
Workforce Development Plan

2018

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Purpose and Introduction

Introduction

In an effort to meet the changing health needs of the community, it will be necessary to expand our workforce capacity to offer both direct service delivery and population-based public health practice. Denver Public Health (DPH) is fortunate to employ skilled, dedicated and diverse staff. These individuals, who personify our values, will need to learn new skills to help us bridge our present with our future. When existing staff feel they are learning and growing personally and professionally and performing well they are more likely to stay with an organization and provide continuity by teaching and training others to become great employees. DPH has identified gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addresses these gaps through targeted training and development activities. Workforce development opportunities identified in this plan align with DPH strategies in the DPH Strategic Plan.

This document provides a comprehensive workforce development plan for DPH. It also meets the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement, and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

Questions

The Workforce Development Plan is maintained by the Workforce Development Committee. The Workforce Development Committee strives for representation from all DPH program areas. Members include:

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Agency Profile

Denver Public Health Vision, Mission, and Values

Vision: Denver is a healthy community for all people.

Mission: Improving health *with* our community.

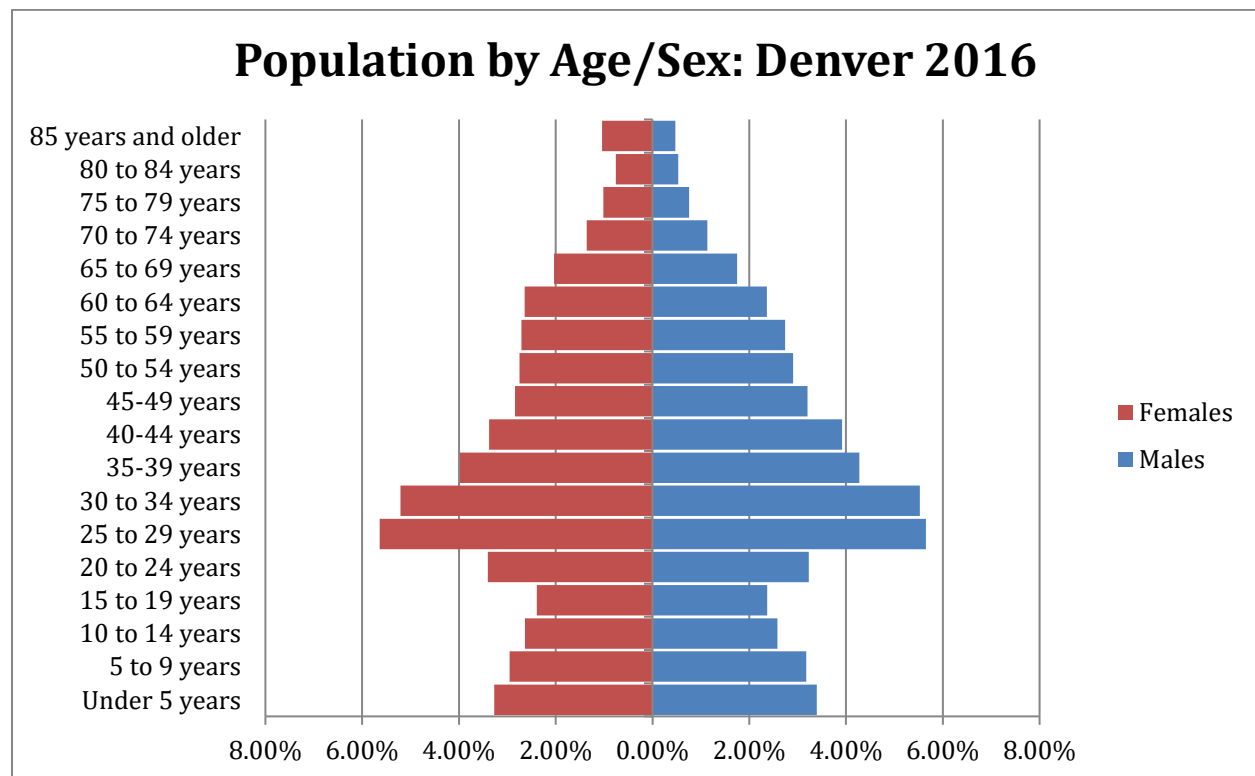
Core Values:

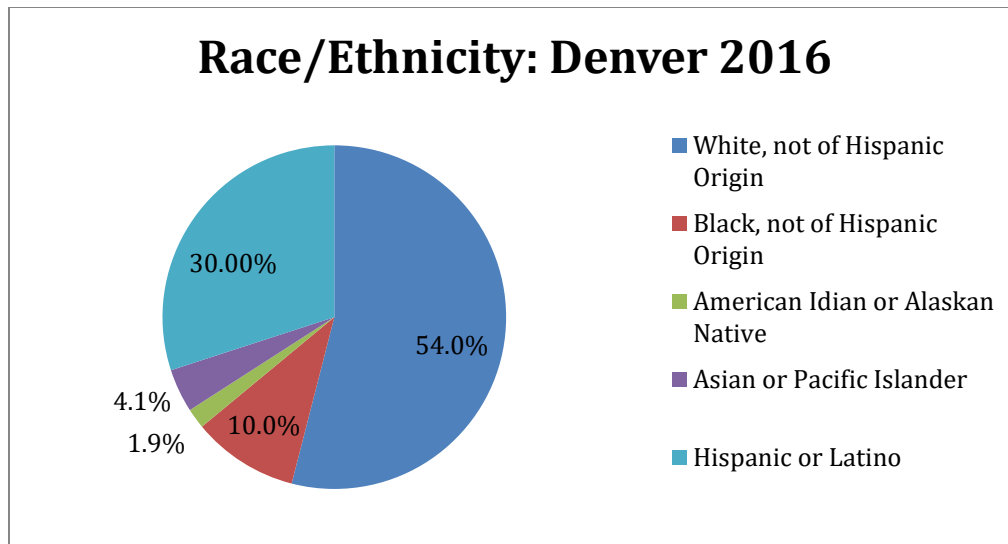
- Continuous Improvement and Innovation
- Excellence
- Collaboration
- Equity

Location and population served

The City and County of Denver is the capital of Colorado with a total 2016 estimated population of 693,060. Denver ranks as the 19th most populous U.S. city. Located in the South Platte River Valley on the western edge of the High Plains, it lies just east of the Front Range of the Rocky Mountains. Nicknamed the Mile-High City, its official elevation is exactly one mile or 5,280 feet above sea level. The 10-county Denver-Aurora-Lakewood, CO Metropolitan Statistical Area (MSA) had an estimated 2015 population of 2,812,732 and ranked as the 19th most populous U.S. MSA.

The following figures describe the population served:





Source: 2016 US Census

Governance

DPH provides a wide range of services that promote, improve, and protect the health and well-being of the residents of Denver and beyond. We partner with the Denver Department of Public Health and Environment (formerly Denver Environmental Health), a department of the Denver City and County government, to provide the 10 Essential Public Health Services. Much of the work we do is in partnership with community organizations located throughout Denver's diverse communities.

Our services include the following:

- Birth and Death Records
- Clinical Care
- Community Health Data
- Educational Opportunities
- Community Health Promotion Activities
- Outbreak Detection and Investigation Services
- Public Health Emergency Preparedness

Denver Public Health is a department of Denver Health and Hospital Authority (Denver Health), an integrated health system whose mission is to provide care for all Denver residents, regardless of ability to pay. Denver Health includes an acute care hospital (Denver Health Medical Center), emergency response system, community-based clinics in Denver's low-income areas, medical and surgical specialty clinics, behavioral health services (including the city's detoxification unit), school-based health centers, and the Rocky Mountain Poison and Drug Center.

Organizational structure

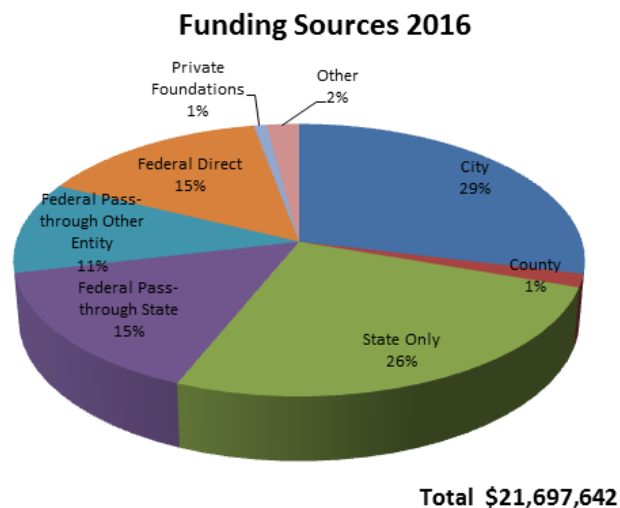
As a department of Denver Health, the Director of DPH reports to the Denver Health CEO. The DPH Director shares leadership with the Associate Director and the DPH Administrative Director. The leadership structure of DPH includes multiple divisions

headed by Directors who report to the DPH Director. Program areas are managed by teams of Program Managers/Supervisors. (See Appendix A for the DPH Organizational Chart.)

Funding

DPH is funded through a diverse stream of funding, which can vary across categories each year. In 2016, funding for DPH came from the following sources:

- 41% Federal
- 26% State
- 30% City and County
- 3% Other



Workforce policies

DPH, as a department of Denver Health, is included as a part of the enterprise-wide intranet. Found in this site are Denver Health Principles and Practices (P&Ps), which include P&Ps on Employee Competence. Additionally, a Public Health SharePoint site within this intranet includes the DPH Workforce Development Plan. All of these internal sites are accessible to all public health employees.

Communication plan

Feedback from DPH's Core Leadership Team, Program Directors and Managers, and other staff will be sought to ensure the process of implementing the workforce goals and strategies are done in a systematic and clear method. DPH staff will be notified via email annually when this plan is reviewed and updated. The Workforce Development Plan will be located, along with supporting materials, on the Workforce Development page on the Public Health SharePoint site. Workforce development will also be the focus of a department town hall meeting each year to ensure all staff have the opportunity to hear about the plan and provide feedback.

Workforce Profile

This section provides a description of the current and anticipated future workforce needs. The table below summarizes the demographics of the department's current workforce as of January 18, 2018.

Current workforce demographics

Category	# or %
Total Number of Employees:	182
Gender:	
Female:	76%
Male:	24%
Transgender:	<1%
Race/Ethnicity:	
African American:	3.4%
Asian/Pacific Islander:	3.4%
Hispanic/Latino:	29.3%
White/Caucasian:	62%
Other:	1.7%
Age:	
20-29:	14%
30-39:	33%
40-49:	27%
50-59:	14%
>60:	12%
Professional Disciplines/Credentials*:	
Medical Directors/Physicians:	17
Managers/Supervisors:	37
Nurses:	27
Informatics:	7
Epidemiology/Preparedness:	9
Community Health Promotion:	13
Trainers:	6
DIS/Linkage to Care/Patient Navigators/Social Workers:	13
Health Care Partners:	11
Support Staff:	40
Dental Clinic:	2
Pharmacy:	7
Employees <5 Years from Retirement:	12%

*Does not total 182 due to a number of staff being included in multiple categories.

Future workforce

The changing public health landscape of the 21st century provides new opportunities and challenges for those working in the field. Today's public health challenges are much broader than in the past and require a workforce that is prepared and competent to address these challenges.

Some of the key challenges to health in the 21st century are those related to chronic disease prevention and emergency preparedness. For over 100 years communicable disease has been the focus of public health and continues to be a robust activity. To address the new challenges, we must retool our approaches and strategies. New tools for chronic disease prevention and emergency preparedness focus on systems, policy, and environmental change. In chronic disease we face challenges of health inequities, social determinates of health, and food deserts. In emergency preparedness we are challenged to protect the population from biological weapons and mass casualty events. All three foci create the opportunity to train our workforce to meet tomorrow's challenges. In addition, we desire for every person in Denver to attain his or her full health potential, regardless of socially determined circumstances. As a result, we will strive to focus on health equity and broader population-based approaches and work on upstream factors such as the built environment, racism, poverty, educational attainment, and environmental causes of disease. To be effective in this work, the workforce will need support, training, and effective partnerships.

