

Workforce Development Plan

Maricopa County Department of Public Health

Purpose & Introduction

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

This document provides a comprehensive workforce development plan for the Maricopa County Department of Public Health. It also serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

In this plan This workforce development plan contains the following topics:

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Agency Profile

Vision "A healthy and safe community"

Mission "To protect and promote the health and well-being of Maricopa County residents and visitors"

- Strategic Goals**
- Promote a safe, healthy, and prepared Maricopa County
 - Creating a healthier Maricopa County through policy, system, and environmental approaches
 - Increasing efficiency and effectiveness
 - Maximize Resources
-

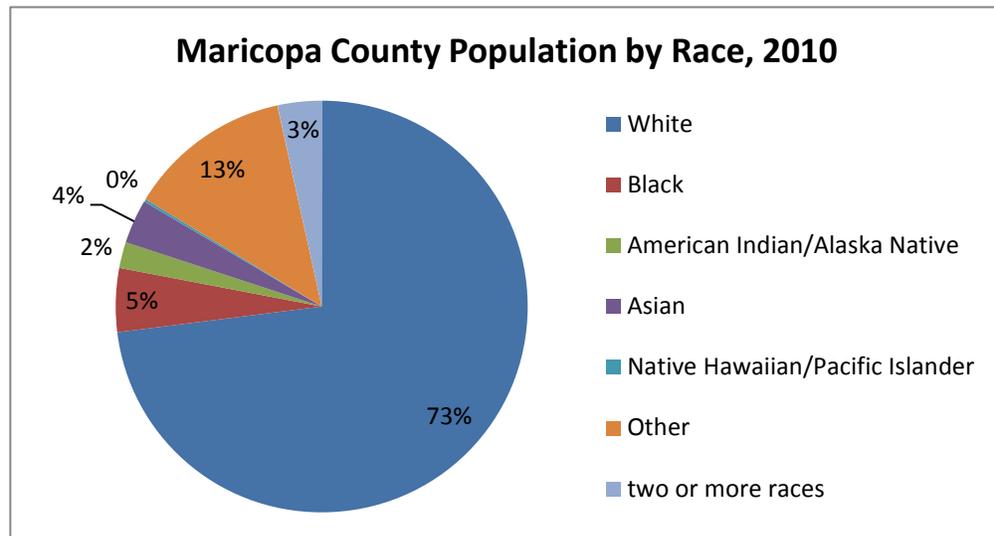
Governance and Organization The Maricopa County Department of Public Health (MCDPH) is governed by the Maricopa County Board of Supervisors through the direction of the County Manager and the Board of Healthⁱ. In Maricopa County, the Department of Public Health is separate from the Department of Environmental Services which performs some traditional public health functionsⁱⁱ.

MCDPH is organized into five divisions under the office of the Director: Administration, Clinical Services, Community Health Action, Community Transformation, and Communicable Disease with the Offices of Community Engagement and the Office of Performance Improvement also reporting to the Director. These groups are further organized into offices, programs and teams as applicable. An organizational chart can be found in Appendix 1.

Agency Profile, *continued*

Location & population served

Maricopa County, Arizona, is the nation's fourth most populous county with nearly four million people (3,954,598) as of 2010 and projected at five million by 2020 and six million by 2030, an annual growth rate of 100,000/year. Located in the south-central part of Arizona the county is home to 60% of the state's residents and the City of Phoenix, the nation's sixth most populous city (Population 1,445,632). Maricopa County represents four out of Arizona's eight congressional districts and is the state's major geopolitical and economic center.



Maricopa County is a mix of urbanized and rural areas and includes the whole or parts of five sovereign Native American Reservations. There are more than one million children below 18 years, 792,000 women of reproductive age, and 462,000 seniors older than 65 years. Compared to the US average, Maricopa County has twice the percentage of Hispanics (30.6% MC vs. 15.1% US) and slightly more American Indians (2.1% MC vs. 0.9% US), but a lower African-American (4.3% MC vs. 12.4% US) and Asian (2.9 % MC vs. 4.4% US) population than the US average.

Although the age adjusted Maricopa County death rate from all causes is lower among Hispanics and lowest among Asians, rates among African-Americans and American-Indians are 34% higher than among Whites. African-American death rates from heart disease are 53% higher and 107% greater for stroke when compared to Whites. Death rates from diabetes are 2.2 times more for African Americans, 5.5 times more for American Indians and 1.3 times more for Hispanics when compared to Whites. The burden of chronic disease in the region is clear and the disparity among communities of color is startling.

Agency Profile, *continued*

Learning culture

Learning is an important part of the culture at Maricopa County. In addition to tuition reimbursement, the Maricopa County Human Resources Department offers in-house training and career development. The majority of these courses focus on leadership, management, and personal effectiveness. This fills some of the training and staff development needs for the department of public health; however, both staff and leadership within the department of public health recognize that while this is very helpful, it is insufficient.

Through the development of this plan, MCDPH will focus on meeting additional training and educational needs of the health department in an effort to improve the work that we do and more effectively serve our community.

Funding and Locations

To achieve its mission, MCDPH has 619 full-time employee (FTE) positions based out of 21 locations. The fiscal year 2013 operating budget was \$55,803,560, of which 72% is grant funded (\$40,041,018).

Workforce Profile

Introduction This section provides a description of the Maricopa County Department of Public Health current and anticipated future workforce needs.

Current workforce demographics The table below summarizes the demographics of the agency's current workforce as of August 2014:

Category		# or %
Capacity: Total # of positions		701
Positions currently filled: Total # of Employees:		619
	Administration	29
	Division Managers	3
	Supervisors	118
	Medical Public Health Professionals	11
	Non-Medical Public Health Professionals	146
	Front-Line Staff	312
% Paid by Grants/Contracts:		69.59%
Gender	Female:	526
	Male:	93
Race/Ethnicity	Hispanic:	244
	American Indian / Alaska Native:	12
	Asian:	23
	African American:	52
	Caucasian:	274
	More than One Race:	12
	Other:	2
Age	<20:	0
	20 – 29:	91
	30 – 39:	143
	40 – 49:	166
	50 – 59:	149
	>60:	70
Primary Professional Disciplines/Credentials:		
	Leadership/Administration:	152
	Nurse:	50
	Epidemiologist:	18
	Health Educator:	44
	Dietician:	15
	Social Workers:	11
	Medical Directors:	2
Retention Rates:		
	Employees retained for 5-9 years:	129
	Employees retained for 10-14 years:	61
	Employees retained for 15+ years:	86

Workforce Profile, *continued*

Future workforce

The public health landscape is changing. The presence and prevalence of chronic diseases with its multi-factorial causes has been increasing for many years and in many cases continues to increase. The financial instability of public funds used to support public health will also influence the way the public health workforce functions. Additionally, the ever-changing world of technology is being incorporated and will continue to be implemented in order to meet the demands placed on the public health workforce.

MCDPH has made great efforts to adapt with the changing landscape to meet the public health needs of the population it serves. Recent infrastructure changes have allowed the department to work more collaboratively and to begin to expand its focus and work on policy, systems and environmental (PSE) changes to combat chronic diseases, while continuing to provide the crucial direct services that public health has historically provided to address communicable diseases and other public health concerns. PSE approaches to solving public health problems often require an interdisciplinary group of people who can bring their respective expertise to the table to address problems.

The future public health workforce will need to understand the complexities of chronic diseases with multiple causative factors. They will need to understand the biological and behavioral factors of these diseases, but they will also need to understand the social and environmental causes of these diseases. Future public health professionals will need to know the evidence-based best practice approaches to improve public health outcomes and be equipped to implement and evaluate these approaches as well as use the evidence base to construct and evaluate new and innovative approaches to a variety of health issues. They will need to know how to appropriately and effectively use advancements in technology to meet their needs and the needs of the public that they serve.

Competencies & Education Requirements

Core competencies for agency

MCDPH has adopted the Core Competencies for Public Health Professionalsⁱⁱⁱ that have been developed by the Council on Linkages Between Academia and Public Health Practice. This set of Domains covers topical areas of knowledge and skill in three tiers that reflect differences for varying stages of career progression for a public health professional.

The domains include:

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

The Three Tiers:

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

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

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

These domains and tiers serve as a framework to assess the public health workforce to determine inefficiencies and identify areas for improvement. (Council on Linkages' Core Competencies for Public Health Professionals http://www.phf.org/resourcestools/pages/core_public_health_competencies.spx)

Competencies & Education Requirements, *continued*

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

Discipline	Arizona CE Requirements (as of 8/13)
Health Educator (CHES/MCHES)	75 CECH every 5 years
Certified Public Health Practitioner	50 hours every 2 years
Physician	40 hours during the 2 calendar years preceding biennial registration
Social Worker (LSW, LISW, MSW)	30 hours every 2 years, 3 in ethics or mental health, 3 in cultural competency and diversity
Nurses	None Required
Dentist	72 hours required in 3 calendar years
Dental Hygienist	54 hours required in 3 calendar years
Registered Dietitian	75 hours within a 5 year reporting period
Registered Sanitarian	12 hours annually

Training Needs

Introduction

This section describes training needs identified through training assessments conducted by the Arizona Public Health Training Center (AZPHTC), the Office of Preparedness Response (OPR), and Community Transformation Division and used to set key priorities for this plan as well as outlines mandatory trainings required for specific employee groups.

Training Preferences Survey and Public Health Core Competency Assessment

The Public Health Workforce Training Preferences Survey was developed for MCDPH in partnership with AZPHTC for the purpose of identifying the training needs and preferred method of training delivery for department employees. A Core Competency Assessment was also developed and with input from MCDPH and AZPHTC staff, and faculty from the University of Arizona - College of Public Health. These two components were combined into one survey tool and distributed to approximately 600 employees in April of 2013. Assessment findings were presented by the AZPHTC to health department managers in September of 2013 and reviewed by the Workforce Development Committee in November 2013. A detailed report of assessment findings can be found in Appendix 2.

Preparedness Response Training Assessment

A public health preparedness and response survey administered by the Maricopa County Office of Preparedness Response in early 2013 to all MCDPH employees collected valuable information about the department-wide capacity of Public Health employees to respond in the event of a public health emergency and highlighted Incident Command System (ICS) training needs. Linking employee skill sets with response time, employee job classification and willingness to respond allowed MCDPH to identify skills strengths and gaps, and to prioritize training efforts so that personnel with similar skill sets in skill shortage areas but different employee classifications and response times are available and trained. Resulting recommendations and a summary of these assessment findings can be found in Appendix 3.

Community Transformation Division Training Needs Assessment

In 2012, the Community Transformation Division of MCDPH conducted a training needs assessment with program staff. Although this group also participated in the AZPHTC Training Preferences Survey and Core Competency Assessment the following year where some of the same information related to the core competencies and training preferences was also assessed, the experiences of this group in completing this assessment and subsequently prioritizing workforce development activities for their division was informative as a case study when the larger department-wide assessment and planning efforts were subsequently conducted. Therefore, a summary of this assessment is included in Appendix 4.

Training Needs, *continued*

Training needs identified

The results of the assessments described on the previous page were compiled and reviewed by the Workforce Development Committee in November of 2013. After discussing the results and participating in a consensus building activity, the group settled on the following eight topics as priority areas:

- Professional Competencies
- Leadership Development
- Public Health New Employee Orientation
- High Quality Accessible Training
- Training Plan
- Management/Supervisor Trainings
- Interns
- Employee Evaluation/Performance Management

The process for addressing these areas and developing goals and implementation strategies is further outlined in the next section of this document.

