/ Assessment Skills	Determined by Supervisor	American Public Health Association

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Tracking Webinar Series--Part I: Successfully integrating environmental public health tracking and Environmental Health Assessments	Online Training Module	Tier 1 Staff	Analytic/ Assessment Skills	Determined by Supervisor	American Public Health Association
Culture and Health Literacy: Beyond Access	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Culture and Health Literacy: Case Studies in Culture and Health Literacy	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Communication Skills for Public Health Professionals	Online Training Module	Tier 1 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Public Health Literacy I	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Public Health Literacy II	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
The Digital World and Public Health	Online Training Module	Tier 1 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Culture and Health Literacy: Case Studies in Culture and Health Literacy	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Communication Skills for Public Health Professionals	Online Training Module	Tier 1 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Public Health Literacy I	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Public Health Literacy II	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
The Digital World and Public Health	Online Training Module	Tier 1 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Culture and Health Literacy: Case Studies in Culture and Health Literacy	Online Training Module	Tier 1 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
National Fire Incident Reporting System (NFIRS) 5.0 Self-Study	Largely online courses	Tier 2 Staff	Policy Development/ Program Planning Skills	Determined by Supervisor	PHF; Train.org
Ready, Willing, & Able - Disaster Preparedness and Response Course on Meeting the Needs of Persons with Disabilities	Largely online courses	Tier 2 Staff	Policy Development/ Program Planning Skills	Determined by Supervisor	PHF; Train.org
Nurses on the Front Line: Preparing for and Responding to Emergencies and Disasters (1013008)	Largely online courses	Tier 2 Staff	Analytic/ Assessment Skills; Policy Development/ Program Planning Skills; Communication Skills; Cultural Competency Skills; Public Health Science Skills	Determined by Supervisor	PHF; Train.org

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Quarterly Trainings and Webinars	Online courses/webinars	Tier 2 Staff	Analytic/Assessment Skills; Communication Skills; Cultural Competency Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Center for Management and Professional Development, Missouri Office of Administration
Community Health Training Institute	Courses offered both in person and as webinar	Tier 2 Staff	Policy Development/Program Planning Skills; Communication Skills; Cultural Competency Skills; Community Dimension of Practice Skills	Determined by Supervisor	Community Health Training Institute
MU HR: Valuing Diversity	In-person Course	Tier 2 Staff	Communication Skills; Cultural Competency Skills; Community Dimension of Practice Skills	Determined by Supervisor	Missouri Training Institute, University of Missouri
The Financial Basics: What Every Manager Should Know	In-person Course	Tier 2 Staff	Financial Management and Planning Skills	Determined by Supervisor	Missouri Training Institute, University of Missouri
Financial Management Principles	Online Training Module	Tier 2 Staff	Financial Management and Planning Skills	Determined by Supervisor	Workforce One
Key Functions in Public Health Financial Management	Online Training Module	Tier 2 Staff	Financial Management and Planning Skills	Determined by Supervisor	NACCHO
Building Capacity From Within: Demonstrating the Value of the Medical Reserve Corps to Local Health Departments	Online Training Module	Tier 2 Staff	Community Dimension of Practice Skills	Determined by Supervisor	NACCHO

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Opportunities for Hospital and Local Health Department Collaboration for Community Health Assessment and Improvement Planning	Online Training Module	Tier 2 Staff	Community Dimensions of Practice Skills	Determined by Supervisor	NACCHO
Budgeting for Local Health Districts	Online Training Module	Tier 2 Staff	Financial Planning and Management Skills	Determined by Supervisor	NACCHO
Introduction to Public Health Uniform National Data Systems (PHUND\$)	Online Training Module	Tier 2 Staff	Financial Planning and Management Skills	Determined by Supervisor	NACCHO
What is Strategic Planning and How Do I Prepare?	Online Training Module	Tier 2 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO
Implementing a Strategic Planning Process	Online Training Module	Tier 2 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO
Introduction to Applied Financial Management in Public Health: Self Study	Online Training Module	Tier 2 Staff	Leadership Systems Thinking Skills; Financial Planning and Management Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
CQI For Public Health	Online Training Module	Tier 2 Staff	Financial Planning and Management Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Social Media in Public Health	Online Training Module	Tier 2 Staff	Financial Planning and Management Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Tracking Webinar Series--Part II: Incorporating Environmental Public Health Tracking into Health Impact Assessments	Online Training Module	Tier 2 Staff	Communication Skills	Determined by Supervisor	American Public Health Association