Public health professionals of the future will need to understand and be able to use the new information systems that provide the data upon which public health research and practice is based. They will need to be able to communicate with diverse populations, to understand the issues, concerns, and needs of these groups in order to work collaboratively to improve population health. Public health professionals must have the skills and competencies necessary to engage in public health practice at many levels: leadership, management, and supervisory.

Continuing education requirements by discipline

Multiple public health-related disciplines require continuing education (CE) for ongoing license to practice. Licensures held by staff, and their associated CE requirements, are shown in the table below. The Department encourages and supports employees pursuing licensure and those licensed or certified as part of their assigned roles and responsibilities.

Profession	CE Requirements
Advanced Practice Nurse	Varies by specialty and certifying body*
Physician Assistant	100 hours every 2 years (50 in Category 1)
Health Educator (CHES/MCHES)	75 hours every 5 years
Nursing (RN/LPN)	10 hours annually (not required but encouraged)
Pharmacist	24 hours every 2 years
Physician	CME based on area of discipline
Social Worker (LSW, LCSW, etc.)	40 hours each renewal cycle

*Advanced Practice Nursing Specialties recognized by the State Board of Nursing are nurse practitioner (NP), certified registered nurse anesthetist (CRNA), certified nurse midwife (CNM), and clinical nurse specialist (CNS), which may have a population focus (including but not limited to: Neonatal, Child, Women, Adults, Family, Mental Health). State licensure requires national certification in the individual's specialty. As a part of certification, the individual commonly shows evidence of continuing education credits determined by the certifying body for that specialty/population.

Core Competencies for Public Health Professionals

Introduction

In 2016, DPH fully adopted the Core Competencies for Public Health Professionals (Core Competencies) developed by the Council on Linkages Between Academia and Public Health Practices (Council on Linkages) by launching its first annual Core Competency Survey.

The Core Competencies are a standard set of skills public health workers use to serve the community in clinical and non-clinical ways. Some skills are important for all public health staff to have (such as cultural competency skills); others are specific to individuals based on their job function (such financial planning and management skills).

The Core Competencies are divided into the following area of public health practice:

- Analytical/Assessment
- Policy Development/Program Planning
- Communication
- Cultural Competency
- Community Dimensions of Practice
- Public Health Sciences
- Financial Planning and Management
- Leadership and Systems Thinking

DPH's Workforce Development Committee began the process of creating an annual, department-wide Core Competency Survey in 2014. The committee decided that by conducting the survey in a coordinated effort, the survey results could provide a framework for future training and professional growth opportunities for all staff.

Job classifications and competency selection

To ensure that the survey was meaningful to all staff, the Workforce Development Committee categorized all DPH staff into one of six job classifications:

- Data Drivers (Epidemiologists, Informaticians, and Researchers)
- Directors (Clinic Directors, Administrative Directors, and Program Directors)
- Healthcare Providers (Licensed RNs, NPs, PAs, and Non-Director MDs)
- Patient Support (Patient Clerks, Health Care Partners, Care Coordinators, Clinic Administrators, and Social Workers)
- Program Support (Program Assistants, Non-Patient Clerks, Office of the Director and DPH Administrative Staff)
- Public Health Specialists (Program-Specific Planners, Trainers, Coordinators, Specialists, and other population-focused staff)

The Workforce Development Committee worked with representatives from each of these six job classifications to identify between six and ten competencies that were most relevant to that classification's job function. A total of 59 employees from the entire department helped in this

selection process, choosing competencies that best matched their role in public health rather than their individual job performance.

In addition to these competencies specific to job classification, the Workforce Development Committee selected 15 competencies to be surveyed of the entire department (regardless of their title, job classification, length of employment, or managerial status). The committee felt that these competencies should include a focus on: evidence-based decision making, written and oral communication, workforce diversity, cultural influences on policies, programs, and services, community engagement, team building, ethics, professional development, and continuous improvement.

Competency language and tiers

Rather than using the Council on Linkages' tiered language for each of the competencies (with Tier 1 applying to clerks and assistants, Tier 2 applying to managers, supervisors, and those requiring a license or degree, and Tier 3 applying to senior management), the Workforce Development Committee met to reconcile the language from all three tiers and create new wording. The competencies were reworded, when necessary, to condense broad themes that would be applicable to all staff regardless of their title, job classification, length of employment, or managerial status. The new language was vetted through representatives of each classification to ensure that it was easy to comprehend without losing the competency's original intention.

Self-assessment

DPH's Workforce Development Committee also created a self-assessment scale for individuals to consider when taking the Core Competency Survey. All staff were asked to honestly rate their knowledge and/or ability to apply the competency using one of five choices:

- None: I have no knowledge or don't understand this topic
- Aware: I have limited knowledge of this topic
- Informed: I understand and can explain this topic
- Experienced: I can apply knowledge and skills related to this topic
- Expert: I am highly skilled in this topic and could teach this to others

The Core Competency Survey was administered through a Survey Monkey link and was open to all staff from June 1, 2017—June 30, 2017. Staff were required to provide their name when taking the assessment (as well as their primary area of work) so that their results could be shared with their managers, both in individual and aggregate form. (The Core Competency Survey and DPH's 2017 results can be viewed in their entirety in Appendix B.)

The results of the Core Competency Survey were used in three ways:

- 1) Every employee received personalized results that listed their highest self-assessed competencies to their lowest self-assessed competencies, with a reference to the competency's original domain. These results were emailed to the employee and to their manager. The intention in creating personalized results was not for

performance management; rather, at monthly check-in sessions with their employees, managers were encouraged to review the results to help employees brainstorm new professional development goals either based on the broad domains of the Core Competencies or in a specific competency that they felt the employee could improve. To help facilitate this process, managers were given a coaching guide that included how to start the conversation and think through questions that might arise in the one-on-one meetings. (An example of an individual's personalized results, as well as the manager's coaching guide, are available in Appendix C and D.)

- 2) Managers received aggregate data for their program/clinic areas. This data helped managers make an informed decision about program-specific trainings that they would like to offer to increase their organizational competence. (An example of the aggregate data given to managers is available in Appendix E.)
- 3) The Workforce Development Committee reviewed the aggregate data for the 15 competencies that were surveyed of the entire department (regardless of job classification). From these 15 competencies, the committee selected two competencies to uplift at a department-level. These two competencies would be the focus of the Workforce Development Committee's work in 2017 and 2018, as well as a roadmap to this Workforce Development Plan. The two selected competencies are:
 - a. Recognize the ways that diversity (e.g., food deserts, cultural views, health equity) influences policies, programs, and services that impact the health of a community.
 - b. Describe and/or provide professional development opportunities.(A graph of all of DPH's department-level competency results is available in Appendix F.)

These two competencies were selected to align to DPH's Strategic Plan (which, in 2017, adopted a focus on health equity) and to clarify information about professional development for all staff (including guidelines, funding availability, and opportunities). A full training schedule for the professional development competency is available in Appendix I; the 2017 training schedule for health equity is available in Appendix J.

Creating a Learning Culture

The talents and skills of staff are a primary focus for DPH. Our patients and clients deserve public health staff that are current, proficient, and challenged to perform at the highest level of their abilities. The range of activities and services that public health workers provide requires an experienced, motivated, and well-trained workforce. Attention to public health workforce development is essential to ensure we have a sufficient number of trained professionals and that continuing education for these professionals is accessible, encouraged, relevant, and linked to core public health competencies.

The intended result is greater customer satisfaction, better public health outcomes, and more effective use of resources. DPH invests in our employees and their continued growth. Workforce engagement is a pillar of the Denver Health Strategic Plan.

Training needs assessment results

Training needs will be identified through various methods. Supervisors and the Workforce Development Committee will review the list of Core Competency Survey Results to determine the training needs identified by staff and supervisors. The committee will work with supervisors and leadership to help provide training opportunities matched to the needs of staff. As competency checklists are developed and used within the department, additional gaps and training needs will become evident by supervisors. Additional information, such as that gained from the annual Quality Improvement Assessment, will be utilized to determine training needs, if applicable.

Mandatory and recommended training

To maintain a standard level of organizational competency, DPH ensures that all staff participate in mandatory training. Some training, such as Denver Health's "Standards of Behavior," or eLearning Annual Curriculum are conducted on a yearly basis. Other trainings are expected to be completed at least once, with the option to review the training as needed. Appendix G highlights DPH's New Employee Orientation Checklist, which features mandatory and suggested trainings (as of January 2018).

Denver Health uses the Cornerstone system to provide and track the Denver Health Annual Curriculum for all employees. At hire and annually, each employee is required to take a set of mandatory online trainings. In addition to an annual review of the online courses, staff must pass the associated tests with a satisfactory score to receive credit for the training. As assigned by Human Resources, all staff are expected to log into Cornerstone to complete the training and supervisors monitor progress and completion at each annual review.

Denver Health's Annual Curriculum includes:

- Code of Conduct
- Diversity and Inclusion
- Drug-Free Workplace
- Environment of Care
- Infection Prevention
- Language Services
- Perfecting the Patient Experience
- Protected Health Information (PHI) Privacy
- Understanding Sexual Harassment
- Workplace Violence

In addition to mandatory all staff training, managers are required to take additional classes offered by Denver Health's Organizational Development Department. Appendix G summarizes trainings available for staff (including the annual mandatory trainings).

Training resources

DPH defines Professional Development as any activities, trainings, or opportunities that enhance and maintain skills, build competency, or prepare the staff member for their current or anticipated work. Staff are encouraged to seek out meaningful professional development experiences. For some staff, professional development might mean attending a conference (either as a presenter or a participant); for others it could be registering for an instructor-led class or taking part in a self-guided learning activity. While some professional development goals are uniquely specialized to an individual's programmatic needs, others can be met through a variety of free training opportunities available to all DPH staff.

To search for professional development and training opportunities, DPH staff are encouraged to start with three resources:

- **Cornerstone:** Cornerstone is a centralized educational system for Denver Health and DPH employees that lets staff complete online eLearning, register for instructor-led classes, and access different "learning objects" such as books, articles, presentations, videos, and more. Staff can search for trainings by keywords or competencies, and additional trainings are recommended by the Cornerstone system if a trend in a training competency (such as cultural competency) is identified by the software.
- **Co.Train:** Colorado Train, or Co.Train, is the premier learning resource for professionals who serve the citizens of Colorado. A free service of the Public Health Foundation, www.co.train.org is part of the newly expanded TrainingFinder Real-time Affiliate Integrated Network (TRAIN). Through this site, staff can quickly find and register for many courses listed on train.org and participating TRAIN affiliate sites, track their learning with personal online transcripts, access valuable materials, course reviews, and discussions to improve their learning experience, and stay informed of the latest trainings for their area or expertise.
- **Rocky Mountain Public Health Training Center (RMPHTC):** The RMPHTC works in collaboration with several organizations to develop, market, deliver, and evaluate a wide range of trainings based on current needs and public health trends. Trainings are tailored to current needs and delivered using a variety of methods, including state-of-the-art online and in-person facilitated discussions. All trainings are linked to the ten essential public health services and the core competencies for public health professionals.

Professional development funding

DPH is committed to supporting staff in their professional development goals through financial assistance and/or devoted time to work on those goals. As allowed, grant budgets will have a standing line item for professional development. In addition, City funding may be used for certain activities. If no other funding source has been identified, as a funder of last resort, DPH may allot up to \$500 per year for staff that have a 0.5 or greater full-time employee (FTE) status. Professional development funds will be pro-rated based on 0.5 to 1.0 FTE status. Professional development funds cannot be carried over from one year to the next.