Mandatory training

The table below lists training required by the agency and/or by state or federal mandate for the employee group(s) listed:

Training	Who	Frequency
Blood borne Pathogens	Nursing Staff and any employees who may come in contact with blood.	Annually
Certified Agency Procurement Aid	All procurement specialists	Once
Confidentiality	MCDPH employees who have access to confidential client information or records	Upon hire and per program requirements
CPR	Nursing staff and non-nurse clinical staff	Every two years
Defensive Driving	MCDPH employees who drive on behalf of the department.	Every two years
ICS-100, 200, 700, & 800	Employees identified to serve in the Incident Command Center	Once
Intro to Partner Services	All communicable disease investigators	Once
Maricopa County New Hire Orientation	All new employees	Once
Phlebotomy Training	All communicable disease investigators and medical assistants	Once
Vaccine Storage and Handling	All immunization program staff	Annually

Goals, Objectives, & Implementation Plan

Introduction This section provides information regarding training goals and objectives of the agency, as well as resources, roles, and responsibilities related to the implementation of the plan as prioritized by MCDPH management and the Workforce Development Committee.

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

Who	Roles & Responsibilities
Maricopa County Board of Supervisors	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Maricopa County Human Resources Department	Assists in creating a culture that is conducive and supportive of learning. Implements appropriate training/development opportunities for staff. Provides guidance to Supervisors and Managers on coaching and mentoring.
Maricopa County Department of Public Health Director	Responsible to Maricopa County management and the Board of Supervisors for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning.
Division Administrators	Responsible to the Health Department Director for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Assists in identifying appropriate training/development opportunities for staff within division.
Supervisors/Managers	Responsible to their Division Administrator and employees to ensure that individual and agency-based training initiatives are implemented. Works with employees to develop individualized learning plans and supports the implementation of the plans.
All Employees	Ultimately responsible for their own learning and development ^{iv} . Work with supervisor to identify and engage in training opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.
Workforce Development Committee	Develops the workforce development plan and establishes the training curricula and schedule. Reviews the plan on an annual basis and makes changes as needed.
Workforce Development Coordinator	Oversees the day to day implementation of the workforce development plan tracking completion of activities, goals and objectives and compiles progress reports for the workforce development committee and department management.
Intern/Volunteer Coordinator	Works with the Workforce Development Coordinator to oversee workforce development goals that relate to working with student interns and other MCDPH program volunteers.

Goals, Objectives, & Implementation Plan, *continued*

Implementation Plan Development

In November 2013, the MCDPH Workforce Development (WFD) Committee convened to review assessment information and set current workforce development and training priorities. Through a facilitated process utilizing an affinity diagram, the following topics were identified as priorities:

- Professional Competencies
- Leadership Development
- Public Health New Employee Orientation
- High Quality Accessible Training
- Training Plan
- Management/Supervisor Trainings
- Interns
- Employee Evaluation/Performance Management

In February 2014, workgroups for each of the priority topics were formed to develop goals and objectives for inclusion in this plan. WFD Committee Members self-selected into workgroups and additional MCDPH staffs were recruited to participate in order to ensure adequate representation from all department divisions. In total, 44 staff members participated in this effort. Workgroups met for 4 to 7 hours over a 2 to 4 month to develop goals and objectives relevant to their assigned topic area. A total of 17 goals were developed by workgroups for further consideration.

The MCDPH workforce development committee and all workgroup participants were invited to a meeting on May 27, 2014 to review the workgroup recommendations. Thirty-one (31) individuals participated in this review session and used a prioritization matrix to rate each goal on a scale of 1 to 4 based on importance and feasibility. Items seen as important and relatively easy received a score of 4, items seen as important but more difficult were scored as a 3, items seen as not as important but relatively easy were given a score of 2 and items seen as both difficult and not as important could be scored with a 1. Comments and questions regarding these recommendations were also collected.

The results of the prioritization ratings were compiled and the Workforce Development Committee reconvened the following week to discuss these ratings and make decisions on elements to be included in this plan. After combining some goals and determining some items were either not feasible at this time or not important to pursue at present, the committee approved eight goals for inclusion in the plan, including four focused on employee learning, two focused on processes and philosophies, one focused on assessment and one focused communications. These goals and their corresponding objectives can be found on the following table.

MCDPH Training Goals & Objectives 2014 – 2017

Note: See addendum(s) starting on page 20 for the most up to date versions.

Employee Learning				
Goal	Objectives	Audience	Resources	Responsibility
All new hires complete the Public Health New Employee Checklist within 6 months of hire.	<ul style="list-style-type: none"> • By November 30, 2014, the public health new employee orientation curriculum and materials will be finalized • By December 31, 2014, the Public Health New Employee orientation checklist and supervisor guidance document will be distributed to all MCDPH supervisors 	New employees and their supervisors	AZPHTC AZTrain.org MCDPH Intranet	Public Health New Employee Orientation Workgroup
All supervisors and managers at MCDPH will complete the MCDPH Manager and Supervisor Training Checklist.	<ul style="list-style-type: none"> • By December 31, 2014 create the MCDPH Manager and Supervisor Training Checklist • By April 30, 2015, all manager and supervisors' employee evaluations will include a goal to complete the checklist by April 2016 or within 6 months of promotion to a supervisory position 	Managers and supervisors	Maricopa County training offerings AZ.Train.org	Manager and Supervisor Training Workgroup
Offer leadership trainings to further develop effective leadership skills	<ul style="list-style-type: none"> • By March 31, 2015, offer at least 2 brown-bag trainings on business management and/or leadership principles • By December 31, 2015, distribute a list of leadership development training opportunities and resources to all managers and supervisors 	Managers and supervisors	Arizona State University AZ.Train.org	Office of Performance Improvement
Offer trainings to employees on identified topics of interest*	<ul style="list-style-type: none"> • By December 31, 2014 conduct staff training on policy, systems and environmental approaches • By December 31, 2015, conduct at least 5 staff trainings on quality improvement topics • By June 30, 2015, update the NIMS Training Plan 	All staff	Health Resources in Action Pearls of Wisdom Consulting	Office of Performance Improvement
All employees receive training on the MCDPH Common Core Competencies	<ul style="list-style-type: none"> • By March 31, 2016, MCDPH will finalize the MCDPH Common Core Competencies (combining the Maricopa County Competencies and the Core Competencies for Public Health Professionals) and develop appropriate messaging • By March 31, 2017, all employees at MCDPH will receive training on the MCDPH Common Core Competencies and this training will be added to the Public Health New Employee Checklist 	All staff	Maricopa County Competencies List Council on Linkages Core Competencies for Public Health Professionals	Professional Competencies Workgroup
*Please refer to the Curricula and Training Schedule section for a complete list of current training topics. As additional topics of interest are identified through the assessment in 2015, training curricula and schedules housed on the MCDPH intranet will be updated to include additional trainings for 2016 & 2017.				

MCDPH Training Goals & Objectives 2014 – 2017

Note: See addendum(s) starting on page 20 for the most up to date versions.

Processes and Philosophy				
Goal	Objectives	Audience	Resources	Responsibility
Create a more efficient, streamlined internship process at MCDPH	<ul style="list-style-type: none"> • By November 30, 2014, hire an intern coordinator • By January 1, 2015, implement an improved intern application and processing protocol • By March 31, 2016, complete an evaluation of new centralized intern protocols including a comparative analysis of MCDPH use of interns and volunteers during 2014 and 2015 	Future staff	Current intern application	Interns workgroup
Complete QI Projects to improve MCDPH management processes	<ul style="list-style-type: none"> • By December 31, 2016 complete a QI project about the MCDPH management philosophy/culture • By March 31, 2017, complete a QI project about the employee evaluation process 	MCDPH Leaders	Pearls of Wisdom Consulting	Office of Performance Improvement

Assessment				
Goal	Objectives	Audience	Resources	Responsibility
Complete an annual review of training needs to support professional growth and development of MCDPH employees	<ul style="list-style-type: none"> • MCDPH will complete the Public Health Core Competencies and Training Needs Assessment every 2 years (2015 and 2017) • The MCDPH workforce development committee will meet semi-annually to review assessments, examine other department training needs and review WFD plan progress 	All staff	AZPHTC	Workforce Development Committee

Communication				
Goal	Objectives	Audience	Resources	Responsibility
Communicate training opportunities and information through centralized communication channels accessible to all MCDPH employees	<ul style="list-style-type: none"> • By December 31, 2015, MCDPH will re-design the training page on the intranet with additional training information • By December 31, 2016, MCDPH will produce and distribute a list of tips for in-house trainers related to effective content, wise use of time, varied delivery methods, effective instruction and training evaluation 	All staff	Council on Linkages Guide to Improving and Measuring the Impact of Training	Office of Performance Improvement

Goals, Objectives, & Implementation Plan, *continued*

Communication plan In order to facilitate communication of the Workforce Development Plan and related content, the training portal^v on the MCDPH intranet will be built out to contain additional links, information, and resources highlighting opportunities and successes as goals outlined in this plan are achieved. This portal is easily accessible through the MCDPH intranet home page at ebc.maricopa.gov/publichealth.

In addition to linking to this Workforce Development Plan and all associated updates, this portal will also contain links to assessment reports, curricula and training schedules, and online training opportunities and/or materials on relevant topics. In order to comply with Maricopa County's solicitation policy A1512, all training opportunities or materials presented from organizations outside of MCDPH will be pre-approved by the Public Health Director prior to dissemination.

Sustainability plan Workforce development is a primary strategy in the MCDPH Strategic Plan 2014-2017 in its goal to *Invest In Continual Improvement Initiatives*. This goal relates to the key directive to Increase Efficiency and Effectiveness. Including the implementation of the workforce development plan institutionalizes this plan in the department's infrastructure.

The MCDPH Workforce Development Committee contains representation from all divisions of the department and will be primarily responsible for oversight and review of the Workforce Development Plan. This committee will meet at least twice a year to review progress on activities outlined in this plan, compile workforce development progress reports for management, and discuss assessment results and other departmental training needs. An annual review of this plan will be completed during one of these meetings including revisions to the Curricula and Training Schedule as new topics of interest are identified through department assessments.

The MCDPH Office of Performance Improvement staff, specifically the Performance Improvement Coordinator, is responsible for convening the workforce development committee semi-annually, tracking performance via the MCDPH Performance Management System (described in further detail in the Evaluation section of this document) and facilitating updates to the Training portal and associated SharePoint pages that serve as the departmental hub for content, trainings and documentation related to this plan.

MCDPH Curricula & Training Schedule 2014 - 2015

Introduction

This section describes the curricula and training schedule for the Maricopa County Department of Public Health.