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Tracking Webinar Series--Part I: Successfully integrating environmental public health tracking and Environmental Health Assessments	Online Training Module	Tier 2 Staff	Analytic/ Assessment Skills	Determined by Supervisor	American Public Health Association
Logic Models and Outcome Measurement	Online Training Module	Tier 2 Staff	Analytic/ Assessment Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Conducting Useful Program Evaluations	Online Training Module	Tier 2 Staff	Analytic/ Assessment Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Culture and Health Literacy: Beyond Access	Online Training Module	Tier 2 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Culture and Health Literacy: Case Studies in Culture and Health Literacy	Online Training Module	Tier 2 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Public Health Literacy I	Online Training Module	Tier 2 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Public Health Literacy II	Online Training Module	Tier 2 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
The Digital World and Public Health	Online Training Module	Tier 2 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Tailoring Health Communications: Insights for Public Health Nursing	Online Training Module	Tier 2 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Effective Communication for Environmental Public Health	Online Training Module	Tier 2 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Communicating Across Cultures	Online Training Module	Tier 2 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Managing Diversity Begins with You	Online Training Module	Tier 2 Staff	Cultural Competency Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Exploring Cross-Cultural Communication	Online Training Module	Tier 2 Staff	Communication Skills; Cultural Competency Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Emergency Risk Communication	Online Training Module	Tier 2 Staff	Communication Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Eliminating Health Disparities	Online Training Module	Tier 2 Staff	Community Dimension of Practice Skills; Public Health Science Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Decreasing Racial and Ethnic Health Disparities	Online Training Module	Tier 2 Staff	Policy Development/ Program Planning Skills; Cultural Competency Skills; Community Dimension of Practice Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Healthcare Reform and Health Equity	Online Training Module	Tier 2 Staff	Policy Development/ Program Planning Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Mental Health Consequences of Disaster	Largely online courses	Tier 3 Staff	Analytic/ Assessment Skills	Determined by Supervisor	PHF; Train.org
Quarterly Trainings and Webinars	Online Courses/ Webinars	Tier 3 Staff	Analytic/ Assessment Skills; Communication Skills; Cultural Competency Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Center for Management and Professional Development, Missouri Office of Administration

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Community Health Training Institute	Courses offered both in person and as webinar	Tier 3 Staff	Policy Development/ Program Planning Skills; Communication Skills; Community Dimension of Practice Skills; Financial Planning and Management Skills; Leadership Systems Thinking Skills	Determined by Supervisor	Community Health Training Institute
MU HR: Valuing Diversity	In-person course	Tier 3 Staff	Communication Skills; Cultural Competency Skills; Community Dimension of Practice Skills	Determined by Supervisor	Missouri Training Institute, University of Missouri
MU HR: Embracing Organizational Change	In-person course	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	Missouri Training Institute, University of Missouri
Financial Management Principles	Online Training Module	Tier 3 Staff	Financial Planning and Management Skills	Determined by Supervisor	Workforce One
Key Functions in Public Health Financial Management	Online Training Module	Tier 3 Staff	Financial Planning and Management Skills	Determined by Supervisor	NACCHO
Building Capacity From Within: Demonstrating the Value of the Medical Reserve Corps to Local Health Departments	Online Training Module	Tier 3 Staff	Community Dimension of Practice Skills	Determined by Supervisor	NACCHO

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Opportunities for Hospital and Local Health Department Collaboration for Community Health Assessment and Improvement Planning	Online Training Module	Tier 3 Staff	Community Dimension of Practice Skills	Determined by Supervisor	NACCHO
Budgeting for Local Health Districts	Online Training Module	Tier 3 Staff	Financial Planning and Management Skills	Determined by Supervisor	NACCHO
Introduction to Public Health Uniform National Data Systems (PHUND\$)	Online Training Module	Tier 3 Staff	Financial Planning and Management Skills	Determined by Supervisor	NACCHO
What is Strategic Planning and How Do I Prepare?	Online Training Module	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO
Implementing a Strategic Planning Process	Online Training Module	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO
CQI For Public Health	Online Training Module	Tier 3 Staff	Financial Planning and Management Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Social Media in Public Health	Online Training Module	Tier 3 Staff	Communication Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Addressing Workforce Development in your Agency	Online Training Module	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	Center for Public Health Practice, The Ohio State University
Making a Plan: Partnerships for Transforming Community Health through City Planning	Online Training Module	Tier 3 Staff	Community Dimensions of Practice Skills	Determined by Supervisor	American Public Health Association