In order to use DPH professional development funds, employees will complete an application on the internal SharePoint page at least 30 days (if possible) prior to the professional development event. The completed application will be routed through the employee's manager/supervisor for initial approval and then to the Workforce Development Specialist for final approval and for monitoring/data collection purposes.

The employee will be asked on the application to consider how they will share what they learned with their colleagues. Examples of sharing opportunities could include (but are not limited to): updating their team at a huddle or staff meeting, submitting information to a team newsletter or sharing to DPH Matters (a bi-weekly DPH e-newsletter), or presenting at a brown bag or other department presentation. Additionally, the employee will be asked to complete a survey about the event and submit a copy of their event completion certificate (if applicable).

If funds are approved, and once the professional development event is completed, employees will be reminded via email to share their opportunity as they indicated they would, and 30-days after the event is completed, employees will be asked to report back on this progress and to complete a survey about their professional development event.

Applicable activities to meet professional development goals can include training classes, conference registration fees and travel expenses, online trainings, textbooks, and subscriptions to publications. Professional society dues are not applicable.

Due to the existence of other funding streams, Denver Health physicians, Allied Health professionals, preceptors, contractors, interns, students, and fellows are excluded from DPH professional development funds.

Professional development goal setting

All DPH employees are required to have at least two professional development goals set at their annual review. The first goal should focus on quality improvement (QI), and the second should relate to the employee's personal work, program needs, or department direction.

QI professional development goals remind employees that improvement should always be a part of our work; if not, we will never progress to meet the ever-changing needs of our patients and customers. QI goals support the Public Health Accreditation Board (PHAB) requirement that public health departments implement and record progress towards building a QI culture. Additionally, QI goals support NACCHO's (National Association of County and City Health Officials) Roadmap to a Culture of Quality Improvement; implementing quality improvement into every staff's annual review is a way for DPH to further develop a complete QI culture.

Professional development goals that benefit personal, programmatic, or departmental work will help ensure our staff are ready to meet the demands of 21st century public health work. When DPH employees set their annual professional development goals, they are

encouraged to think about their strengths, talents, interests, and opportunities for improvement, their personalized Core Competency Survey results, any upcoming anticipated needs within their program or the department, opportunities to expand their skills, or something that will push them out of their “comfort zone” and encourage growth. Professional development goals have included everything from enrolling in a formal degree program, to participating in leadership development, to presenting at conferences, to serving on interdepartmental projects.

Travel to conferences

DPH is committed to the ongoing development of its staff and programs. Moreover, DPH is committed to the advancement of the science and practice of public health through research, advocacy, and involvement in state, regional, and national organizations. Aspects of our Department require frequent travel and conference attendance and it is appropriate that DPH staff attend a wide variety of conferences and meetings.

The cost and value of conference attendance mandates that this resource be used wisely and as equitably as possible, particularly in times of fiscal austerity. In addition, it is important that DPH staff members who could not attend a conference have an opportunity to hear the highlights of a conference from teammates who attended in person. There is no learning like that which occurs prior to teaching, and therefore, the opportunity to present the highlights of a professional conference is an opportunity to enhance the experience of the staff member who was able to attend.

These considerations form the basis for DPH guidelines about attendance at conferences among staff members of DPH:

- There should be a clear relationship between conference attendance and the objectives of the program and/or DPH.
- Whenever possible, funding for conference attendance should be budgeted in a grant.
- Clear preference will be given to staff members who will play significant roles in a conference – invited speaker, workshop organizer, conference organizing committee, poster presenter.
- Attendance at the same conference by more than three DPH staff members should be decided with manager discretion. An example of when more than three DPH staff members typically attend a conference is Public Health in the Rockies (an annual, local public health conference).
- DPH staff members who attend professional conferences are strongly encouraged to share the highlights of the conference. This can be done through an existing meeting, program meeting, or department brown bag session.
- DPH staff members who present research, program evaluation, and surveillance projects at professional conferences are strongly encouraged to pursue publication of these results in an appropriate place. It is the responsibility of managers and directors to support efforts to turn presentations into publications. A number of DPH staff have extensive experience with publication and can be asked for mentorship and manuscript review.

- While many professional development opportunities are available locally at low to no cost, attendance at a conference may be a part of a staff member's annual professional development goal and they may use funds that are available for that purpose.
- Managers and supervisors need to be particularly diligent about two kinds of requests: those that propose to use City funding and those that involve international travel.
- Managers and supervisors also need to be diligent about trying to assure that opportunities for travel to conferences are equitably distributed among staff members.

Of note, these guidelines do not apply to required attendance for grant deliverables (e.g., the scheduled meetings of the Tuberculosis Epidemiologic Studies Consortium, trainings provided by PTC staff).

Mentorship

To support staff in performance, development, and engagement, DPH has launched a formal mentoring program. A formal mentoring program requires that DPH play an intervening role in facilitating relationships by providing structure, policies, and assistance for starting, maintaining, and ending mentorship relationships.

Mentoring relationships are matched with emphasis on the Public Health Core Competency domains. Because the Core Competencies are meant to be developed throughout the course of a career in public health, the domains (such as communication skills or cultural competency skills) provide a generously inclusive framework for thinking about professional development. Examples of domain selection within a mentoring framework could include:

- An employee wishing to improve the effectiveness of their customer service provision (Domain: Communication Skills or Cultural Competency Skills)
- An employee seeking to enhance their meeting facilitation skills (Domain: Leadership and Systems Thinking Skills)
- An employee interested in networking with community organizations around a specific public health topic (Domain: Community Dimensions of Practice Skills)
- An employee that would like to be actively involved in QI for their program area (Domain: Policy Development/Programming Skills)

DPH's internal mentoring program runs annually from August to July. The months of August/September are used for advertising, recruitment, application submission, review, and matching. Mentorship formally kicks off in October with a celebration and training for all participants. After the formal kick off, partnerships should expect to meet at least once a month, starting in October, and concluding in June. A formal program close-out is hosted in July. DPH's Workforce Development Specialist oversees the mentoring program and provides resources and tools throughout the program's duration.

Evaluation and tracking

Evaluating workforce development trainings will provide DPH with useful feedback regarding its workforce development efforts, including: 1) training satisfaction, 2) knowledge gained, 3) course completion, 4) behavior change, 5) employee engagement, 6) applicability to job and performance, and 7) first year retention rate. Just as trainings vary from mandatory organizational trainings to elective trainings through external partners, so will the methods and extent of evaluation and tracking.

DPH will use Kirkpatrick's Model as a guide to develop its training evaluation program over the coming years. The chart below describes how DPH may use this model to capture and evaluate the measures identified above:

Level	What does it measure?	When will it primarily be used?	How will it be measured?	How will it be tracked?
1 - Reaction	Participants' reactions	Elective trainings completed as part of employee's professional development plan	Example questions: "On a scale of 1-5, how would you rate your satisfaction with the training?" and "Would you recommend this training to a co-worker?"	Rating of satisfaction of trainings on Professional Development Goal tracking site Rating satisfaction and recommendation of trainings on the professional development training opportunities repository site
2 - Learning	Participant learning (e.g., change in knowledge, skills, and/or attitude)	Mandatory trainings	Passing test score and/or demonstration of skill/knowledge	Cornerstone system (Denver Health Organizational Development)
3 - Behavior	Participant behavior change	Reviewing competency checklists	Behavior change before and after training (e.g., having a gap on the competency checklist that is resolved at the next review)	During annual review process
4 - Results	Changes to the "bottom line" (e.g., increased productivity, reduction in turnover, higher morale, greater job satisfaction)	Annual employee survey	Employee engagement score and first year retention rate	Denver Health Press Ganey Employee Engagement Survey DPH scorecard

The Workforce Development Committee will continue establishing high-level evaluation and tracking systems (i.e., SharePoint or Cornerstone) and reassess these systems on an annual basis.

Workforce Development Committee

Introduction

The Workforce Development Committee develops annual goals, objectives, and tactics to uplift DPH's learning culture. Progress is tracked using Denver Health's performance management system, onFocus. Implementation is monitored by the committee and reviewed monthly by the Core Leadership Team at DPH. (The Workforce Development Committee's charter is available in Appendix H.)

Goals

The broad, overarching goals for the Workforce Development Committee are:

- To provide access to educational and professional development opportunities
- To ensure that our workforce is highly skilled and ready to meet the demands of a changing public health landscape
- To cultivate the talents of our department while identifying opportunities for growth
- To empower staff to do their jobs effectively and confidently, leading to improved employee retention

Based on results from the Core Competency and Employee Engagement Surveys, the Workforce Development Committee has prioritized the following competencies for 2018:

1. Strengthen staff capability and organizational capacity to advance health equity in Denver:
 - a. Foster knowledge of health equity
 - b. Operationalize health equity across DPH by supporting the Health Equity Committee's employee training program
2. Define, clarify, and educate on DPH's Professional Development philosophy:
 - a. Develop clear definitions of Career Development vs. Professional Development based on feedback from staff
 - b. Create resources to support staff in setting annual professional development goals
 - c. Incorporate QI goals into staff's annual professional development goal setting
 - d. Develop resources for managers to support staff in pursuing professional development opportunities
 - e. Explore a tracking system to monitor staff implementation on professional development goals

Objectives

- Create and oversee a system that allows employees to track progress and provide feedback toward professional development goals

- Fully implement the Public Health Core Competencies, including choosing appropriate competencies to focus improvement efforts on, launching the survey, and providing recommendations for department-wide training opportunities
- Contribute to and manage a repository of professional development opportunities
- Update the Workforce Development Plan annually
- Provide support in the facilitation of the mentorship program
- Connect with and support other departmental committees and their workforce development needs

Roles and responsibilities

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

Who	Roles and Responsibilities
Executive Director/Associate Director	<ul style="list-style-type: none"> • Responsible to the Denver Department of Public Health and Environment for creating a shared vision of workforce development strategy and priority setting • Establishing an environment that is conducive and supportive of learning • Ensuring allotted funding is available
Division/Program Directors	<ul style="list-style-type: none"> • Responsible to the Executive Director for all employees within their divisions • Supports, coaches, and mentors supervisors and/or employees to assure support structures are available within the division • Identifies high potential employees as part of agency succession plan
Supervisors/Program Managers/Program Coordinators	<ul style="list-style-type: none"> • Responsible to the Program/Division Director and employees to ensure that individual and agency-based training initiatives are available and implemented • Include professional development funds in grant requests/budgets, when possible • Works with employee to develop an individualized learning plan and supports the implementation of the plan (e.g., time away from work, coaching, opportunities for advancement) • Identifies high potential employees as part of agency succession plan.
All Employees	<ul style="list-style-type: none"> • Ultimately responsible for their own learning and development • Determine at least two annual professional development goals: one related to current or anticipated work; one related to QI • Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs • Identify opportunities to apply new learning on the job

Workforce Development Committee	<ul style="list-style-type: none">• Reviews and updates the Workforce Development Plan annually and revises as needed• Develops and publishes training resources and helps maintain the Professional Development Goal Tracking System• Provides ongoing assessment and evaluation• Makes recommendations to Director regarding training gaps and opportunities
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Implementation plan

The activities prioritized by the Workforce Development Committee have been collated into an implementation plan that mirrors DPH's Performance Management System (onFocus). (Appendix I highlights the activities tracked by the Workforce Development Committee as they are related to professional development.)

Conclusion/Other Considerations

This document describes a path for DPH to develop a workforce that is engaged, proactive, and focused on the mission and strategic plan of the organization. It is an evolving document and will benefit from the feedback of the workforce for whom this plan is designed. The future roles and functions of public health in this era of healthcare transformation are unknown. With a nimble approach and focused effort on the integration of core competencies, Denver Public Health will help lead changes to meet the needs of our constituents.