Topic	Description	Target Audience	Competencies Addressed	Schedule
Blood Borne Pathogens	To help employers provide a safe and healthful work environment for their employees and minimize the possibility of employee exposure to blood borne pathogens	Employees who may come into contact with blood or blood specimens	Job Mandate	Quarterly
Certified Agency Procurement Aide	Covers procurement policies and compliance, purchasing procedures, related terminology, and resources for critical information and forms.	Procurement Specialists	Job Mandate	Quarterly
Confidentiality	Provide Public Health staff with guidelines and standards for safeguarding a client's protected medical information	All employees interacting with clients	Job Mandate	Available online
CPR	Cardio-Pulmonary Resuscitation skills training	All employees interacting with clients	Job Mandate	Annually
Cultural Competency	Training on culturally appropriate responsiveness and considerations in program planning and implementation	Public Health Personnel	Cultural Competency	Annually
Dashboard Skills Training	How-to training for working with the MCDPH Performance Management System	Public Health Personnel	Policy Development & Program Planning Skills	Available online for self-paced study
Dashboard Skills Training for managers and supervisors	Training on using the MCDPH Performance Management System as a management tool	MCDPH managers and supervisors	Policy Development & Program Planning Skills	Semi-annually
Defensive Driving	Covers all safety aspects of driving	All employees who drive for County purposes	Job Mandate	Monthly

MCDPH Curricula & Training Schedule 2014 - 2015

Topic	Description	Target Audience	Competencies Addressed	Schedule
ICS-100, 200, 700 and 800	Training of employees to respond to a public health emergency using the Incident Command Structure	MCDPH employees who will participate in emergency response	BOS Mandate	Available online for self-paced study
Passport to Partner Services	Provides information to Communicable Disease Investigators concerning partner services	Communicable Disease Investigators	Job Mandate	Annually
Phlebotomy Training	Skills Training	Communicable Disease Investigators and Medical assistants	Job Mandate	Annually
Policy, Systems and Environmental Approaches	Overview of policy, systems and environmental approaches to public health initiatives	Public Health Personnel, especially managers and supervisors	Policy Development & Program Planning Skills	Annually
Public Health Essentials In Action (AzPHTC)	Introduction to public health essential services	Public Health Personnel	Public Health Sciences	Available online for self-paced study
Public Health New Employee Orientation	Introduction to the department of public health	New employees	All	Quarterly
QI Basics	Introduction to Quality Improvement strategies, framework and tools	Public Health Personnel	Policy Development & Program Planning Skills	Annually
QI Project Management	Skills training to develop QI project leaders equipped to lead quality improvement projects	Public Health Personnel	Policy Development & Program Planning Skills	Annually
QI Tools	Skills trainings highlighting various quality improvement tools that can be applied in a variety of settings	Public Health Personnel	Policy Development & Program Planning Skills	Quarterly
Vaccine Handling and Storage	Safety procedures related to handling and storage of vaccines	Immunization Program Staff	Job Mandate	Annually

Evaluation and Tracking

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

Evaluation The MCDPH Dashboard^{vi} is a performance management system designed to track program performance and provide a snapshot of goals and achievements in real time. The Workforce Development Plan outlined in the previous sections appears in the Dashboard with assigned activity leads, start/end dates and completion status indicators. This section of the Dashboard will be updated monthly by the Performance Improvement Coordinator of the Office of Performance Improvement (a full time MCDPH employee). Progress toward achieving plan goals and objectives will be reviewed regularly at MCDPH management team meetings by the Performance Improvement Manager (a full time MCDPH employee) as well as at each Workforce Development Committee meeting. Individual employee's personal professional development goals and opportunities including the individual learning plan is routinely discussed with supervisors during annual performance evaluations and documented on the employee evaluation form.

Tracking MCDPH currently relies on two online tracking systems to track employee participation in various trainings. Pathlore^{vii} is an online web portal and training tracking system managed by the Maricopa County Department of Human Resources. Trainings required of large employee groups including Maricopa County New Employee Orientation, Blood Borne Pathogens, Confidentiality and Defensive Driving are tracked through this system. Additionally, employees and their supervisors have access to view training transcripts listing optional trainings each employee participates in. Local public health departments in Arizona are also encouraged by the state health department to use Arizona TRAIN^{viii} as a resource for tracking additional employee training. For example, the Public Health Essentials in Action course is available on the TRAIN system.

Employee participation in other mandatory trainings required of specific employee groups are tracked by individual programs and documented by program leadership. Compliance with continuing education requirements for specific employee groups is also tracked by individual program units.

Conclusion / Other Considerations

Other agency documents and plans

The MCDPH Strategic Plan for 2014-2017 contains a strategic goal to increase efficiency and effectiveness by investing in continual improvement activities. Objectives to achieve this goal include achieving public health accreditation, maintaining a department-wide Dashboard for program performance management, implementing a department-wide quality improvement plan and implementing this workforce development plan to ensure a continued competent public health workforce.

Furthermore, the Quality Improvement Plan contains goals and objectives specific to providing basic and advanced training on quality improvement methods and tools as is reflected in the Curricula and Training section of this plan.

Approval

This plan was developed by the Maricopa County Department of Public Health Workforce Development Committee and was finalized in September 2014. For a complete list of committee members and workgroup participants involved in the authorship of this plan, see Appendix 5.

Review of plan

This Workforce Development Plan will be reviewed yearly by the MCDPH Workforce Development Committee. This process will be facilitated by the MCDPH Office of Performance Improvement. Dates of completed reviews as well as any modifications to the plan will be documented on the Workforce Development Repository on the MCDPH SharePoint site.

Addendums

[2015 Annual Review and Update](#)

2015 Annual Review and Update

On May 21, 2015, the Workforce Development Committee met and reviewed the goals and timeframes in the Workforce Development Plan. The Staff Development Coordinator was hired in March 2015 and the Intern Coordinator was hired in April 2015. Based on the start dates of these positions, the Maricopa County Department of Public Health Training Goals & Objectives, pages 13-14 of the original plan, were updated as follows:

Employee Learning, page 22

The timelines were updated on the first two goals.

Process and Philosophy, page 23

The timeline was updated on the first goal.

Assessment, page 23

An objective was re-worded to address the Public Health Core Competencies and Training Needs Assessment

Employee Learning				
Goal	Objectives	Audience	Resources	Responsibility
All new hires complete the Public Health New Employee Checklist within 6 months of hire.	<ul style="list-style-type: none"> By July 15, 2015, the public health new employee orientation curriculum and materials will be finalized By July 15, 2015, the Public Health New Employee orientation checklist and supervisor guidance document will be distributed to all MCDPH supervisors 	New employees and their supervisors	AZPHTC AZTrain.org MCDPH Intranet	Public Health New Employee Orientation Workgroup
All supervisors and managers at MCDPH will complete the MCDPH Manager and Supervisor Training Checklist.	<ul style="list-style-type: none"> By July 1, 2015 create the MCDPH Manager and Supervisor Training Checklist By April 30, 2016, all manager and supervisors' employee evaluations will include a goal to complete the checklist by April 2017 or within 6 months of promotion to a supervisory position 	Managers and supervisors	Maricopa County training offerings AZ.Train.org	Manager and Supervisor Training Workgroup
Offer leadership trainings to further develop effective leadership skills	<ul style="list-style-type: none"> By March 31, 2015, offer at least 2 brown-bag trainings on business management and/or leadership principles By December 31, 2015, distribute a list of leadership development training opportunities and resources to all managers and supervisors 	Managers and supervisors	Arizona State University AZ.Train.org	Office of Performance Improvement
Offer trainings to employees on identified topics of interest*	<ul style="list-style-type: none"> By December 31, 2014 conduct staff training on policy, systems and environmental approaches By December 31, 2015, conduct at least 5 staff trainings on quality improvement topics By June 30, 2015, update the NIMS Training Plan 	All staff	Health Resources in Action Pearls of Wisdom Consulting	Office of Performance Improvement
All employees receive training on the MCDPH Common Core Competencies	<ul style="list-style-type: none"> By March 31, 2016, MCDPH will finalize the MCDPH Common Core Competencies (combining the Maricopa County Competencies and the Core Competencies for Public Health Professionals) and develop appropriate messaging By March 31, 2017, all employees at MCDPH will receive training on the MCDPH Common Core Competencies and this training will be added to the Public Health New Employee Checklist 	All staff	Maricopa County Competencies List Council on Linkages Core Competencies for Public Health Professionals	Professional Competencies Workgroup

Processes and Philosophy

Goal	Objectives	Audience	Resources	Responsibility
Create a more efficient, streamlined internship process at MCDPH	<ul style="list-style-type: none"> By April 13, 2015, hire an intern coordinator By June 1, 2015, implement an improved intern application and processing protocol By November 1, 2016, complete an evaluation of new centralized intern protocols including a comparative analysis of MCDPH use of interns and volunteers during 2015 and 2016 	Future staff	Current intern application	Interns workgroup
Complete QI Projects to improve MCDPH management processes	<ul style="list-style-type: none"> By December 31, 2016 complete a QI project about the MCDPH management philosophy/culture By March 31, 2017, complete a QI project about the employee evaluation process 	MCDPH Leaders	Pearls of Wisdom Consulting	Office of Performance Improvement

Assessment

Goal	Objectives	Audience	Resources	Responsibility
Complete an annual review of training needs to support professional growth and development of MCDPH employees	<ul style="list-style-type: none"> By June 1, 2016 complete the Public Health Core Competencies and Training Needs Assessment. The MCDPH workforce development committee will meet semi-annually to review assessments, examine other department training needs and review WFD plan progress 	All staff	AZPHTC	Workforce Development Committee

Communication

Goal	Objectives	Audience	Resources	Responsibility
Communicate training opportunities and information through centralized communication channels accessible to all MCDPH employees	<ul style="list-style-type: none"> By December 31, 2015, MCDPH will re-design the training page on the intranet with additional training information By December 31, 2016, MCDPH will produce and distribute a list of tips for in-house trainers related to effective content, wise use of time, varied delivery methods, effective instruction and training evaluation 	All staff	Council on Linkages Guide to Improving and Measuring the Impact of Training	Office of Performance Improvement

Appendices

[Appendix 1: MCDPH Organizational Chart](#)