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Healthy Communities: Neighborhood Planning Through a Healthy Equity Lens	Online Training Module	Tier 3 Staff	Community Dimensions of Practice Skills	Determined by Supervisor	American Public Health Association
Built Environment Approaches for Improving Community Health	Online Training Module	Tier 3 Staff	Community Dimensions of Practice Skills	Determined by Supervisor	American Public Health Association
Collaboration Multiplier: Maximizing the Power of Partnerships to Achieve Healthy Communities	Online Training Module	Tier 3 Staff	Community Dimensions of Practice Skills	Determined by Supervisor	American Public Health Association
Logic Models and Outcome Measurement	Online Training Module	Tier 3 Staff	Analytic/ Assessment Skills	Determined by Supervisor	Public Health Training Center Network, Health Resources and Service Administration
Workforce Development Planning: NACCHO/CDC Accreditation Support Initiative Webinar	Online Training Module	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO
Making the Best of a Bad Situation: One LHD's Restructuring for Sustainability and Accreditation	Online Training Module	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO
Conducting a Local Health Department Strategic Planning Process	Online Training Module	Tier 3 Staff	Leadership Systems Thinking Skills	Determined by Supervisor	NACCHO

Evaluation and Tracking

Introduction

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

Evaluation

Training provided by the Department through external resources listed in the course catalog will be evaluated by staff through the use of an electronic survey. The Epi, Planning, and Evaluation Unit will be responsible for the evaluation. Here, employees will be asked to assess the following aspects of the training received:

- The quality of the training
- The effectiveness of the training
- Their satisfaction with the training
- Whether the training improved their competency level(s)
- The applicability of the training relative to their specific position

Tracking

Each staff member is required to track yearly training hours on an employee training log. The log includes the date of the training, training topic, training type, and length. Training hours are made available to supervisors so that progress can be periodically monitored. Documentation of internal staff training is tracked by sign-in sheets. Online training will be tracked by certificate when made available.

Conclusion/Other Considerations

Other Agency Documents and Plans

This Workforce Development Plan is aligned with the following PHHS plans:

- PHHS Strategic Plan – Strategic Priority: Workforce
 - Percentage of staff with an individual Training Plan
 - Percentage of staff achieving 40 hours/year training goal
- Performance Management & Quality Improvement Plan
 - Develop a culture of continuous learning and improvement
- Community Health Assessment (CHA)
 - Local Public Health System Assessment – Essential Service 8: Assure a competent public health and personal health workforce

This Workforce Development Plan is aligned with the following national plans:

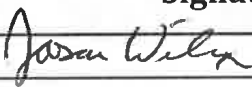
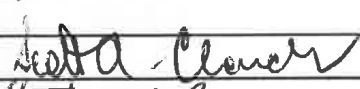
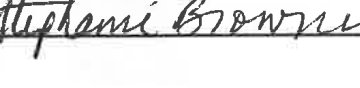

- The National Public Health Workforce Strategic Roadmap

Review of Plan

The PHHS workforce development plan will be reviewed by the supervisor staff (with Tier 1 staff input) annually at the fall supervisors retreat. The plan will be updated and maintained by a Senior Planner from the Epidemiology, Planning, and Evaluation Unit.

This plan was developed by the following individuals, and finalized on May 30, 2014.