Other agency documents and plans

The plan will be used in conjunction and coordination with the DPH Strategic and Performance Improvement Plans.

Review of plan

The plan will be reviewed on an annual basis by the Workforce Development Committee. The Core Leadership Team will approve any changes to the plan, and DPH staff will be notified via email annually when the plan is reviewed and updated.

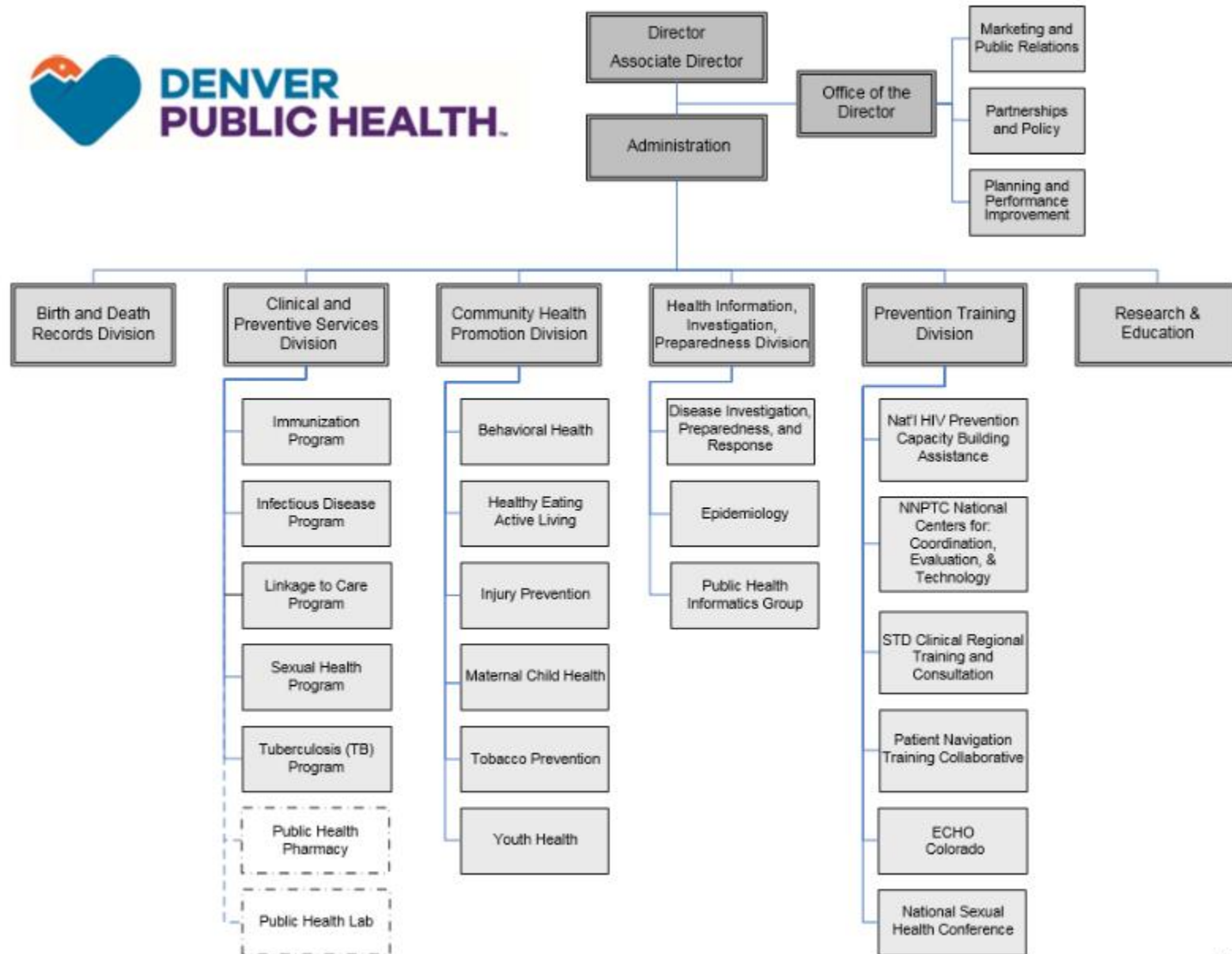
Approval of plan

This plan was approved this 9th day of February, 2018, for the period of January, 2018 – December, 2018.



William Burman, MD
Executive Director

Appendix A – DPH Organizational Chart



Updated
10/31/2017

***Updated October 2017*

Appendix B – DPH’s 2017 Core Competency Survey

DPH Core Competency Checklists

Denver Public Health Core Competency Annual Assessment

This annual assessment is completed by each employee to identify public health-relevant training needs and acts as a starting point to a conversation with your supervisor about your individual professional development goals. There are no right or wrong answers. The Denver Public Health Workforce Development Committee will use the collective information to identify department wide training opportunities.

Public Health Core Competencies are a set of skills for the broad practice of public health. They are developed by the Council on Linkages Between Academia and Public Health.

This survey will take about 5 minutes. After completion, a hard copy will be provided to you and your manager to discuss professional development opportunities.

* Please enter your FIRST and LAST name

* What is your primary area of work?

- ☐ Administration
- ☐ Birth and Death Records
- ☐ Epidemiology/Preparedness
- ☐ Health Promotion
- ☐ HIV/STD Prevention and Control - Linkage to Care/Patient Navigation
- ☐ HIV/STD Prevention and Control - NHBS Research
- ☐ HIV/STD Prevention and Control - Outreach
- ☐ HIV/STD Prevention and Control - Prevention Training Center (PTC)
- ☐ HIV/STD Prevention and Control - STD Clinic
- ☐ Immunization (IZ) Clinic
- ☐ Infectious Disease (ID) Clinic (including Research)
- ☐ Public Health Informatics Group (PHIG)
- ☐ Tuberculosis (TB) Clinic

Other (please specify)

* How long have you worked at DPH?

- ☐ Less than 1 year
- ☐ 1-5 years
- ☐ 6-10 years
- ☐ Greater than 10 years

* Are you a manager/supervisor?

- ☐ Yes
- ☐ No

DPH Core Competency Checklists

Job Classification Selection

The next set of competencies relates to staff with similar roles at DPH. Please select your appropriate group from the menu. Check with your supervisor if you are not sure.

*** Which of the following best describes your role?**

- ☐ **Data Driver** (Epidemiologists, Informaticians, and Researchers)
- ☐ **Director** (DPH leaders: Clinic Directors, Administrative Directors, and Program Directors)
- ☐ **Healthcare Provider** (RNs, NPs, PAs, and Non-Director MDs)
- ☐ **Patient Support** (Patient Clerks, HCPs, Care Coordinators, Clinic Administrators, and Social Workers)
- ☐ **Program Support** (Program Assistants, Non-Patient Clerks, Office of the Director and DPH Administrative Staff)
- ☐ **Public Health Specialist** (Program Specific Planners, Trainers, Coordinators, Specialists and other population focused staff)

Notes/Comments

DPH Core Competency Checklists

PATIENT SUPPORT COMPETENCIES (Patient Clerks, HCPs, Care Coordinators, Clinic Administrators, and Social Workers)

* Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Collect valid and reliable quantitative and qualitative data and information (e.g. demographic information, medical history, vital signs, lab results)

Communicate information to influence behavior and/or improve health (e.g. uses social marketing methods, motivational interviewing techniques, considers behavioral theories such as Health Belief Model or Stages of Change Model)

Recognize the distinct roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve community health

Identify relationships/partnerships that are affecting community health

Self-Rating	
Establish and maintain relationships/partnerships to improve community health	
Motivate colleagues/personnel for the purpose of achieving program and department goals	
Notes/Comments	

DPH Core Competency Checklists

PROGRAM SUPPORT COMPETENCIES (Program Assistants, Non-Patient Clerks, Office of the Director and DPH Administrative Staff)

* Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Evaluate policies,
programs, and/or
services (e.g. customer
experience or quality
improvement)

Implement strategies for
continuous quality
improvement

Identify
relationships/partnerships
that are affecting
community health

Establish and maintain
relationships/partnerships
to improve community
health

Facilitate collaboration
among partners to
improve community
health

Self-Rating	
Communicate information to influence behavior and/or improve health (e.g. uses social marketing methods, motivational interviewing techniques, considers behavioral theories such as Health Belief Model or Stages of Change Model)	
Notes/Comments	

DPH Core Competency Checklists

PUBLIC HEALTH SPECIALISTS COMPETENCIES (Program Specific Planners, Trainers, Coordinators, Specialists and other population-focused staff)

* Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Implement policies,
programs, and/or
services

Manage and/or work
within current and
projected budgets and
staffing levels

Select approaches for
disseminating data and
information (e.g. vital
signs, social media,
journals, neighborhood
meetings)

Convey data and
information to
professionals and the
public using a variety of
approaches

Identify
relationships/partnerships
that are affecting
community health

Establish and maintain
relationships/partnerships
to improve community
health

Self-Rating	
Facilitate collaboration among partners to improve community health	<input type="text"/>
Notes/Comments	
<input type="text"/>	

DATA DRIVERS COMPETENCIES (Epidemiologists, Informaticians, and Researchers)

* Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Determine validity,
reliability, and
comparability of data

Analyze and interpret
quantitative and
qualitative data

Use information
technology in accessing,
collecting, analyzing,
using, maintaining, and
disseminating data and
information

Use public health
informatics in
developing,
implementing,
evaluating, and
improving policies,
programs, and/or
services

Select approaches for
disseminating data and
information (e.g. vital
signs, social media,
journals, neighborhood
meetings)

Self-Rating	
Convey data and information to professionals and the public using a variety of approaches	
Analyze assets and barriers that may affect policies, programs, services, and/or research	
Notes/Comments	

DPH Core Competency Checklists

HEALTHCARE PROVIDERS COMPETENCIES (RNs, NPs, PAs, and Non-Director MDs)

* Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Collect valid and reliable quantitative and qualitative data and information (e.g. demographic information, medical history, vital signs, lab results)

Evaluate policies, programs, and/or services (e.g. customer experience or quality improvement)

Implement strategies for continuous quality improvement

Solicit input from individuals and organizations for improving the health of a community

Self-Rating	
Communicate information to influence behavior and/or improve health (e.g. uses social marketing methods, motivational interviewing techniques, considers behavioral theories such as Health Belief Model or Stages of Change Model)	
Collaborate on community-based participatory research	
Notes/Comments	

DPH Core Competency Checklists

DIRECTORS COMPETENCIES (DPH leaders: Clinic Directors, Administrative Directors, and Program Directors)

* Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Assess community health status and factors influencing health in a community

Develop community health assessment using information about health status and factors influencing health

Use community health assessments in developing a community health improvement plan

Contribute to the development of a strategic plan

Implement a strategic plan

Influence policies, programs, and services external to the organization that affect the health of the community

Solicit input from individuals and organizations for improving the health of a community

Self-Rating	
Facilitate communication among individuals, groups, and organizations	<input type="text"/>
Justify priorities for inclusion in the department budget (e.g. staffing, equipment, travel, supplies, etc.)	<input type="text"/>
Develop program and/or department budgets	<input type="text"/>
Use financial analysis methods in making decisions about policies, programs, and services	<input type="text"/>
Motivate colleagues/personnel for the purpose of achieving program and department goals	<input type="text"/>
Establish performance management systems (e.g. onFocus, visual management boards, performance standards and measurements, reporting progress, quality improvement)	<input type="text"/>
Use performance management system for program and organizational improvement (e.g. achieving performance objectives and targets, increasing efficiency, refining processes, meeting Healthy People objectives, sustaining accreditation)	<input type="text"/>
Ensure the management of organizational change (e.g. refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)	<input type="text"/>
Notes/Comments	

DPH Core Competency Checklists

Department-Wide Competencies

*** DEPARTMENT-WIDE COMPETENCIES**

The following competencies have been identified by the Workforce Development Committee as being beneficial for all staff.