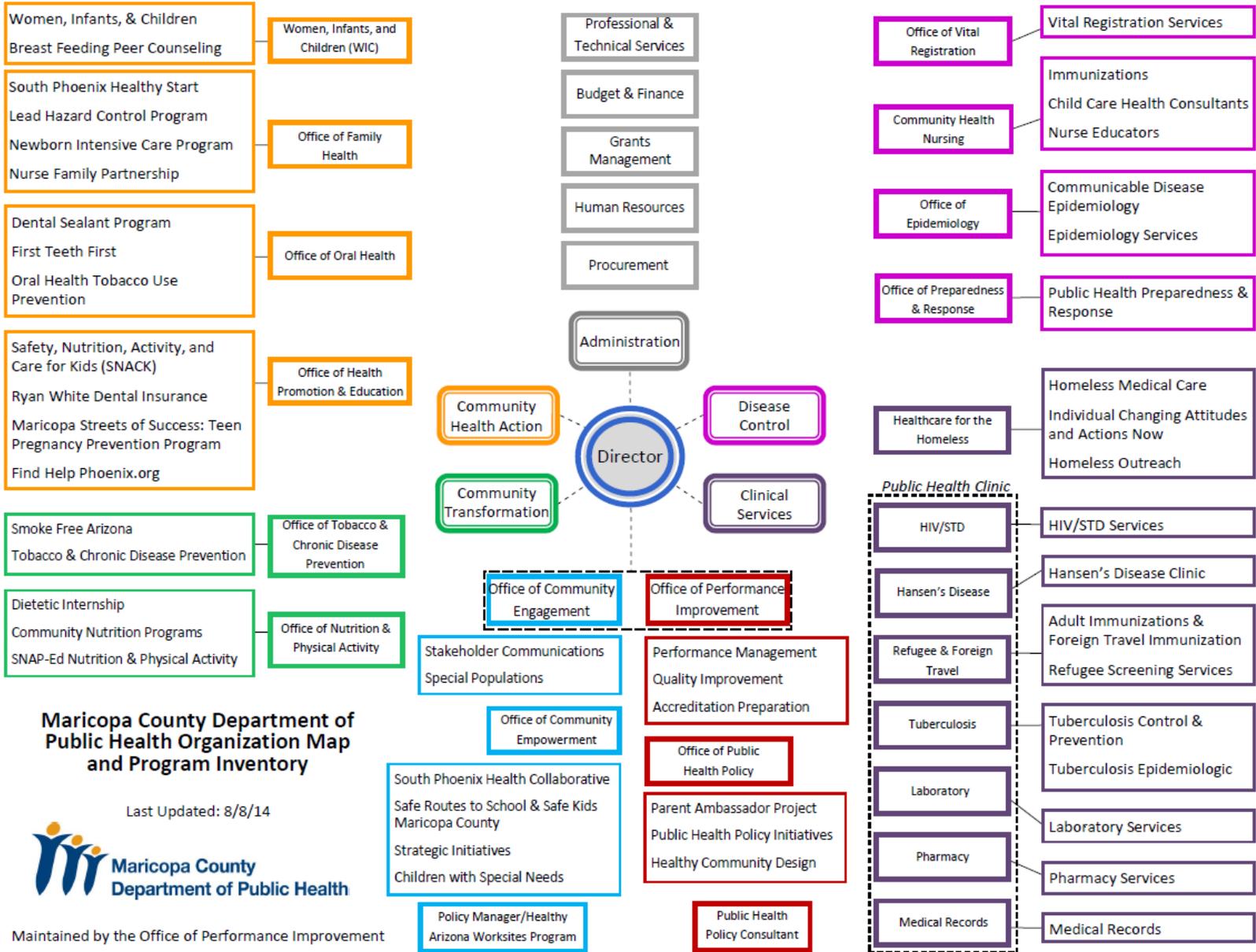
[Appendix 2: Core Competency & Training Preferences Survey Report](#)

[Appendix 3: OPR Assessment Report](#)

[Appendix 4: CTD Assessment](#)

[Appendix 5: Acknowledgements](#)

Appendix 1: MCDPH Organizational Chart



Appendix 2: Core Competency & Training Preferences Report



Maricopa County Department of Public Health Training Preferences Survey and Core Competency Self-assessment: Overview of Findings



June 24, 2013

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Introduction

This report summarizes the responses received from Maricopa County Department of Public Health (MCDPH) staff to the Arizona Public Health Training Center's (AzPHTC) Public Health Training Preferences Survey and Core Competency Self-assessment. This report provides a background discussion of the survey's purpose followed by a brief summary of the methodology used to develop, implement and analyze the survey. Findings from both surveys are then provided followed by conclusions.

Background

Identifying the training needs of the public health workforce is essential for several reasons. One reason to provide training is because the public health setting is changing at a rapid pace and the workforce needs to keep abreast of current methods used to safeguard communities. Furthermore, many professionals in the public health workforce were not formally trained to work in this sector and they need a way to better utilize their knowledge and skills to support their agency's activities. Another reason is that over the next several years, the public health workforce will have a large turnover due to retirements and continuing education opportunities need to be consistently present for those entering this field.

A common framework for continuing education is to address public health based competencies that are based on the "Council on Linkages between Academia and Public Health Practice's Core Competencies for Public Health Professionals" (<http://www.phf.org/programs/corecompetencies>), from here on referred to as the core competencies. The core competencies represent a set of skills desirable for the broad practice of public health that professionals need to possess as they work to protect and improve the nation's health. The core competencies are designed to serve as a starting point for academic and practice organizations to understand, assess, and meet training and workforce needs. The Public Health Foundation created three Core Competency Assessments designed for public health professionals at three different levels: Tier 1 (entry level), Tier 2 (supervisors and managers), and Tier 3 (senior managers and CEOs). Results from the Core Competency Self-assessment discussed in the current report will help the AzPHTC and MCDPH identify training needs based on the core competencies.

Another application of the core competencies is in the process of public health department accreditation. The Public Health Accreditation Board (PHAB) defines public health department accreditation as "the development of a set of standards, a process to measure health department performance against those standards, and reward or recognition for those health departments who meet the standards" (<http://www.phaboard.org/accreditation-overview/what-is-accreditation/>). PHAB developed Standards and Measures to use in the process for accreditation. One standard in particular relates to the survey discussed in this report. Measure 8.2.1 states that public health departments should "maintain, implement and assess the health department workforce

development plan that addresses the training needs of the staff and the development of core competencies. The purpose of this measure is to assess the health department’s planning for employee training, implementation of those plans, and the development of core competencies” (<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>). Again, results from the Core Competency Self-assessment discussed in the current report will help MCDPH identify a baseline for the development of core competencies to be used in a workforce development plan required for an application of public health department accreditation.

In addition to assessing core competencies, assessing staff training preferences for training topics, format and delivery is an important component to developing and delivering useful trainings. As such, MCDPH staff were also asked to respond to the Training Preferences Survey, which assesses training preferences from both a staff and supervisors perspective.

Methodology

The following section of the report provides a description of both surveys completed by MCDPH staff, the survey implementation process and the analysis and reporting process. All MCDPH staff were invited to participate in a web-based survey during April 2013. DatStat Illume was used to administer the survey electronically to participants. The introductory page of the survey, providing a description and instructions to respondents can be found in Appendix A. At the beginning of the survey all respondents were asked questions about their worksite, their educational background and their job description. Based on the job description they selected, they were routed to one of three Core Competency Self-assessments, following completion of the Training Preferences portion of the survey. Description of both surveys follows.

Survey 1: Training Preferences Survey

The Training Preferences Survey was developed by the AzPHTC to assess preferences in training topic, format and delivery. For the current administration, the AzPHTC worked with the MCDPH, to ensure an encompassing list of training topics. Respondents were asked to indicate which of many topics they would be personally interested in and which were important to their job. In addition, anyone who indicated they had a supervisory role (through their selection of job description) was also asked to indicate which of the topics were important to their staff. A copy of this survey can be found in Appendix B. Once participants had completed the Training Preferences Survey, those that selected “support staff” as their job description, were thanked for their participation and their survey was complete. Those that selected another job type were routed to the appropriate Core Competency Self-assessment. This survey is described next.

Survey 2: Public Health Core Competency Self-assessment

As mentioned previously, the Public Health Foundation (PHF) created three core competency assessments based on tier, and made these surveys available for individual and organizational use on their website. The Kentucky Department of Public Health, in collaboration with the

University of Kentucky and the Kentucky Public Health Training Center, undertook a process to pilot the PHF surveys with Kentucky health department staff. This multi-stage process led to changes in item wording and response options of each of the core competency assessments resulting in the Kentucky Appalachia Public Health Training Center Statewide Public Health Workforce Competencies Assessment. With permission from the Kentucky Department of Public Health, the AzPHTC utilized this assessment, largely unchanged, as a core competency self-assessment for Arizona health department staff. This self-assessment asked respondents to rate their level of knowledge or skill regarding a number of items within eight Public Health Core Competency Domains. The items contained in the three-tiered Core Competency Self-assessment can be found in Appendix C, along with a summary score for each skill item in the survey (this format is not the format used for the live survey).

The current web-based administration of the Core Competency Self-assessment displayed one of three assessments to the respondent based on the job description (Tier) they self-selected at the beginning of the survey. Respondents were then taken through eight pages, with items presented within each of the eight domains. Responses were required to each of these items. Following each domain, the respondent was presented with a new web-page that included their score for that domain, from 1= Novice to 5=Expert. Once the respondents had answered items for all eight domains, they were presented with an additional summary page of their scores and a print option so that they could preserve this summary for their own use.

Confidentiality and Use of Results

The combined findings of both surveys are being provided to MCDPH to be used to identify professional growth opportunities for staff and develop new training opportunities appropriate to the public health workforce. All findings are being reported in the aggregate (grouped together) and no individual responses will be reported. Participants were informed that any information they provide was voluntary and strictly confidential and would not be used for rating job performance. MCDPH will also be provided with a de-identified data set of survey responses.

Survey Administration

The following summarizes the activities and timeline of the MCDPH survey administration.

- 1) Survey launch: On 4/3/13, MCDPH staff were emailed an invitation to complete the survey from the MCDPH Director containing a link to the web-based survey.
- 2) The MCDPH Director sent a survey reminder email on the 4/18/13.
- 3) Respondents were asked to complete the survey in the launch email by 4/19/13 and in the follow-up email by 4/26/13.
- 4) The survey was closed and no longer accessible at the end of the day 5/1/13.

AzPHTC staff was in weekly contact with MCDPH staff providing updates on completion and survey progress, and to answer any survey questions as they arose.

Survey Analysis and Reporting

Following the close of the survey, analysis on survey data began. Data analyzed included all complete surveys, and for Tier 1, 2 and 3 staff any Core Competency Self-assessments where participants responded to at least the first domain of the Core Competency Self-assessment. Only one survey per email address provided was included in the final dataset. Descriptive analysis was conducted to describe the respondents, and summarize responses to both surveys. Findings are only presented when there are at least five respondents per grouping variable, for example, job description (Tier). An exception to this rule is the Core Competency Self-assessment summary table, where Directors and Senior Leaders mean domain scores are presented.

Survey Findings

The following section of the report presents survey findings including; characteristics of the sample, findings by Core Competency Domain and Tier, and findings from the Training Preferences Survey. We will begin by describing the respondents to the survey.

Characteristics of Maricopa County Department of Public Health Sample

Two-hundred and seventy-one staff of MCDPH responded to the survey. The Division, Office or Program, degrees held and job description selected by respondents are shown in the tables that follow. The majority of respondents worked in Community Health Action (n=80) or Disease Control (n=77), followed by Clinical Services (n=45), Community Transformation (n=44) and Administration (n=25). The Office or Program for each Division within which respondents worked are shown in the tables after “MCDPH Division”.

MCDPH Division	Frequency	Percent
Administration	25	9.2
Community Health Action	80	29.5
Disease Control	77	28.4
Clinical Services	45	16.6
Community Transformation	44	16.2
Total	271	100

Administration Office/Program	Frequency	Percent
Procurement	1	4
Human Resources	5	20
Grants Management	3	12

Budget & Finance	7	28
Professional & Technical Services	3	12
Office of Community Engagement	2	8
Office of Performance Improvement	3	12
Public Health Policy Consultant	1	4
Total	25	100

Community Health Action Office/Program	Frequency	Percent
Office of Health Promotion & Education	21	26.3
Office of Family Health	28	35
Office of Oral Health	6	7.5
Women, Infants and Children (WIC)	25	31.3
Total	80	100

Disease Control Office/Program	Frequency	Percent
Community Health Nursing	18	23.4
Office of Vital Registration	20	26
Epidemiology	27	35.1
Office of Preparedness & Response	12	15.6
Total	77	100

Clinical Services Office/Program	Frequency	Percent
Healthcare for the Homeless	8	19
HIV/STD	9	21.4
Refugee & Foreign Travel	4	9.5
Tuberculosis	10	23.8
Laboratory	1	2.4
Pharmacy	3	7.1
Medical Records	6	14.3
Hansen's Disease, Refugee & Foreign Travel, and Tuberculosis	1	2.4
No Office/Program selected	3	7.1
Total	45	100

Community Transformation Office/Program	Frequency	Percent
Office of Community Empowerment	6	13.6
Office of Tobacco & Chronic Disease Prevention	16	36.4
Nutrition & Physical Activity	14	31.8
Office of Public Health Policy	7	15.9
Policy Initiatives & Support	1	2.3
Total	44	100

The most common degrees held by respondents included BS, AA, BA and RN degrees. Responses to “Other” included “none”, “high school diploma”, “some college but no degree” and various certifications or other degrees. Sixty-two respondents also listed additional credentials in response to another question on the survey, such as CBC, IBCLC, CHES, CCHC and others.