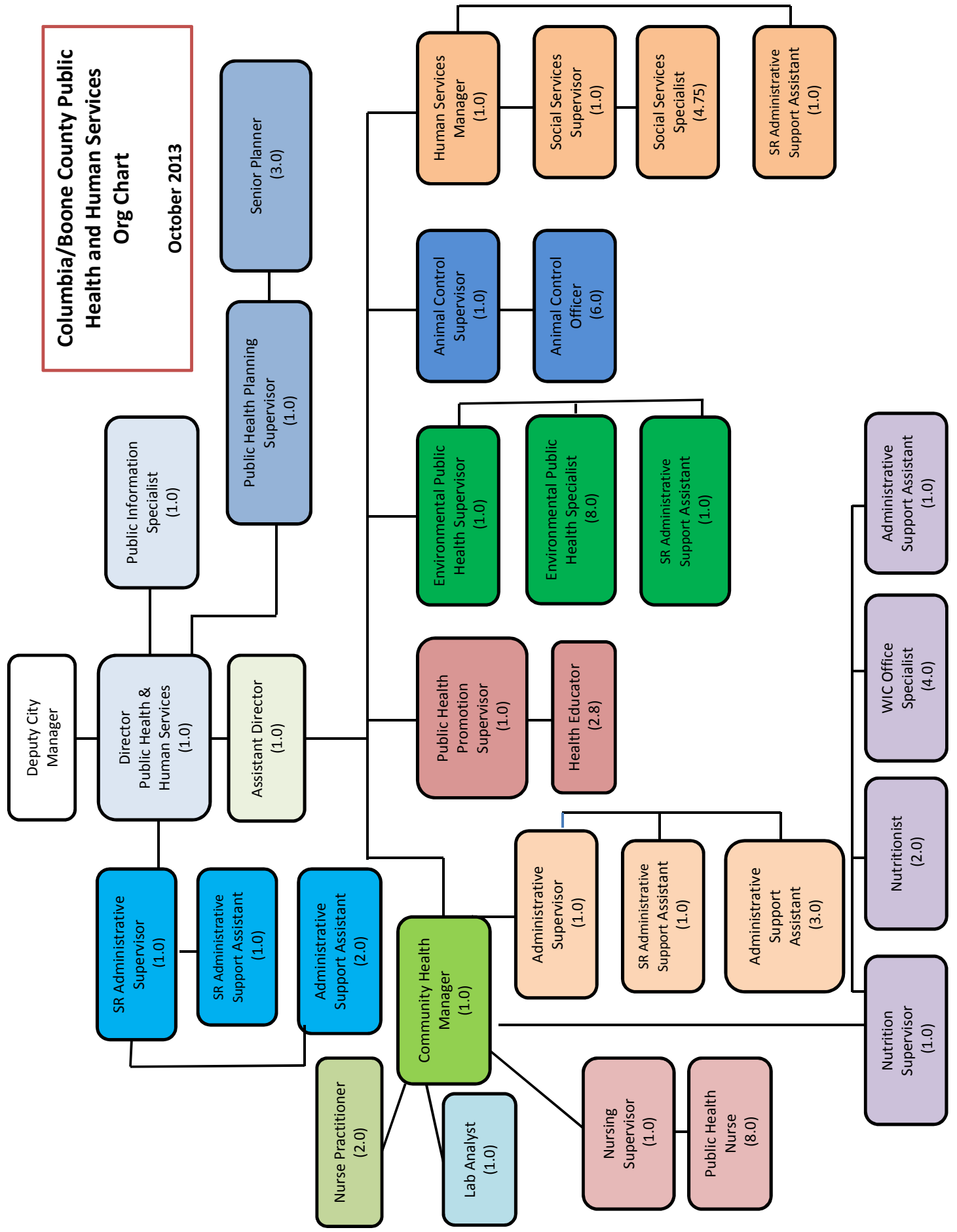
Authorship

Printed Name & Title	Signature	Date
Jason Wilcox		May 30, 2014
Andrew Weseman		May 30, 2014
Scott Clardy		May 30, 2014
Stephanie Browning		May 30, 2014

Appendix A:

Organizational Chart

Columbia/Boone County Public Health and Human Services Org Chart
October 2013



Appendix B:

The Council on Linkages Between Academia and Public Health Practice Core Competencies for Public Health Professionals.



Core Competencies for Public Health Professionals

Revisions Adopted: May 2010

Available from: <http://www.phf.org/programs/corecompetencies>

A collaborative activity of the Centers for Disease Control and Prevention, the Health Resources and Services Administration, and the Public Health Foundation.