Please honestly rate your knowledge and/or ability to apply the skill today. There are no right or wrong responses.

Use the categories below to select your answer.

NONE; I have no knowledge or don't understand this topic

AWARE; I have limited knowledge of this topic

INFORMED; I understand and can explain this topic

EXPERIENCED; I can apply knowledge and skills related to this topic

EXPERT; I am highly skilled in this topic and could teach this to others

Self-Rating

Make decisions based
on proven practices

Describes how the social
determinants of health
(e.g., income, education,
environment, zip code)
affect the health of a
community

Advocate for the use of
proven practices in
decision making

Communicate in writing
and orally with linguistic
and cultural competence
(e.g. preferred language
using sources like the
language line, individual
health beliefs, health
literacy levels, age-
appropriate materials)

Describe the value of a
diverse workforce

Advocate for a diverse
workforce

Self-Rating	
Recognize the ways diversity (e.g. food deserts, cultural views, health equity) influences policies, programs, and services that impact the health of a community	<input type="text"/>
Address the diversity of individuals and populations when implementing policies, programs, and/or services that affect the health of a community	<input type="text"/>
Engage community members to improve community health	<input type="text"/>
Use community input for developing, implementing, evaluating, and improving policies, programs, and/or services	<input type="text"/>
Establish and/or contribute to teams for the purpose of achieving program and department goals	<input type="text"/>
Incorporate ethical standards of practice into all interactions (e.g. Public Health Code of Ethics, Denver Health Code of Conduct)	<input type="text"/>
Describe and/or provide professional development opportunities	<input type="text"/>
Participate in and/or ensure the use of professional development opportunities	<input type="text"/>
Participate in continuous improvement of individual, program, and organizational performance	<input type="text"/>
Notes/Comments	

DPH Core Competency Checklists

Next Steps

You've reached the last page of the Core Competency Survey. Thank you for taking the time to do this self-evaluation.

In the coming weeks the Workforce Development Committee will analyze aggregate survey data to identify department wide training opportunities. Additionally, your manager will meet with you to review your self-assessment.

If you rated yourself as an "Expert" on any previous competencies, can the Workforce Development Committee contact you about opportunities to teach your skill(s) to others?

☐ Yes

☐ No

Appendix C – Example of Individual Staff Core Competency Results

Denver Public Health Core Competency Self-Assessment

Results for: Sample Employee

Denver Public Health is committed to training and maintaining a competent workforce in order to protect the health and wellbeing of the communities that we serve. To assess the needs of our workforce, we recently implemented a Core Competency Survey.

As you review your self-assessment, remember that the Core Competencies are meant to be developed over the course of your career within public health. The purpose of this survey is to provide a meaningful baseline to the department for training priorities, and to assist you personally in identifying professional and career development opportunities.

The Public Health Core Competencies are a consensus set of skills for public health professionals. They do not measure job performance. Instead, they measure strengths and opportunities across these eight domains:

- Analytical and Assessment
- Policy Development/Program Planning
- Communication
- Cultural Competency
- Community Dimensions of Practice
- Public Health Science
- Financial Planning and Management
- Leadership and Systems Thinking

Note: not all domains are represented within each job classification.

We encourage you to discuss your self-assessment with your manager. The Workforce Development Committee will review aggregate data from the department and job classifications to identify training opportunities and plans.

Any questions or feedback related to the Core Competency Survey can be directed to the Workforce Development Committee, or Elizabeth Rumbel, Workforce Development Specialist.

Results Legend:

As you review your self-assessment, you will notice a code at the end of each competency (ex.: D1, D2, D3, etc.). These codes correlate to eight domains of the Public Health Core Competencies. Knowing what domain a competency originates from can help to contextualize your professional development; rather than setting a goal around a specific competency (for example, “Communicate in writing and orally with linguistic and cultural proficiency,”) knowing the competency’s domain can help to broaden professional development efforts and focus (in this same example, the domain would be “Communication Skills.”) Use this legend to interpret domain codes:

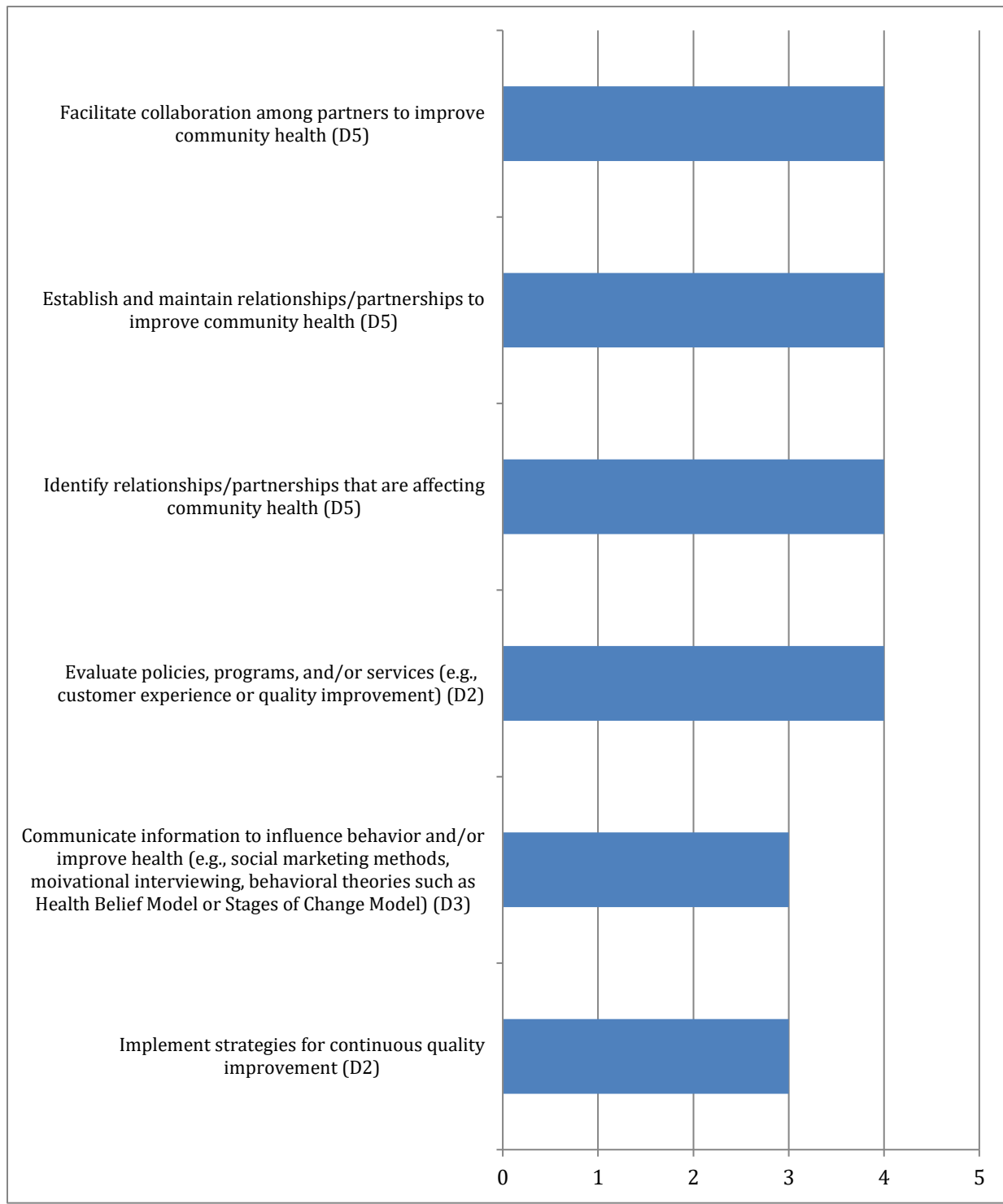
Code	Domain	Domain Focus
D1	Analytical and Assessment Skills	Identifying and understanding data, turning data into information for action, assessing needs and assets to address community health needs, developing community health assessments, and using evidence for decision making.
D2	Policy Development/Program Planning Skills	Determining, advocating, planning, implementing, and evaluating policies and programs; developing and implementing strategies for continuous quality improvement; and developing and implementing community health improvement plans and strategic plans.
D3	Communication Skills	Assessing and addressing population literacy; soliciting and using community input; communicating data and information; facilitating communications; and communicating the roles of government, health care, and others.
D4	Cultural Competency Skills	Understanding and responding to diverse needs, assessing organizational cultural diversity and competence, assessing effects of policies and programs on different populations, and taking action to support a diverse public health workforce.
D5	Community Dimensions of Practice Skills	Evaluating and developing linkages and relationships within the community, maintaining and advancing partnerships and community involvement, negotiating for use of community assets, defending public health policies and programs, and evaluating effectiveness and improving community engagement.
D6	Public Health Sciences Skills	Understanding the foundation and prominent events of public health, applying public sciences to practice, critiquing and developing research, using evidence when developing policies and programs, and establishing academic partnerships.
D7	Financial Planning and Management Skills	Engaging other government agencies that can address community health needs, leveraging public health and health care funding mechanisms, developing and defending budgets, motivating personnel, and evaluating and improving program and organization performance.
D8	Leadership and Systems Thinking Skills	Incorporating ethical standards into the organization; creating opportunities for collaboration among public

		health, health care, and other organizations; mentoring personnel; adjusting practice to address changing needs and environment; ensuring continuous quality improvement; managing organizational change; and advocating for the role of governmental public health.
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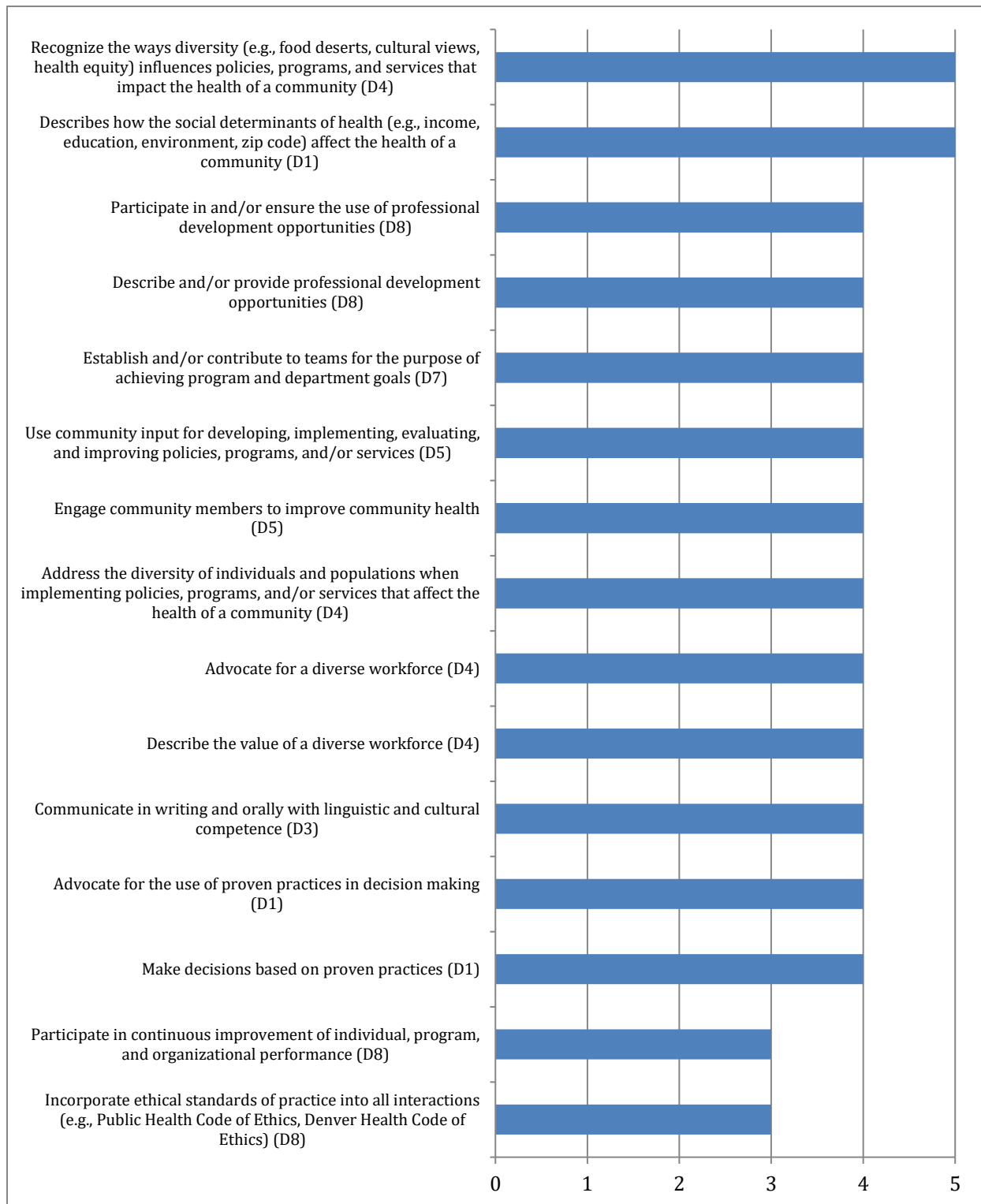
As a reminder, the Core Competency Survey used this scale to help guide your self-assessment:

- 1) **NONE:** I have no knowledge or don't understand this topic
- 2) **AWARE:** I have limited knowledge of this topic
- 3) **INFORMED:** I understand and can explain this topic
- 4) **EXPERIENCED:** I can apply knowledge and skills related to this topic
- 5) **EXPERT:** I am highly skilled in this topic and could teach this to others

My Core Competency Self-Assessment (Program Support)



My Core Competency Self-Assessment (Department-Wide Competencies)



Appendix D – Manager Core Competency Coaching Guide

Denver Public Health Core Competency Coaching Guide

The Public Health Core Competency Survey, a professional and career development tool required for Public Health Accreditation, was introduced to all DPH staff in 2016. Competencies on the survey were tailored to each employee's job classification; every employee was also surveyed on 15 competencies prioritized by the department. This annual survey will be administered to the department every June. **By rounding with your employees on their Core Competency self-assessment, you can motivate and encourage their participation in professional development opportunities.** Rounding will also help each team member to understand the contribution of their work within the context of public health and Denver Public Health's organizational Vision, Mission, and Values.

This coaching guide will help to assist with your rounding conversations. If you have additional questions not covered within this guide, please contact [Elizabeth Rumbel](#).

Core Competency Summary of Domains

Adapted from the Public Health Foundation

Analytical/Assessment Skills: Identifying and understanding data; turning data into information for action; assessing needs and assets to address community health needs; developing community health assessments; using evidence for decision making.

Policy Development/Program Planning Skills: Determining needed policies and programs; advocating for policies and programs; planning, implementing, and evaluating policies and programs; developing and implementing strategies for continuous quality improvement; developing and implementing a community health improvement plan and a strategic plan.

Communication Skills: Assessing and addressing population literacy; soliciting and using community input; communicating data and information; facilitating communications; communicating the roles of government, healthcare organizations, and others.

Cultural Competency Skills: Understanding and responding to diverse needs; assessing organizational cultural diversity and competence; assessing effects of policies and programs on different populations; taking action to support a diverse public health workforce.

Community Dimensions of Practice Skills: Evaluating and developing linkages and relationships within the community; maintaining and advancing partnerships and community involvement; negotiating for use of community assets; defending public health policies and programs; evaluating effectiveness and improving community engagement.

Public Health Science Skills: Understanding the foundation and prominent events of public health; applying public sciences to practice; critiquing and developing research; using evidence when developing policies and programs; establishing academic partnerships.

Financial Planning and Management Skills: Engaging other government agencies that can address community health needs; leveraging public health and health care funding mechanisms; developing and defending budgets; motivating personnel; evaluating and improving program and organization performance; establishing and using performance management systems to improve organization performance.

Leadership and Systems Thinking Skills: Incorporating ethical standards into the organization; creating opportunities for collaboration among public health, healthcare, and other organizations; mentoring personnel; adjusting practice to address changing needs and environment; ensuring continuous quality improvement; managing organizational change; advocating for the role of government in public health.

Points to Consider when Rounding:

- Remember: the Core Competency Survey **does not** measure job performance. This tool is used to help employees think about opportunities for professional growth and development.
- Be aware that as the manager, it is up to you to decide the expectations of where your staff should prioritize their professional development efforts. Because the self-assessment is an honest reflection on the employee's current state, their answers are not right or wrong. However, if your employee asks if there is an expectation of where they should be, you will help guide that conversation. Within your specific program area, just having an "awareness" of some of the competencies might be enough. For other competencies, you might feel that an employee should be "experienced," or an "expert." Ideally, we will work to develop programming and educational opportunities to help all public health employees achieve "awareness" on each of their competencies.
- Prior to the meeting, review your employee's self-assessment. Identify discrepancies (both positive and negative) that you would like to discuss.
 - For example, if your employee self-assessed "None" or "Aware" on a competency, but you can think of examples where they have demonstrated that competency, have examples ready for discussion.
 - If your employee self-assessed "Expert," and you have not witnessed them demonstrate that competency, ask them to describe what the competency means to them and where they feel that they have demonstrated it.
- Prior to the meeting, review your employee's professional development goals. Identify any overlap between the employee's professional development goal and Core Competency questions (or broad domains). If the employee needs to set new professional development goals, consider suggesting goals based on the competency self-assessment.
- Discuss the department's role in competency development. Specifically, the Workforce Development Committee will prioritize competencies for department-wide training, and experts from each job classification will be asked to provide feedback about how to develop job-specific competencies.
- Remind the employee of the resources available to them:
 - Cornerstone trainings
 - Co.Train (A free service of the Public Health Foundation, www.co.train.org)
 - Mentorship (the Colorado Public Health Mentor Program includes representation from CPHA, CEHA, COSOPHE, and PHNAC, as well as DPH's internal mentoring program)

The DO's of Core Competency Rounding:

- Do assure the employee that this self-assessment will not be used in their annual review.
- Remind the employee that some of the competencies can take the course of a career to develop.
- Listen more than you talk. Ask what the employee thinks before you describe your interpretation of their responses.
- Use language that supports professional development, such as "an opportunity to grow," or "areas for professional development."
- Determine if there is an opportunity to incorporate the Core Competencies into the employee's professional development goals, if a new goal is needed or desired.
- Give recognition for accomplishments and desirable behaviors you think need to continue. Use specific examples of actual demonstrated behaviors.
- End on an encouraging note. Thank the employee for taking the survey.

The DON'Ts of Core Competency Rounding:

- Do not talk about known performance issues. This tool is not related to job performance, and bringing up performance issues during this time of rounding will create distrust of the tool and the Core Competency process.
- Do not use inflammatory words or phrases such as “weakness,” “deficiency,” or “you scored low.”

Core Competency Self-Assessment Guide:

When rounding with your employee, consider the underlined words in the phrases below—they are what differentiate each of the five ratings from each other.

- None: I have no knowledge or don't understand this topic.
- Aware: I have limited knowledge of this topic.
- Informed: I understand and can explain this topic.
- Experienced: I can apply knowledge and skills related to this topic.
- Expert: I am highly skilled in this topic and could teach this to others.

Frequently Asked Questions:**Who developed the Core Competencies?**

- The Core Competencies were developed by the [Council on Linkages Between Academia and Public Health Practice](#), a collaborative of [20 national organizations](#) engaged in public health.

Who is using the Core Competencies?

- Health professionals in a variety of settings, including the federal government, health departments, academic institutions, non-profit organizations and associations, and private companies, are using the Core Competencies.

How are the Core Competencies being used?

- Public health professionals and organizations are using the Core Competencies to better understand, assess, and meet education, training, and other workforce development needs. The Core Competencies are used for developing job descriptions, workforce competency assessments, workforce development plans, courses and curricula, and discipline-specific competencies, among other uses. The Core Competencies have also been incorporated into three [Healthy People 2020 objectives](#) and the [Public Health Accreditation Board Standards and Measures](#).

Do the Core Competencies apply to administrative and support staff?

- The Core Competencies are meant to provide foundational or crosscutting skills for all individuals who work in the field of public health, including administrative and support staff within public health organizations.

What is the expectation of where I should be for each competency?

- The Core Competencies are designed, as much as possible, to be a comprehensive set of foundational or crosscutting skills for individuals working in public health. The importance of individual competencies to a specific position will vary depending on the position. For example, for an entry level health educator who is not responsible for preparing budgets or funding proposals, it may be more beneficial to prioritize developing skills in the Communication Skills and Cultural Competency Skills domains over some of the skills found in the Financial Planning and Management Skills domain. For expectations related to your specific job classification, talk to your manager. The Workforce Development Committee will review the Department-Wide competencies to develop trainings to assist in competency development and professional growth.

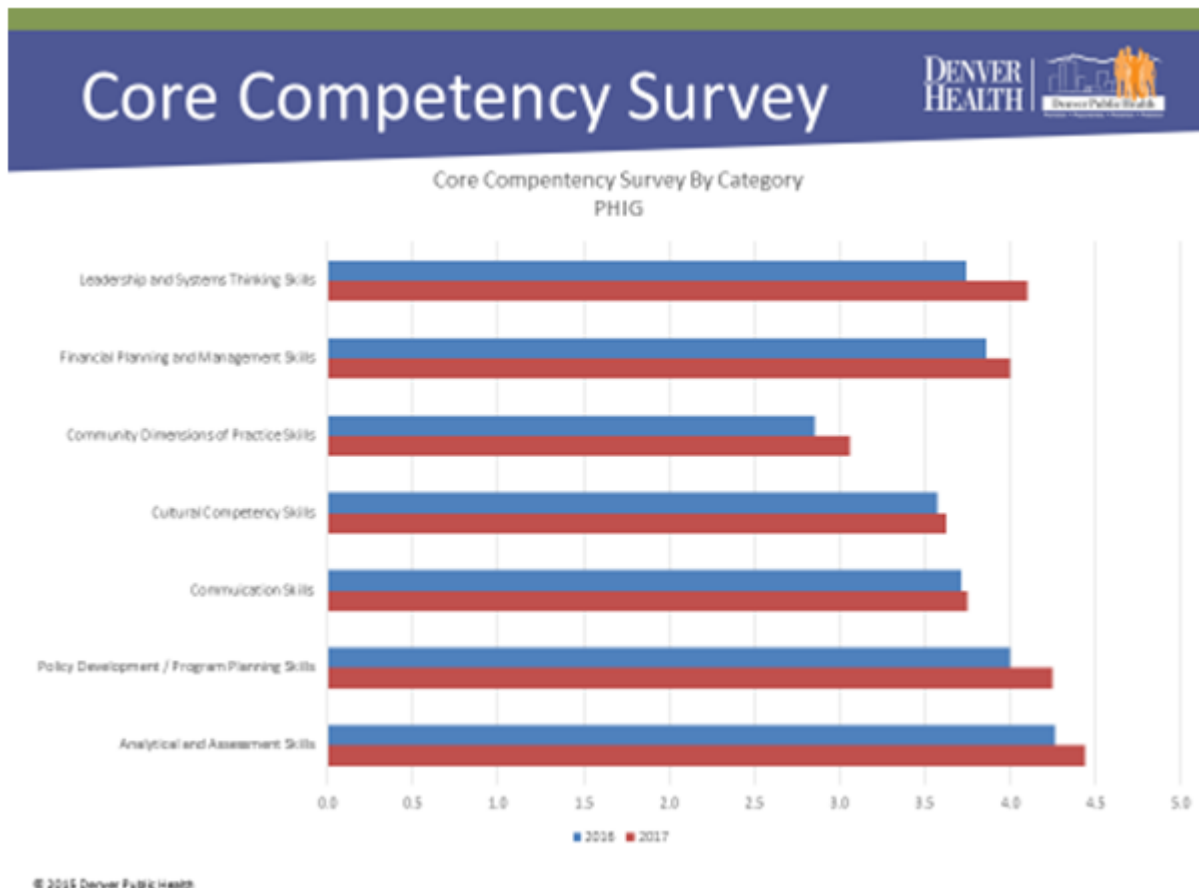
If I'm not competent, am I incompetent?