Degree	Frequency	Percent
AA	41	15.1
AS	10	3.7
BA	36	13.3
BS	114	42.1
MA	15	5.5
MBA	8	3
MD	2	0.7
M Ed	2	0.7
MHA	1	0.4
MPA	8	3
MPH	23	8.5
MS	18	6.6
MSW	7	2.6
NP	4	1.5
PA	2	0.7
PharmD	1	0.4
PhD	4	1.5
RD	16	5.9
RN	36	13.3
Other	66	24.4

Respondents to the survey most commonly identified themselves as Public Health Professionals (n=160), followed by Managers or Supervisors (n=69), Support Staff (n=38) and Directors and Senior Leaders (n=4).

MCDPH Job Description	Frequency	Percent
Support Staff: Front line staff including receptionists, call-center and support staff who interact with the public but who do not provide public health programming or services. Responsibilities may include referring callers to appropriate services or departments and scheduling or checking in clients for appointments.	38	14
Public Health Professionals: Individuals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.	160	59

Managers and Supervisors: Individuals with program management and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc.	69	25.5
Directors and Senior Leaders: Individuals at a senior/management level and leaders of public health organizations.	4	1.5
Total	271	100

Core Competency Self- assessment Findings

The next section of the report will present findings from the Core Competency Self-assessment. The table below summarizes the mean scores for each core competency domain by respondents' job description or Tier (Tier 1 = Public Health Professionals, Tier 2 = Managers and Supervisors, Tier 3 = Directors and Senior Leaders). The rating scale is shown below the table, with a score of three indicating a rating of "Competent". The number next to each mean is the rank of that mean. For example, the ranks for Public Health (PH) Professionals (Tier 1) are ordered from 1 to 8 as rows descend, with the first row and rank #1 indicating the highest mean score. Cells highlighted green are those where means reflect average ratings of "Competent" or higher. The cell highlighted red is the lowest scoring domain.

The core competency domains with the highest average scores differed somewhat across Tiers. Cultural Competency was ranked first for Tier 1 and Tier 3 staff, but second for Tier 2 staff. The ranks of most other domains differed across all three Tiers. The domain with the lowest average score was "Public Health Sciences" for Tiers 1 and 2, and "Analysis and Assessment" for Tier 3.

Core Competency Domain	Tier 1			Tier 2			Tier 3		
	N	Mean	SD	N	Mean	SD	N	Mean	SD
Cultural Competency	153	3.35 (1)	0.83	68	3.05 (2)	0.91	4	3.95 (1)	0.59
Communication	155	3.03 (2)	0.72	68	2.93 (3)	0.69	4	3.46 (4)	0.52
Community Dimensions of Practice	153	2.85 (3)	0.87	68	2.88 (4)	0.82	4	3.90 (2)	0.59
Leadership and Systems Thinking	143	2.82 (4)	0.95	63	3.07 (1)	0.82	4	3.86 (3)	1.01
Analysis and Assessment	147	2.74 (5)	1.04	64	2.38 (7)	0.90	4	2.37 (8)	1.57
Policy Development/Program Planning	153	2.58 (6)	0.93	68	2.64 (5)	0.81	4	3.25 (6)	1.14
Financial Planning and Management	146	2.41 (7)	0.91	63	2.51 (6)	0.84	4	3.31 (5)	1.21
Public Health Sciences	151	2.39 (8)	1.02	66	2.23 (8)	0.92	4	2.79 (7)	1.06

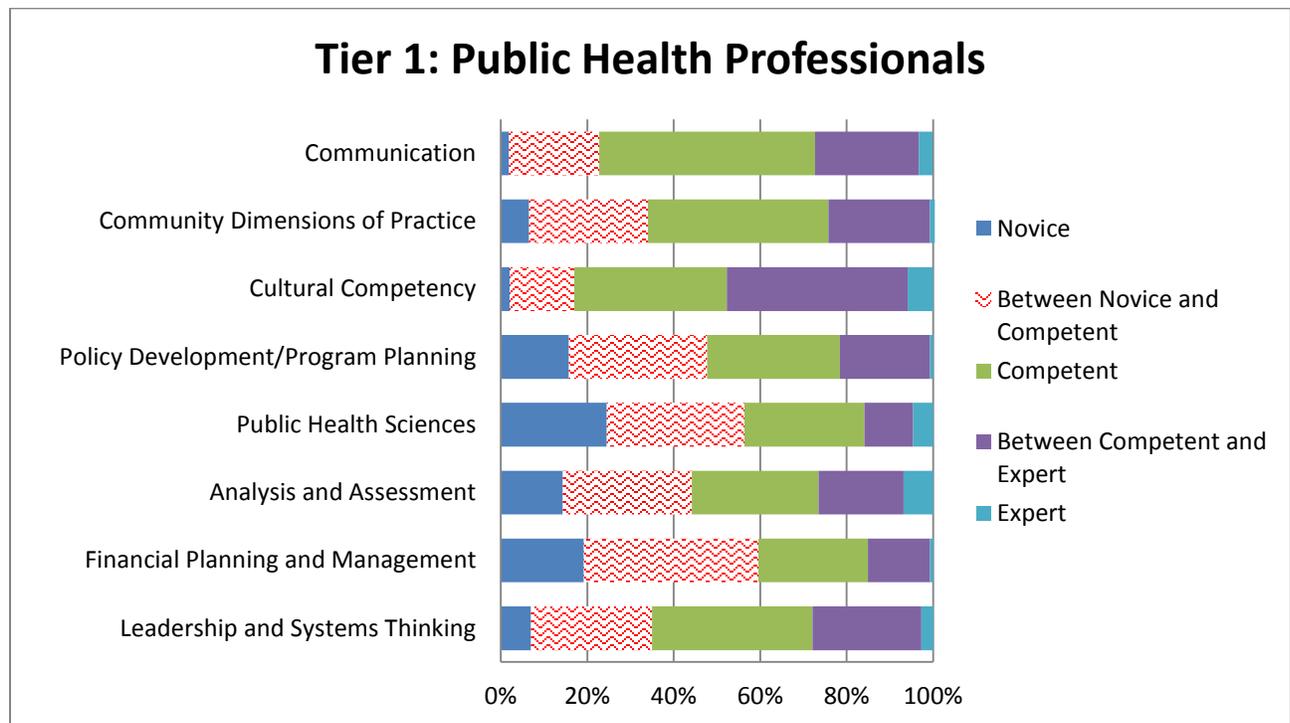
1-Novice 2-Between Novice and Competent **3-Competent** 4-Between Competent and Expert 5-Expert

Core Competency Domain Findings by Tier

In the next section, the percentage of respondents rating themselves as “Novice” thru “Expert” for each core competency domain, by Tier, will be displayed. Only Tiers with more than five respondents will be presented (which excludes Tier 3).

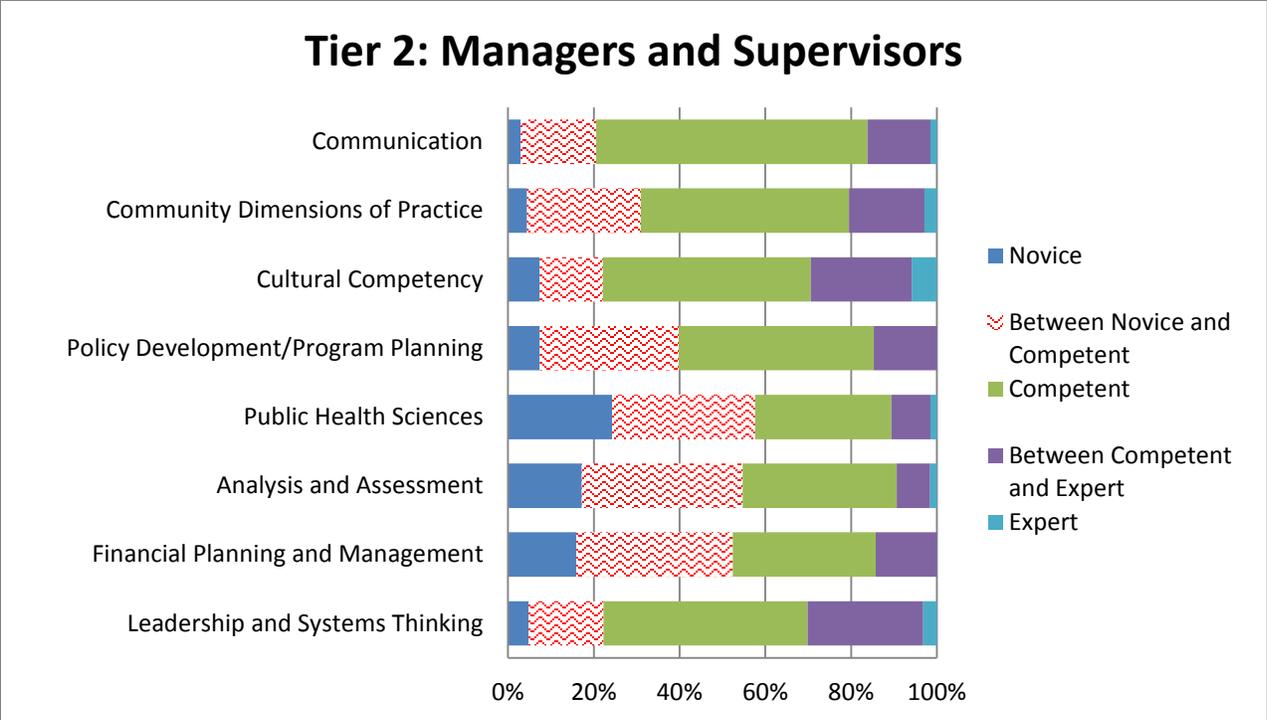
Tier 1: Public Health Professionals

More than half of Public Health Professionals rated themselves as “competent” or higher for the six domains Communication, Community Dimensions of Practice, Cultural Competency, Policy Development/Program Planning, Analysis and Assessment and Leadership and Systems Thinking. Two domains more commonly showed ratings of “novice” or “between novice and competent” responses; Public Health Sciences and Financial Planning and Management.



Tier 2: Managers and Supervisors

Shown in the figure on the next page, more than half of managers and supervisors rated themselves as “competent” or higher in five of the eight domains, Communication, Community Dimensions of Practice, Cultural Competency, Policy Development/Program Planning, and Leadership and Systems Thinking. The domains Public Health Sciences, Analysis and Assessment and Financial Planning and Management were slightly lower, with more than a half also rating themselves as “between novice and competent” or “novice”



Training Preferences Survey Findings

The next section of the report will summarize findings from the Training Preferences Survey. MCDPH respondents were asked to select from 47 potential training topics any that 1) were of personal interest to them, and 2) were important to their job. The figures on the following pages present the training topics most frequently selected by 1) support staff, 2) public health professionals, and 3) managers and supervisors. Data for directors and senior leaders are not presented, because there were fewer than five respondents in that category.