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages; <http://www.phf.org/programs/council>) is a collaborative of 19 national public health organizations with a focus on improving public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum (http://www.phf.org/programs/council/Pages/PublicHealthFaculty_AgencyForum.aspx) centered on improving the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to assure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission

The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

Membership

Nineteen national organizations are members of the Council on Linkages:

- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention
- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

The Council on Linkages is funded by the Centers for Disease Control and Prevention and the Health Resources and Services Administration. Staff support is provided by the Public Health Foundation.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of competencies for the broad practice of public health in any setting. Developed by the Council on Linkages, the Core Competencies reflect skills that may be desirable for professionals who deliver the Essential Public Health Services. The Core Competencies exist as a foundation for public health practice and offer a starting point for public health professionals and organizations working to better understand and meet workforce development needs.

Development of the Core Competencies

The Core Competencies stemmed from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Building on the Public Health Faculty/Agency Forum and the Universal Competencies, in 1998 the Council on Linkages began an extensive development process to produce a set of foundational or “core” competencies, describing eight skill areas or “domains” of public health. This process involved not only member organizations of the Council on Linkages, but also public health professionals and organizations nationwide through engagement in the Council on Linkages’ Core Competencies Workgroup, charged with drafting the competencies and the release of the draft competencies for public comment. Over 1,000 comments received from public health professionals were considered in an effort to design a set of competencies that truly reflected the practice of public health. The development process culminated in the adoption of the first version of the Core Competencies for Public Health Professionals on April 11, 2001.

Recognizing that the one-time development of a static set of competencies was insufficient in a field as ever-changing as that of public health, the Council on Linkages committed to revisiting the Core Competencies every three years to determine their continued relevance to public health and revise the competencies as necessary. At the first review in 2004, the Council on Linkages concluded there was inadequate evidence about the use of the Core Competencies to support a significant revision. By the second review in 2007, data had become available demonstrating that nearly 50% of local health departments¹ and over 90% of academic public health institutions² were using the Core Competencies. In addition, the practice of public health had changed considerably since 2001 and the Council on Linkages had received requests from both the practice and academic communities to make the Core Competencies more measurable. Based on these three factors, the Council on Linkages decided to revise the Core Competencies.

¹ National Association of County and City Health Officials. (2007). The Local Health Department Workforce: Findings from the 2005 National Profile of Local Health Departments Study. Retrieved April 13, 2011 from http://www.naccho.org/topics/infrastructure/profile/upload/LHD_Workforce-Final.pdf

² Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

As with the development of the original version of the Core Competencies, the revision process begun in 2007 involved member organizations of the Council on Linkages, as well as public health organizations and professionals not directly represented on the Council on Linkages. Professionals were again engaged in the drafting of competencies through the Core Competencies Workgroup, and the revisions drafted were made available for public comment. More than 800 comments were received and considered during the revising of the Core Competencies.

In addition to updating the content of competencies, the 2007 revision of the Core Competencies brought structural changes. While the eight domains used in the original version of the Core Competencies were retained to help organizations integrate the revised Core Competencies into their existing frameworks, the Core Competencies were altered to reflect “tiers” or stages of career development for public health professionals. The original Core Competencies were a single set of competencies meant to apply to all public health professionals, regardless of the stages of their careers, and professionals were expected to possess these competencies at the skill levels of aware, knowledgeable, and advanced depending on their positions. Feedback from the public health community indicated that it was difficult to measure whether an individual had attained a desired level of competence using this approach.

To improve measurability, the Council on Linkages developed three tiers of Core Competencies, with each tier using more precise verbs to describe the desired level of competence. Tier 1 includes skills relevant for entry-level public health professionals; Tier 2, skills for those in program management or supervisory roles; and Tier 3, skills for senior management or executives. Tier 2 was completed first and adopted on June 11, 2009. The development of Tiers 1 and 3 followed and necessitated minor revisions to Tier 2 to ensure the logical progression of competencies from one tier to the next. The Council on Linkages unanimously adopted the current version of the Core Competencies for Public Health Professionals on May 3, 2010.

Organization of the Core Competencies

The Core Competencies are organized into domains reflecting skill areas within public health, as well as tiers representing career stages of public health professionals.