- No! Skills are developed over the course of a career within public health and can be gained in a variety of ways. In addition, specific skills may be more important at certain stages in your career and for certain types of positions. Focus initially on developing strength in competencies that are most essential for your current job and the job you would like to move into, and build from there.

Once I have identified my competency needs, are there resources available to help me build those skills?

- Yes! The Core Competencies are integrated into [TRAIN](#), a national learning management network for public health, so that learners can find courses that help address competency needs. TRAIN makes it possible to [search for courses](#) related to specific domains, tiers, or individual competencies with the Core Competencies. Registering for a TRAIN account is free, and the majority of the courses are free as well.
- Denver Public Health employees are eligible to attend Denver Health's Organizational Development and Learning courses, which can be found through the Cornerstone link on the Pulse.
- The Workforce Development Committee will update the Workforce Development plan with trainings that can contribute to competency development and growth.
- Mentorship is a great way to develop the Core Competencies. A mentoring program is available to Colorado Public Health Association members. Additionally, DPH will continue its internal mentorship program this fall.

Appendix E – Example of Core Competency Program Data

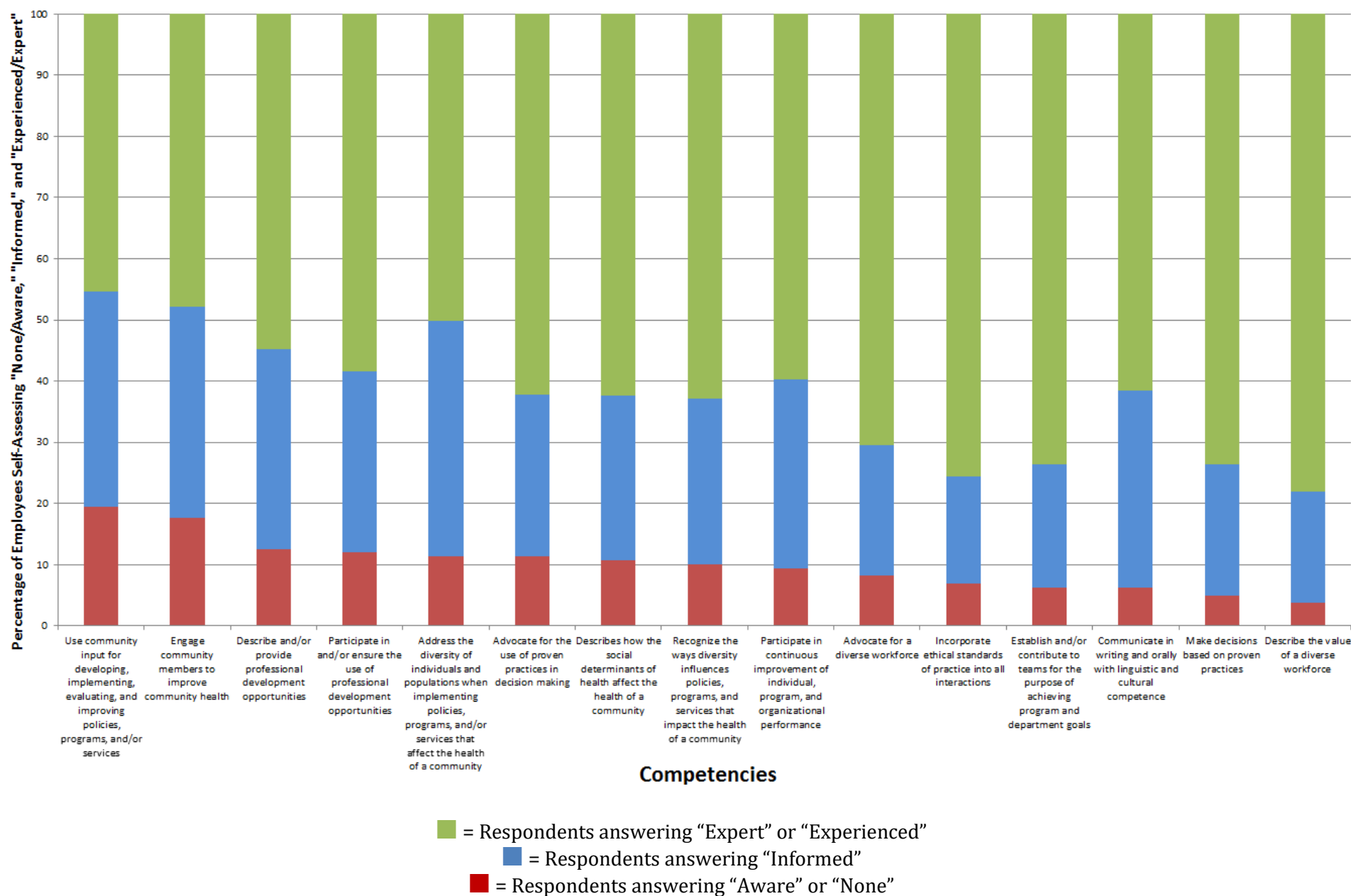


Core Competency Survey

Areas Showing Most Improvement

Analytical and Assessment Skills	Analyze and interpret quantitative and qualitative data	4.4 -> 4.9
Leadership and Systems Thinking Skills	Analyze assets and barriers that may affect policies, programs, services, and/or research	3.7 -> 4.1
Community Dimensions of Practice Skills	Engage community members to improve community health	2.7 -> 3.1
Leadership and Systems Thinking Skills	Incorporate ethical standards of practice into all interactions (e.g. Public Health Code of Ethics, Denver Health Code of Conduct)	3.7 -> 4.3
Leadership and Systems Thinking Skills	Describe and/or provide professional development opportunities	3.6 -> 4.1

Appendix F – DPH 2017 Core Competency Results (Department Competencies)



Appendix G – DPH New Employee Orientation Checklist

DPH New Employee Orientation Checklist			
Manager and Employee initial and date as each item is completed *Each initials and date box must be filled in – NO ditto or line drawn through all boxes	*Manager Initials	*Employee Initials	*Date
First Day - New employee attends Denver Health New Employee Orientation Code this day as D_EDIN in Time and Attendance. (unless they are an internal transfer)			
New employees are required to attend the Public Health New Employee Orientation within the first 90 days of employment. These are offered quarterly. Support staff will contact you to schedule your orientation training.			
First Day			
Explain the following: *Work schedule, hours *Holiday Schedule *Overtime *Tardiness and Call ins, Attendance Policy *Breaks and break areas *Dress code/Appearance			
Introduce employee to coworkers within the Department.			
Show the employee their work area *Where to get supplies *Emergency exits *Common meeting area in case of fire *Location of fire extinguishers *MSDS Book location			
Outlook training including calendar and basic email functions (e.g. forward, reply, attach document) conference room scheduling. Review DPH communication guidelines. (attached)			
Go over telephone etiquette, phones/pagers/Vocera, and CISCO phone functionality. Employee should have an email from IS regarding setting up their voice mail. Give employee a DPH phone listing.			
First Week			
Review Job Description and employee performance expectations. Return the signed copy to Terri in Administration.			
Explain the following: *Time and Attendance expectations, requesting PTO, pay periods and dates *CSA/DHHA –if relevant *Time and Effort report and associated required monthly signature.			
Introduce employee to coworkers and colleagues outside of the Department that are important to your program			
Explain outgoing/incoming mail processes (mail code, mailbox locations, and distribution schedule).			
Training on fax machines, Xerox copiers, scanners. May need to request routing to a specific copier for the employee from the Help Desk.			
Explain the Service Request/Incident and Work Order centralized process. Please contact Terri Olivieri via email with any requests.			
Explain the DPH User directory and G:\ drive folders. The employee's personal folder on the G drive is labeled with their User ID.			
Give employee the Security Phone number - #67444			
Explain and review functionality of the DPH SharePoint internal site. Set up meeting with program area SharePoint Super User to complete New Employee SharePoint Training.			

	Manager Initials	Employee Initials	Date
Explain about staff meetings and huddles in your work area and department.			
Introduction to surrounding neighborhood, Gym at 990, off-campus facilities (e.g. ATM, Cashier, Warehouse, CHS clinics, etc.) Consider giving the employee a tour of the DH campus.			
Explain how to update personal data on the Pulse.			
Get a copy of required licensure, registrations or certifications if applicable.			
Explain the Ouch Line, Values, Line and HR Policies found on Policy Stat link.			
Review DPH organization structure. Give employee current copy of DPH org chart. (new version will be coming out soon)			
Within the first 30 days			
Explain the annual review process, expectations and staff rounding.			
Give the employee an overview of the DPH Mission, Values, Strategic Plan and CHIP. Refer to the DPH external web site. This will be discussed at the Public Health New Employee Orientation as well.			
Discuss the use of Visual Management Boards and how they are handled in your area			
Set up meeting with Nikki Pham to review the budget process, purchasing and reconciliation.			
Review the grant huddle process.			
Explanation of “essential personnel” classification for DPH staff. The DPH emergency phone number is 303-602-3706. This number is used for DPH adverse weather announcements and specific department communications.			
Introduce employee to AIDET, Denver Health expectations and how it is used in your clinic or program area. Review appropriate AIDET forms with employee. (attached)			
Meet with Dr. Burman – Scheduled by his Administrative Assistant, Kathleen Noland.			
Explain expectations surrounding patient rounding. (if applicable)			
Explain Heroes of the Heart Awards and Twinkles – Staff Recognition.			
Explain the Intern/Student hiring process (if applicable) and link to internship opportunities on the DPH external website.			
Explain about DPH Town Hall meetings and attendance expectations.			
Explain the procedure to follow if travel is required. Link to site on DH Pulse: http://pulse/financial/travel/SitePages/Home.aspx			
Explain where the Mother’s Nursing room is located. 4 th Floor, #460 in Pav H. Code for key holder is 3460. Quiet Room #882 is also available as a mother’s nursing room at 601 Broadway. (if applicable)			
Explain that Ruby Gaucin will be contacting them for a brief interview and picture which is used to introduce them to the DPH staff.			
Discuss possible committee participation options. i.e. QI, Strategic Planning, Staff Development, Workforce Engagement...etc.			
Initial competency forms are reviewed.			
Explain occurrence reporting system – how – who, PSI Reporting			
Explain internet usage policy			
Explain how to make a data request to PHIG and/or the Epidemiology groups using SharePoint, (if applicable)			
Within the first 45 days			
Complete the mandatory Cornerstone modular testing.			
Within the first 90 days			
Incident Command System (ICS) Training requirement. You will be contacted by someone in Epi & Preparedness with instructions on how to complete this required web based training.			