Top Training Topics by Job Type

For support staff, the training topics most frequently indicated as important to their job were, “Customer service” (n=22, 58%), “Quality improvement” (n=18, 47%), “Public health 101”, and “Improving program outcomes and measures” (n=16, 42% each). For public health professionals, the top training topics important to their job were, “Improving program outcomes and measures” (n=98, 61% each), “Using evidence based programs, policies and practices” (n=93, 58%), “Public health 101” (n=90, 56%), and “Quality improvement” (n=85, 53%). For managers and supervisors, “Leadership skills” was the top pick (n=47, 68%), followed by “Coaching and discipline” (n=45, 65%), “Improving program outcomes and measures” (n=43, 62%), and “Quality improvement” (n=42, 61%).

Support Staff Top Training Topics (n=38)



Public Health Professionals Top Training Topics (n=160)



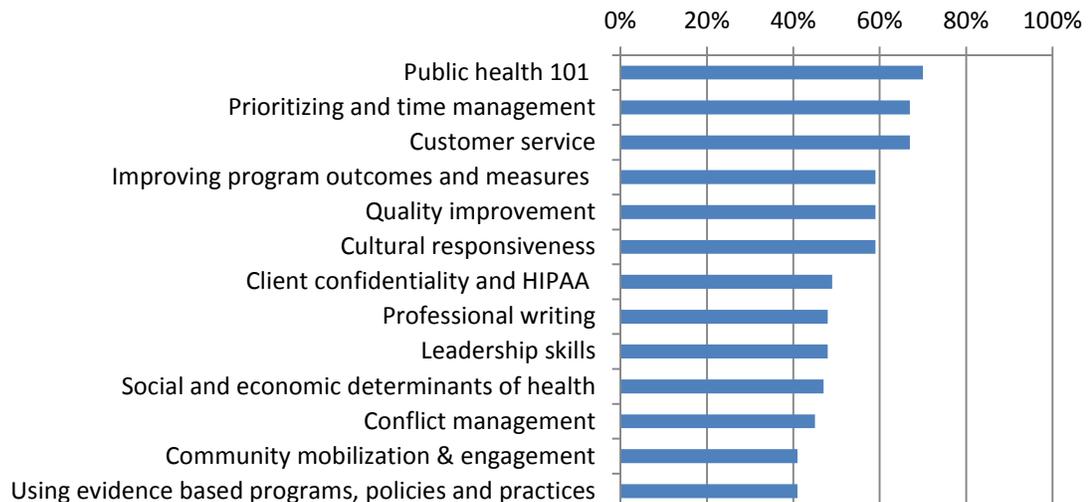
Managers and Supervisors Top Training Topics (n=69)



Trainings Topics Rated Important to Staff by Supervisor

Respondents who indicated they were in supervisory roles (by selecting “Manager or Supervisor” or “Directors or Senior Leaders” for their job description) were also asked to indicate which training topics were important to their staff. Their top picks are shown below.

Supervisor Rates Topic as Important to Staff (n=73)



Top Trainings Important to My Job by Division

The lists that follow show the training topics selected as “important to my job” most frequently by respondents by MCDPH Division. Training topics are listed when at least half of the respondents within a Division selected that topic as “important to my job.”

Top Training Topics: **Administration** (n=25)

- 1) Leadership skills (n=16)
- 2) Quality improvement (n=14)
- 3) Program budgeting (n=14)
- 4) Improving program outcomes and measures (n=13)
- 5) Effective project management (n=13)

Top Training Topics: **Community Health Action** (n=80)

- 1) Improving program outcomes and measures (n=54)
- 2) Quality improvement (n=54)
- 3) Using evidence based programs, policies and practices (n=47)
- 4) Public health 101 (n=45)
- 5) Customer service (n=44)
- 6) Community assessment (n=43)
- 7) Client confidentiality and HIPAA (n=42)
- 8) Social and economic determinants of health (n=40)
- 9) Cultural responsiveness (n=40)

Top Training Topics: **Disease Control** (n=77)

- 1) Improving program outcomes and measures (n=48)
- 2) Using evidence based programs, policies and practices (n=43)
- 3) Quality improvement (n=43)
- 4) Public health 101 (n=40)

Top Training Topics: **Clinical Services** (n=45)

- 1) Customer service (n=27)
- 2) Public health 101 (n=25)
- 3) Client confidentiality and HIPAA (n=23)

Top Training Topics: **Community Transformation** (n=44)

- 1) Using policy/systems/environmental approaches in Public health (n=31)
- 2) Community assessment (n=28)
- 3) Improving program outcomes and measures (n=26)
- 4) Public health 101 (n=24)
- 5) Planning public health programs (n=24)
- 6) Social and economic determinants of health (n=24)
- 7) Using evidence based programs, policies and practices (n=24)
- 8) Community mobilization & engagement (n=23)
- 9) Leadership skills (n=23)

10) Advocacy vs. lobbying (n=23)

11) Grant writing (n=22)

Training Topics Listing

The table below is an exhaustive list of all training topics listed in the survey and the percentage of respondents selecting each, separated by job type. The list is sorted by frequency for Public Health Professionals selecting the training topic as “Important to my job”. The job type Public Health Professional was selected for sorting topics because that job type had the most respondents to the survey.

Training Topic	Training Important to My Job			Supervisor Indicates Important to Staff Supervisor (n=73)
	Support Staff (n=38)	PH Profs (n=160)	Managers and Sups (n=69)	
Improving program outcomes and measures	42%	61%	62%	59%
Using evidence based programs, policies and practices	29%	58%	51%	41%
Public health 101	42%	56%	52%	70%
Quality improvement	47%	53%	61%	59%
Community assessment	24%	49%	48%	37%
Customer service	58%	48%	35%	67%
Social and economic determinants of health	24%	46%	38%	47%
Cultural responsiveness	29%	46%	41%	59%
Planning public health programs	24%	45%	45%	25%
Community mobilization & engagement	21%	44%	41%	41%
Using policy/systems/environmental approaches in public health	29%	44%	51%	34%
Interpreting health data for program quality	21%	42%	46%	27%
How to access and interpret web-based data	32%	41%	35%	32%
Prioritizing and time management	37%	41%	33%	67%
Public health preparedness expectations	40%	41%	32%	33%
Client confidentiality and HIPAA	34%	38%	33%	49%
Leadership skills	34%	38%	68%	48%
Professional writing	34%	36%	35%	48%
How to summarize information effectively; Mastering the art of the one-page summary	26%	34%	38%	38%
Public health accreditation	24%	33%	38%	30%
Advanced topics in evaluation (e.g., Logic models, Evaluation design, Data collection methods, analysis)	18%	33%	39%	18%
Effective project management	24%	30%	55%	26%
Introduction to evaluation	16%	29%	38%	32%
Program budgeting	18%	29%	45%	22%
Working with stakeholders	13%	28%	38%	38%
Conflict management	26%	28%	54%	45%
Procurement procedures, writing scopes of work	13%	26%	46%	23%

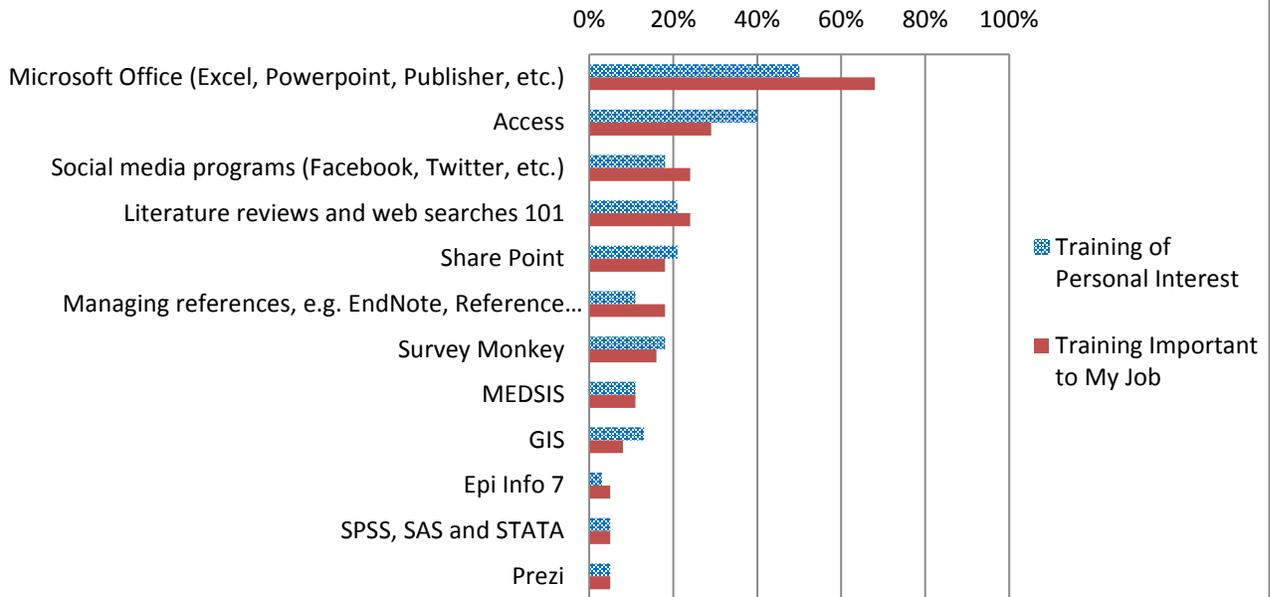
Training Topic	Training Important to My Job			Supervisor Indicates Important to Staff Supervisor (n=73)
	Support Staff (n=38)	PH Profs (n=160)	Managers and Sups (n=69)	
Meeting facilitation	18%	26%	41%	29%
Systems thinking	18%	26%	41%	30%
Train the trainer program development	34%	26%	30%	25%
Media relations/Public information	18%	26%	26%	21%
Grant writing	11%	26%	36%	27%
Motivating staff	40%	26%	58%	34%
Managing through an ever-changing environment	34%	24%	54%	27%
Developing marketing materials	18%	24%	28%	26%
Intern/volunteer procedures	13%	24%	30%	14%
Social media: Personal/private versus public	13%	24%	32%	34%
Organizational behavior and awareness	29%	23%	44%	38%
Working with policy makers	16%	23%	29%	18%
Advocacy versus lobbying	16%	23%	32%	30%
Discrimination and sexual harassment	16%	23%	22%	32%
How to avoid favoritism	21%	23%	25%	19%
Financial decision making	21%	20%	30%	10%
Coaching and discipline	16%	19%	65%	27%
Supervisory expectations	21%	18%	39%	23%
How to conduct employee evaluations	21%	17%	54%	21%
Orienting new supervisors	18%	17%	29%	15%
Phlebotomy	8%	15%	4%	6%