Domains

The Core Competencies are divided into eight domains, or topical areas of knowledge and skill:

1. Analytic/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

These eight domains are the same as those used in the original version of the Core Competencies.

Tiers

The Core Competencies are presented in three tiers, which reflect stages of public health career development:

- *Tier 1 – Entry Level.* Tier 1 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 professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization's culture.

The organization of the Core Competencies into three tiers provides guidance in identifying appropriate competencies for public health professionals. The individual competencies within the tiers build upon each other, describing desired skills for professionals at progressive stages of their careers. Similar competencies within Tiers 1, 2, and 3 are arranged next to each other to show differences across tiers. In the Core Competencies document, a gray background is used to indicate that the same competency appears in more than one tier. However, even when a competency applies in multiple tiers, the way competence is demonstrated may vary from one tier to another. Public health organizations are encouraged to interpret the tiers and adapt the competencies in ways that meet their individual organizational needs.

Mapping the Core Competencies and the Essential Public Health Services

To illustrate changes introduced by the revision of the Core Competencies and assist public health organizations with making the transition from the original to the current Core Competencies, the revised set of competencies was crosswalked with the original set. This crosswalk is available online at www.pfh.org/resourcestools/pages/crosswalk_publichealth_competencies_new_and_old.aspx.

In addition, the Core Competencies have been crosswalked with the Essential Public Health Services to help ensure that they build skills needed to deliver these services. This crosswalk was originally released with the first set of Core Competencies and has been updated to reflect the current Core Competencies. The crosswalk of the current Core Competencies and the Essential Public Health Services is available at http://www.pfh.org/resourcestools/pages/publichealth_competencies_and_essential_services.aspx.

Use of the Core Competencies

The Core Competencies support workforce development within public health and can serve as a starting point for public health organizations as they work to improve performance, prepare for accreditation, and support the health needs of the communities they serve. Integrated into public health practice, competencies can be used to enhance workforce development planning, workforce training, and workforce performance, among other activities. The Core Competencies are widely used by public health organizations across the country in workforce development efforts:

- Over 60% of state health departments use the Core Competencies and close to 100% are familiar with them.³
- Slightly less than one-third (28%) of local health departments have used the Core Competencies, with health departments serving larger populations more likely to use the Core Competencies than those serving smaller populations.⁴
- Over 90% of academic public health programs have used the Core Competencies.⁵

More specifically, the Core Competencies are used by public health organizations in assessing workforce knowledge and skills, identifying training needs, developing training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a foundation for sets of discipline-specific competencies.

The Core Competencies are included in three Healthy People 2020 objectives within the Public Health Infrastructure topic area, as they were for one objective in Healthy People 2010. They are also referenced in the Public Health Accreditation Board *Standards and Measures* (Version 1.0; May 2011) and appear in two Institute of Medicine reports, *The Future of the Public's Health in the 21st Century* (2002) and *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century* (2003).

Additional examples of how public health organizations and professionals are using the Core Competencies are available at www.phf.org/programs/council/Pages/Core_PublicHealthCompetencies_Examples_of_use.aspx.

Core Competencies Tools

A variety of tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. Such tools include examples to clarify competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies tools can be found online at <http://www.phf.org/CoreCompetenciesTools>. Additional tools will be added to this collection as they are developed.

³ Association of State and Territorial Health Officials. (2011). ASTHO Profile of State Public Health: Volume Two. Retrieved January 9, 2012 from http://www.astho.org/uploadedFiles/Publications/Files/Survey_Research/ASTHO_State_Profiles_Single%5B1%5D%20to%20res.pdf

⁴ National Association of County and City Health Officials. (2011). 2010 National Profile of Local Health Departments. Retrieved January 9, 2012 from http://www.naccho.org/topics/infrastructure/profile/resources/2010report/upload/2010_Profile_main_report-web.pdf

⁵ Public Health Foundation. (2006). Report on Healthy People 2010 Objective 23-9 for Midcourse Review. Retrieved December 16, 2010 from http://phf.org/resourcestools/Pages/Public_Health_Competencies_use_in_academia.aspx

Feedback on the Core Competencies

The Council on Linkages welcomes feedback about the Core Competencies, including input regarding the utility, value, and limitations of the Core Competencies, as well as suggestions to improve usability. Stories illustrating how public health professionals and organizations are using the Core Competencies or tools that facilitate Core Competencies use are also appreciated. Feedback, questions, or requests for additional information may be sent to competencies@phf.org.