Specifically for new Managers/Supervisors			
<p>Schedule the following training through Cornerstone.</p> <ul style="list-style-type: none">• New Leadership Orientation – 3 hour class – Check Cornerstone for next session• Developing successful Teams – 4 hour class – Check Cornerstone for next session• FMLA – 1.5 hour class – offered every other month• Harassment Avoidance – 3 hour class – every other month			

I have informed the new employee of the above and confirm that this individual has been oriented to our department, Denver Health, DPH and his/her position

Manager _____ Date _____

I have received a copy of my job description and fully understand all information presented to me as documented above.

Employee _____ Date _____

Please return this form and the employee's signed job description to Terri in Administration.

Thank you!

Appendix H – Workforce Development Committee Charter

Workforce Development Committee Charter

Charge

The Workforce Development Committee exists to foster a culture of professional development for all Denver Public Health employees.

Primary Goals

- To provide access to educational and professional development opportunities
- To ensure that our workforce is highly skilled and ready to meet the demands of a changing public health landscape
- To cultivate the talents of our department while identifying opportunities for growth
- To empower staff to do their jobs effectively and confidently, leading to improved employee retention

Primary Activities

- Fully implement the Public Health Core Competencies, including choosing appropriate competencies to focus improvement efforts on, launching the survey, and providing recommendations for department-wide training opportunities
- Contribute to and manage a repository of professional development opportunities
- Update the Workforce Development Plan annually
- Provide support in the facilitation of the mentorship program
- Connect with and support other departmental committees and their workforce development needs
- Explore and identify a system that allows employees to track progress and provide feedback towards professional development goals

Composition/Membership

The Workforce Development Committee will *strive* to include representation from each of the six Public Health Core Competency job classifications:

- Data Driver (Epidemiologists, Informaticians, and Researchers)
- Director (DPH leaders: Clinical, Administrative, and Program Directors)
- Healthcare Provider (a licensed provider, including RNs, NPs, PAs, and Non-Director MDs)
- Patient Support (Patient Clerk, HCPs, Care Coordinators, Clinic Administrators, and Social Workers)
- Program Support (Program Assistants, Non-Patient Clerks, Office of the Director, and DPH Administrative Staff)
- Public Health Specialist (Program Specific Planners, Trainers, Coordinators, Specialists, and other population focused staff)

The Workforce Development Committee will limit participation to no more than 12 members and requires team members have been in their position for at least 90 days before applying.

Member Selection

Applications to the Workforce Development Committee will open annually. Staff interested in joining the Workforce Development Committee should complete an application, which will be blindly reviewed by current Workforce Development Committee members.

Term

Committee members will serve for a minimum of two years. Committee members can elect to stay on the committee for a maximum of three terms (six years total). If a member is unable to complete their term, an open application process will be used to recruit a replacement.

Membership Commitment

- Members will commit to identifying and promoting professional development opportunities throughout the department.
- Members will have a flexible and collaborative nature and interest in increasing workforce development and engagement.
- Members will be available to attend meetings and to complete required work between meetings.

Voting

The committee members will attempt to reach a consensus on significant issues. If consensus cannot be reached, majority vote prevails.

Meetings and Time Commitment

Workforce Development Committee meetings will be held monthly on the 2nd Wednesday of each month, from 9:00a.m.—10:00a.m. Additional assignments outside of the monthly meeting may be required. Committee members can expect to commit to 1-4 hours of Workforce Development work each month.

Approval

This charter was approved by the Workforce Development Committee on November 17th, 2017.

Appendix I – Professional Development Implementation Plan

Goal				
Workforce Development				
High Level Tactics	Metric	Leaders	Target Date	
Develop a culture of professional development at Denver Public Health	% of Core Competency Survey respondents, employed greater than 1 year, self-assessing as “informed, experienced, or expert” in “Participating in and/or ensuring the use of professional development opportunities” (2018 Target = 85%)	Elizabeth Rumbel	12/31/2018	
Action Plans	Achievement Indicator	Start Date	Leaders	Target Date
Create a DPH definition of professional development	By 3/31/17, definition created	1/1/2017	Elizabeth Rumbel	3/31/2017
Create a PD huddle/information sheet using PD definition and examples	By 4/4/2017, huddle sheet drafted	3/1/2017	Nancy Wittmer Kristen Ross	4/4/2017
Present and vet the PD definition with program managers	By 4/5/2017, definition (through the form of a huddle sheet) vetted	3/1/2017	Elizabeth Rumbel	4/5/2017
Clarify and update department guidelines for P.D. funding	By 7/31/2017, Core Leadership approval for PD funding changes received	3/1/2017	Laura Weinberg Elizabeth Rumbel	7/31/2017
	By 7/31/2017, standard work for DPH P.D. funds created	3/1/2017	Laura Weinberg Elizabeth Rumbel	7/31/2017
	By 7/31/2017, a SharePoint application to request funds built	3/1/2017	Laura Weinberg Elizabeth Rumbel	7/31/2017
Create a “Professional Development” SharePoint Site	By 10/30/2017, all professional development funding streams synthesized	8/1/2017	Elizabeth Rumbel Andrew Yale	10/30/2017
	By 11/30/2017, a SharePoint workflow for the DPH P.D. funding application created	8/1/2017	Elizabeth Rumbel	11/30/2017
	By 11/30/2017, resources/examples for setting professional development goals are linked	10/1/2017	Elizabeth Rumbel Nancy Wittmer	11/30/2017
	By 11/30/2017, examples of grant verbiage for P.D. funds added	10/1/2017	Elizabeth Rumbel Nancy Wittmer	11/30/2017

Create standard work to support setting professional development goals at annual reviews.	By 11/30/2017, employee standard work for annual reviews created	8/1/2017	Kathy Root	11/30/2017
	By 11/30/2017, manager standard work for annual reviews created	8/1/2017	Kathy Root	11/30/2017
	By 11/30/2017, leadership standard work for reviewing professional development goals created	8/1/2017	Elizabeth Rumbel	11/30/2017
Train managers on how to assist staff in setting professional development goals	By 11/30/2017, "pre-review" worksheet for supplemental review questions created	8/1/2017	Christie Mettenbrink	11/30/2017
	By 11/30/2017, PD Goal overview/tip sheet created	8/1/2017	Erin Bruner	11/30/2017
	By 11/30/2017, framework for thinking through goal setting developed	8/1/2017	Nancy Wittmer	11/30/2017
	By 1/31/2018, new PD goal guidelines presented at the DPH Supervisor meeting	1/1/2018	Elizabeth Rumbel	1/31/2018
	By 2/28/2018, new PD goal guidelines presented at the DPH Program Manager Meeting	2/1/2018	Elizabeth Rumbel	2/28/2018
Educate the department on new PD goal guidelines (at least one QI goal, at least one personal/departmental-focused goal) into every employee's annual review	By 11/30/2017, overview language for goal requirements created	8/1/2017	Erin Bruner	11/30/2017
	By 11/30/2017, examples of QI goals created	8/1/2017	Nancy Wittmer	11/30/2017
	By 11/30/2017, examples of personal/department-focused goals created	8/1/2017	Elizabeth Rumbel	11/30/2017
	By 4/30/2018, department educated (host town halls, DPH Matters, Director's Update)	1/1/2018	Elizabeth Rumbel	4/30/2018
Create a communication plan for the launch of the new PD process	By 12/31/2017, communication plan created	10/1/2017	Erin Bruner	12/31/2017
Develop a structure for systemically reminding employees and managers about P.D. resources	By 4/30/2018, structure developed	1/1/2018	Elizabeth Rumbel	4/30/2018

Create leadership resources to support P.D. conversations within the context of rounding	By 6/30/2018, resources created.	1/1/2018	Elizabeth Rumbel	6/30/2018
Explore P.D. goal tracking system	By 6/30/2018, three tracking system options identified	1/1/2018	Elizabeth Rumbel	6/30/2018
	By 6/30/2018, information to be recorded in tracking system determined	1/1/2018	Elizabeth Rumbel	6/30/2018

Appendix J – Health Equity Training Plan

#	Topic	Objective(s)	Format/Methods	Timeline
1	What is health equity?	<ul style="list-style-type: none"> • Define health equity • Understand difference between health equity and health disparities • Understand how DPH specifically encounters issues with health inequities (population & clinic) • Introduce Denver-specific health inequities with visuals • Provide takeaway thoughts which encourage DPH staff to consider Denver data 	<ul style="list-style-type: none"> • Either in-person or web-based • If in-person, provide at least two sessions over lunch hour and provide free lunch • Provide online (or recorded if in-person) version for those who cannot attend and for training new employees while onboarding in the future • Bring in outside, non-white speaker to lead session if in-person • Lecture format but information should be engaging, interactive 	February – March 2017
<p>Online Training recommended for 1st session:</p> <ul style="list-style-type: none"> • EITHER Colorado Department of Public Health and the Environment's health equity and environmental justice 101 training course (would need to request access to this) • OR NACCHO's Roots of Health Inequity and two video clips from Unnatural Causes <ul style="list-style-type: none"> ○ Recommend all employees take the first three units of courses required in NACCHO (see Appendix A) and final two units are optional. <ul style="list-style-type: none"> ▪ Can have DPH employees join a group created within NACCHO site: http://members.rootsofhealthinequity.org/node/add/group ○ Recommend two video clips from Unnatural Causes: Living in Disadvantaged Neighborhoods is Bad for Your Health and Wealth Equals Health <p>In-Person Training recommended for 1st session:</p> <ul style="list-style-type: none"> • Bring in Web Brown (CDPHE) to provide in-person training similar to the training aforementioned 				
2	What are health disparities?	<ul style="list-style-type: none"> • Understand how data can be broken down (stratification) to understand disparities • Utilize Denver data to explore local health inequities • Identify gaps in what we know given existing data • Provide takeaway thoughts which encourage DPH staff to consider how they could understand gaps in our knowledge 	<ul style="list-style-type: none"> • Hold 2-3 mandatory, in-person sessions over lunch hour with free lunch • DPH staff should be broken into small groups within the sessions; try to put people from different divisions together • Use DPH case studies and Denver maps/graphs • Set of questions should be ready for them to answer about these disparities as they are reviewing data 	April – May 2017

			<ul style="list-style-type: none"> • There should be a report-out period at end of session for a group speaker to discuss what they learned • Session should be led by someone who is well-trained in application of data to practice) 	
Training recommended for 2nd session: <ul style="list-style-type: none"> • DPH Health Equity committee would create a training very similar to Boulder County Public Health's in which they utilize local data to explore health inequities (see Appendix B). 				
3	Why do health disparities exist?	<ul style="list-style-type: none"> • Understand principles of community engagement • Understand methods associated with community-based participatory research • Identify ways in which staff could better engage and collaborate with community (population & clinic) • Provide takeaway thoughts which encourage DPH staff to consider how they could integrate this ability to "dig deeper" into their practice 	<ul style="list-style-type: none"> • Hold 2-3 mandatory, in-person sessions over lunch hour with free lunch • DPH staff should be broken into small groups within the sessions; try to put people from different divisions together • Engage staff by practicing methods and skills they are learning • Handouts on questions to ask, methods to use in working with community would be helpful 	July – August 2017
Training recommended for 3rd session: <ul style="list-style-type: none"> • Bring in an outside speaker who represents the diverse Denver community to lead a session on community engagement in public health and clinic practice; the recommendation is to first speak with Charlene Barrientos Ortiz to see if she could cover both clinical and public health approaches in a session. 				
4	How do we integrate health equity into practice?	<ul style="list-style-type: none"> • Identify specific ways in which staff could integrate principles of health equity into current practice and organizational operations (population & clinic) • Identify gaps in current practices and/or resources for integrating health equity into practice • Draft a strategic plan of action within staff's division to integrate health equity into their mission, vision and practice 	<ul style="list-style-type: none"> • In-person sessions within regular division meetings • Sessions should be facilitated by division's health equity committee members (or additional division representatives who do not have a representative on the committee) • A template of the strategic plan for action should be provided and drafted by the end of this session 	October – November 2017