Computer Topic Preferences

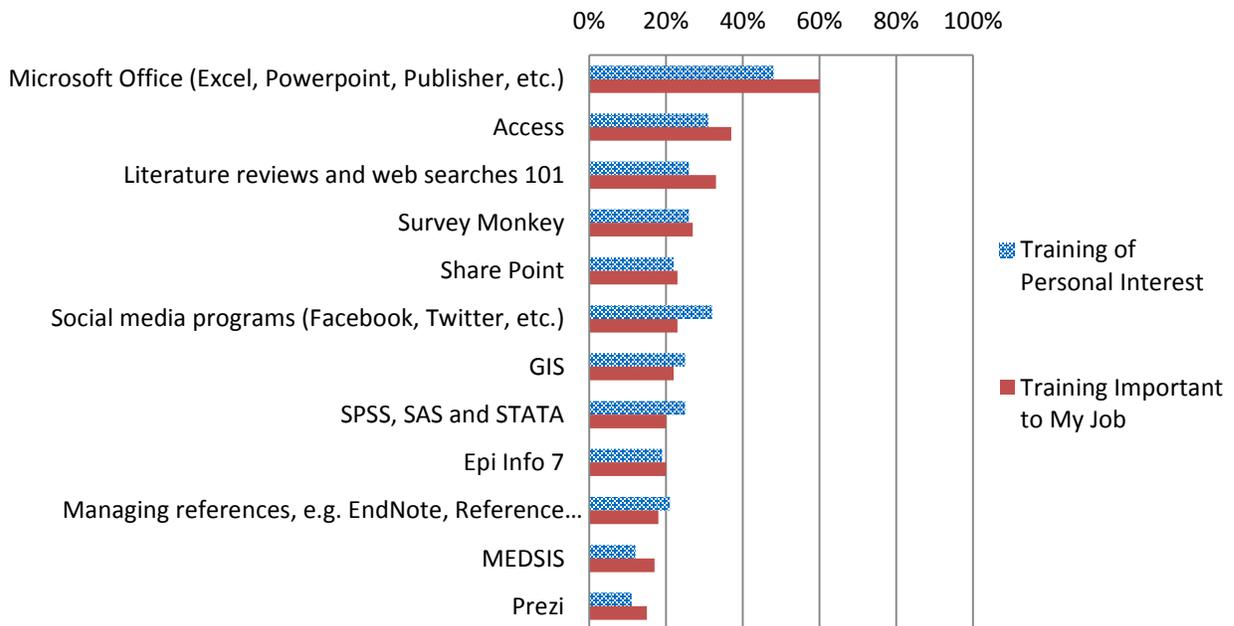
The figures on the following pages show the percentage of computer training topics selected as, 1) of personal interest, and 2) important to my job for each of three job types; support staff, public health professionals, and managers and supervisors. The figures are ordered by topics most frequently selected as “Training important to my Job”.

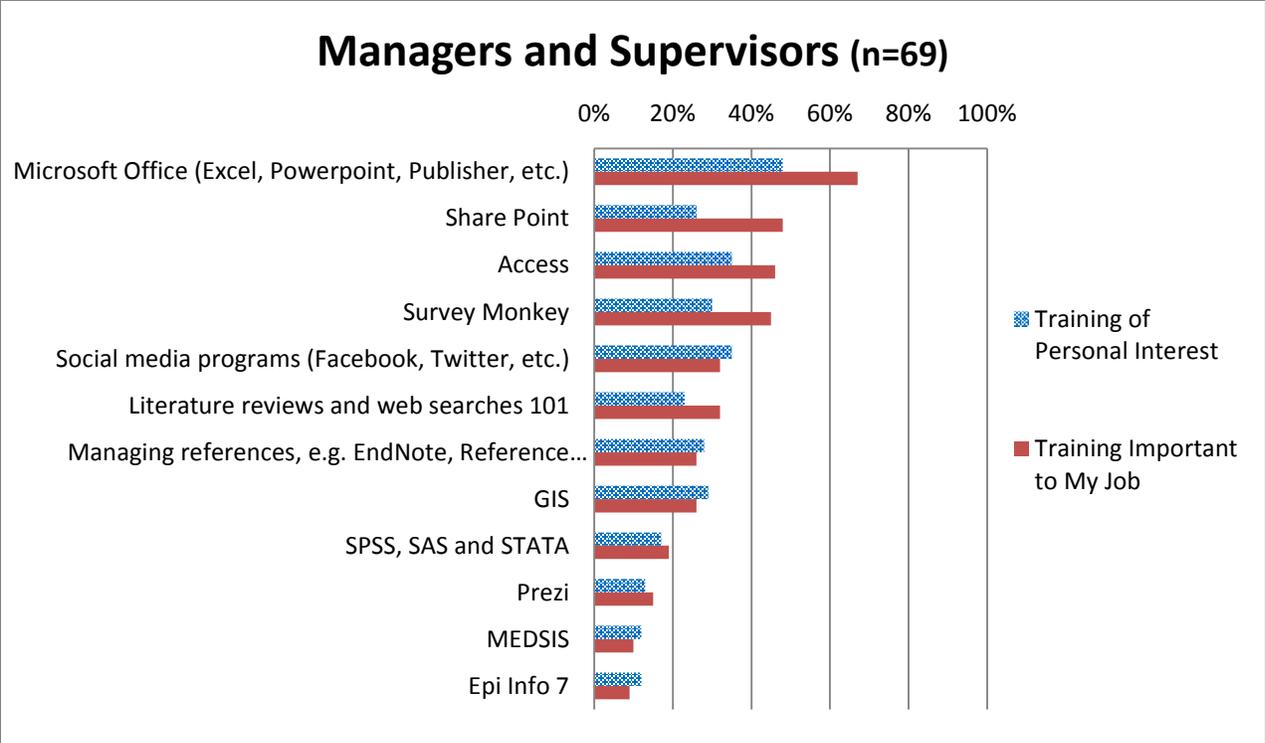
Support staff, public health professionals, and managers and supervisors all indicated “Microsoft Office” most frequently as a computer training topic important to their job. “Access” was also a commonly cited important computer training topic for all three types of staff.

Support Staff Computer Topics (n=38)

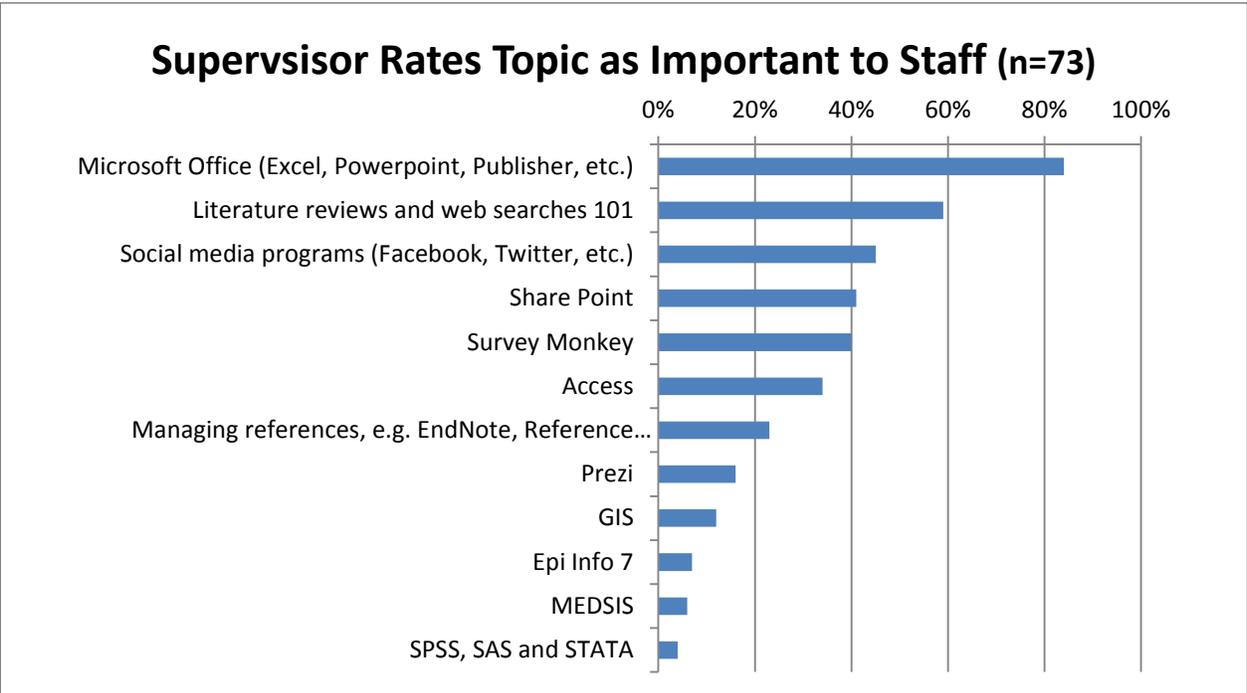


Public Health Professionals Computer Topics (n=159)



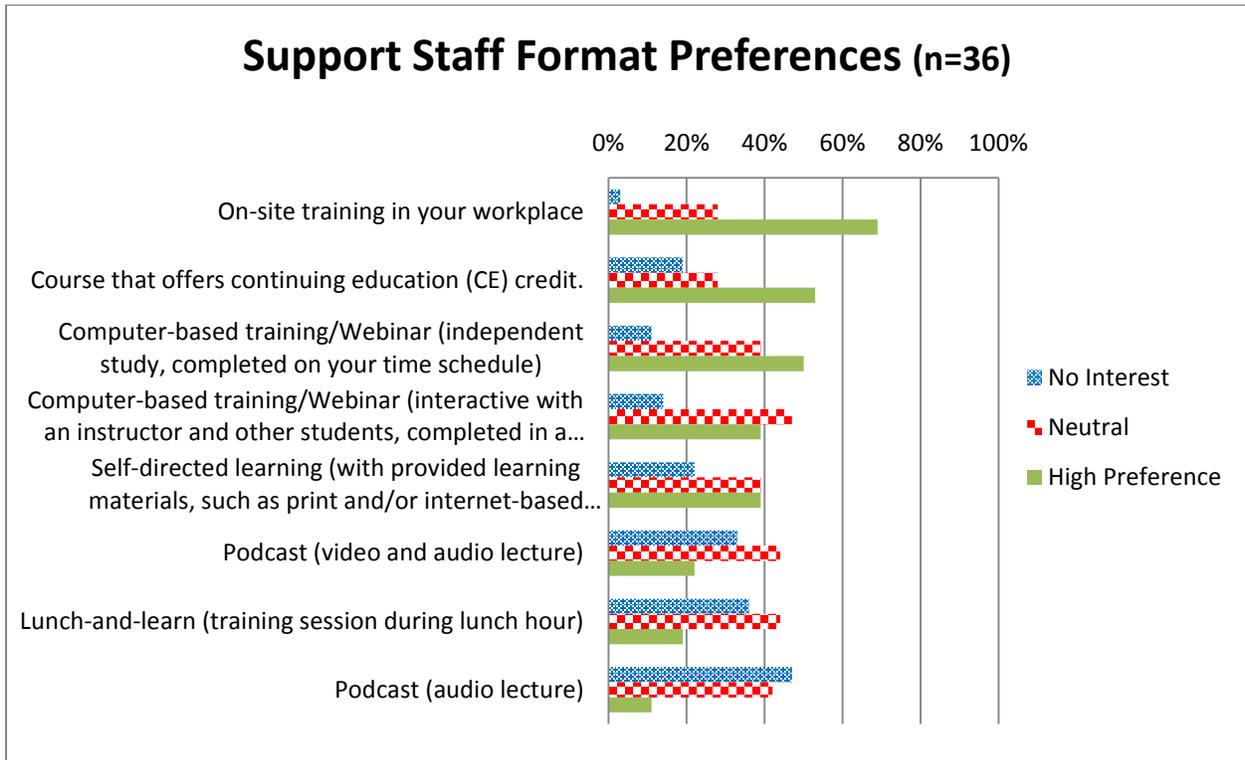


In addition, to rating personal training interests, supervisors were also asked to indicate which computer training topics were important to their staff. The figure below shows the percentage of supervisors indicating importance of each compute training topic on the survey. More than half indicated “Microsoft Office” and “Literature reviews and web search 101” as important trainings for their staff.