Important Dates

The Council on Linkages adopted the current set of Core Competencies for Public Health Professionals on May 3, 2010, updating the original version of the Core Competencies from April 11, 2001. The Core Competencies will next be revisited for possible revision in 2013.

Please Note

The tables below present the Core Competencies organized in eight domains. All three tiers of the Core Competencies are included in this version, and a gray background is used to denote that the same competency appears in more than one tier. Examples or “e.g.s” are embedded within individual competencies.

Analytical/Assessment Skills		
Tier 1 ¹	Tier 2 (Mid Tier) ²	Tier 3 ³
1A1. Identifies the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, the quality, availability and use of health services)	1B1. Assesses the health status of populations and their related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, availability and use of health services)	1C1. Reviews the health status of populations and their related determinants of health and illness conducted by the organization (e.g., factors contributing to health promotion and disease prevention, availability and use of health services)
1A2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)	1B2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)	1C2. Describes the characteristics of a population-based health problem (e.g., equity, social determinants, environment)
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 (Mid Tier)	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 (e.g., risks and benefits to the community, health and resource needs)	1B10. Makes community-specific inferences from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs)	1C10. Determines community specific trends from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs)
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 (e.g., health, fiscal, administrative, legal, ethical, social, political)	2B3. Determines the feasibility and expected outcomes of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2C3. Critiques the feasibility and expected outcomes of various policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)
2A4. Gathers information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political)	2B4. Describes the implications of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political)	2C4. Critiques selected policy options using data and information (e.g., health, fiscal, administrative, legal, ethical, social, political)
		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 (e.g., use of information systems infrastructure to improve health outcomes)	2B10. Incorporates public health informatics practices (e.g., use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)	2C11. Oversees public health informatics practices and procedures (e.g., use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)
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 (e.g., social networks, media, blogs)	3B4. Uses a variety of approaches to disseminate public health information (e.g., social networks, media, blogs)	3C4. Ensures a variety of approaches are considered and used to disseminate public health information (e.g., social networks, media, blogs)
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 (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3B6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3C6. Applies communication and group dynamic strategies (e.g., principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
		3C7. Communicates the role of public health within the overall health system (e.g., federal, state, county, local government)

Cultural Competency Skills		
Tier 1	Tier 2	Tier 3
4A1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4B1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4C1. Ensures that there are strategies for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)
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
		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 (e.g., The Socio-Ecological Model)	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 (e.g., MOUs, contracts, letters of endorsement)
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
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

Community Dimensions of Practice Skills		
Tier 1	Tier 2	Tier 3
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
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 (e.g., limitations of data sources, importance of observations and interrelationships)	6B7. Determines the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)	6C7. Critiques the limitations of research findings (e.g., limitations of data sources, importance of observations and interrelationships)

Public Health Sciences Skills		
Tier 1	Tier 2	Tier 3
6A8. Describes the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)	6B8. Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)	6C8. Advises on the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes)
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
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

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
		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
7A11. Demonstrates public health informatics skills to improve program and business operations (e.g., performance management and improvement)	7B12. Applies public health informatics skills to improve program and business operations (e.g., business process analysis, enterprise-wide information planning)	7C13. Integrates public health informatics skills into program and business operations (e.g., business process analysis, enterprise-wide information planning)
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

Financial Planning and Management Skills		
Tier 1	Tier 2	Tier 3
		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 (e.g., through the identification of root causes and other QI processes)
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
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

Leadership and Systems Thinking Skills		
Tier 1	Tier 2	Tier 3
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

¹ *Tier 1 – Entry Level.* Tier 1 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 professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

² *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals with program management or supervisory responsibilities. Specific responsibilities of these professionals may include program development, implementation, and evaluation; establishing and maintaining community relations; managing timelines and work plans; and presenting arguments and recommendations on policy issues.

³ *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and building the organization’s culture.

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