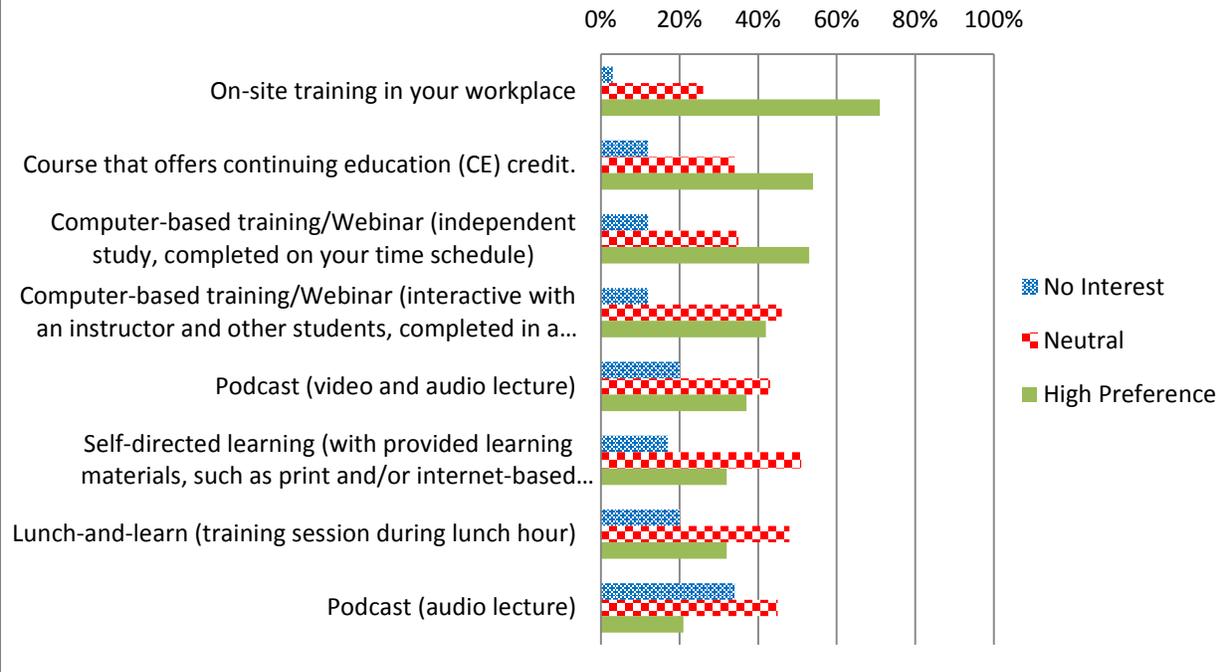


Training Format Preferences

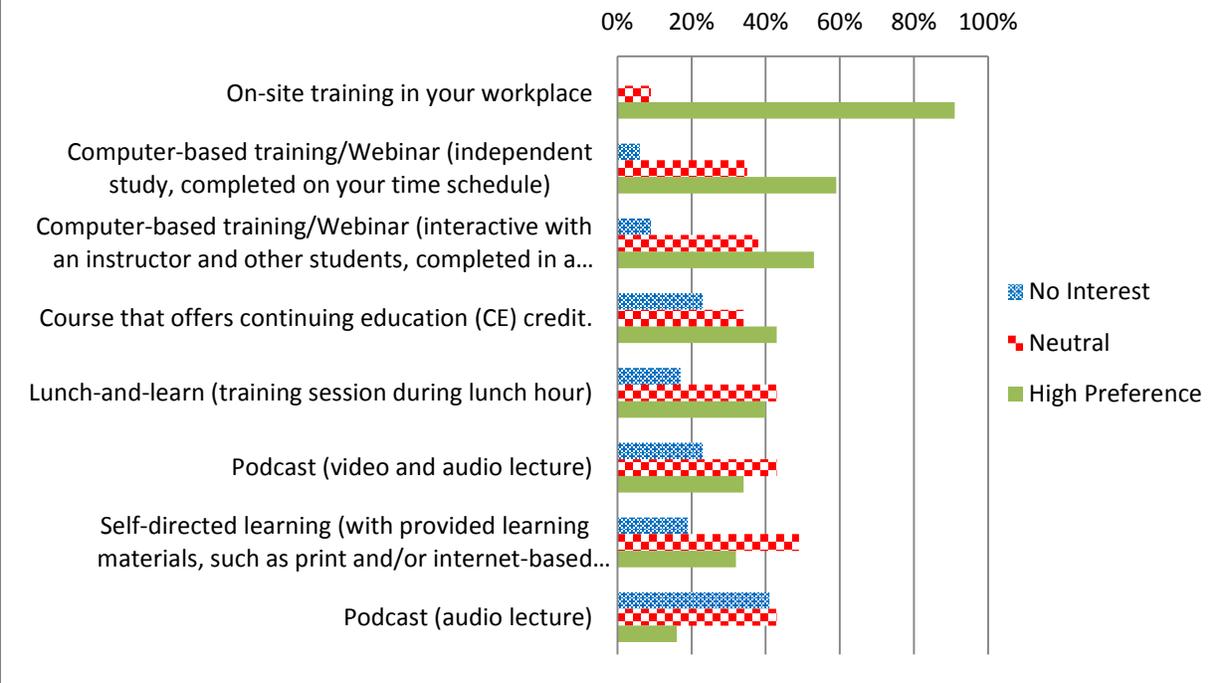
The figures on the following pages show reported preferences for the training formats included in the survey, separated out by self-identified job description (support staff, public health professionals, and managers and supervisors). The highest preference training format for all three job types was “On-site training in your workplace”. Computer-based training/Webinars was another format that received a ranking of high preference from respondents in all three job types, and “course that offers continuing education (CE) credit” were popular with public health professionals, and managers and supervisors.



Public Health Professionals Format Preferences (n=157)



Managers and Supervisors Format Preferences (n=68)



Conclusions

Review of the findings contained in this report may help to answer a number of questions to assist in workforce development planning. Examples of such questions include;

- 1) What core competency domains and skills are most relevant to the programs provided by MCDPH?
- 2) What trainings might be most beneficial to MCDPH staff?
- 3) How well suited are MCDPH staff to respond to a number of scenarios, e.g., a media blitz, responding to a legislative request, or a health outbreak requiring surveillance?

For Support Staff, Public Health Professionals (Tier 1) and Managers and Supervisors (Tier 2), several findings can be highlighted that may reflect on training needs. Again, these results should be assessed within the context of the programs and services offered by MCDPH to determine whether and to what extent these topics need training coverage.

- 1) Most Tier 1 and Tier 2 staff reported competence or higher skill level in the five domains, Communication, Community Dimensions of Practice, Cultural Competency, Policy Development/Program Planning, and Leadership and Systems Thinking.
- 2) Three domains where average ratings of competence were lower were Public Health Sciences, Analysis and Assessment and Financial Planning and Management, indicating there may be a need for training in these areas.
- 3) Frequently cited training topics reported as important by all staff were “Improving program outcomes and measures” and “Quality improvement”.
- 4) Other frequently cited training topic rated as important by staff varied by the respondents’ job description, but most topics selected were also reflected in the supervisors’ indications of what training topics were important to staff.
- 5) Top training topics differed to some extent by MCDPH Division. If Division-based trainings will be a training strategy, these results should be considered.
- 6) Microsoft Office and Access were two commonly selected computer training topics important to staff.
- 7) Training formats with the most “high preference” ratings were on-site training in your workplace and a course that offers continuing education (CE) credit.

In the Appendix C of this report, findings are presented for each of the individual skills that comprise each of the eight core competency domains. Review of these findings may also be useful to identifying the skills and topics most appropriate to be addressed through training to meet the needs of MCDPH staff, programs and services.

Appendix A: Survey Introductory Page

Training Preferences Survey and Core Competency Self-assessment

Training Preferences Survey and Public Health Core Competency Self-assessment



The Arizona Public Health Training Center (AzPHTC) and the Maricopa County Department of Public Health (MCDPH) invite you to participate in two brief surveys.

Survey 1: Training Preferences Survey

Purpose: The purpose of this survey is to identify your training interests and preferences.

Survey Content: This survey includes only a few questions covering your preferences for different training topics, formats and delivery modes.

Time to Complete: This survey should take less than 10 minutes to complete.

Benefit to You: The results of this survey will be used to identify and develop new training opportunities of interest to MCDPH staff.

Survey 2: Public Health Core Competency Self-assessment

Purpose: To help you reflect on your level of competence on key dimensions of public health practice.

Core Competencies: The "Council on Linkages between Academia and Public Health Practice's Core Competencies for Public Health Professionals" (<http://www.phf.org/programs/corecompetencies>) were developed to identify skills important for the practice of public health. The Core Competencies serve as a starting point for organizations to understand, assess, and meet training and workforce needs.

Survey Content: The self-assessment will begin with a few questions on your current position, and will then progress through eight questions covering each of the Core Competency Domains which include:

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

Time to Complete: The self-assessment should take less than 20 minutes.

Benefit to You: At the end of the self-assessment you will be able to print a page summarizing your results. These results will allow you to identify professional growth opportunities for yourself to support your professional goals within the MCDPH. Based on these results you can consider what training opportunities would be most valuable to you and create a professional development plan.

Confidentiality

All results will be reported in the aggregate (grouped together) and no individual responses will be reported. **Any information you provide is voluntary and strictly confidential. THE INFORMATION YOU PROVIDE WILL NOT BE USED BY YOUR ORGANIZATION FOR RATING YOUR JOB PERFORMANCE.**

Purpose

These surveys will be used to assist the MCDPH and the AzPHTC to identify and develop new training opportunities for you and your colleagues. The survey results will provide information on the topics for trainings and how to best provide these trainings.

Please contact DeeDee Avery (davery@email.arizona.edu) or Eileen Eisen-Cohen (eileeneisen-cohen@mail.maricopa.gov) if you have any questions about these surveys or their use.

Thank you very much for participating and let's begin!

(If you need to exit the survey and finish at a later time, click the "Save" button in the lower right of the screen.)

Appendix B: Training Preferences Survey

Now we'll start the Training Preferences Survey. You will be asked only a few questions on your preferences for training topics, and format and delivery. This first section of the survey should take between 5 and 10 minutes to complete.

So, let's get started with the first question below.

12. Please select from the list of public health training topics below, 1) those you would personally be most interested in and 2) those that would be most important to you in your job. Select as many as you would like.

Training Topics	Trainings of Personal Interest	Trainings Important to My Job
(a) Public health 101	<input type="checkbox"/>	<input type="checkbox"/>
(b) Planning public health programs	<input type="checkbox"/>	<input type="checkbox"/>
(c) Community mobilization & engagement	<input type="checkbox"/>	<input type="checkbox"/>
(d) Social and economic determinants of health	<input type="checkbox"/>	<input type="checkbox"/>
(e) Community assessment	<input type="checkbox"/>	<input type="checkbox"/>
(f) How to access and interpret web-based data	<input type="checkbox"/>	<input type="checkbox"/>
(g) Using policy/systems/environmental approaches in public health	<input type="checkbox"/>	<input type="checkbox"/>
(h) Using evidence based programs, policies and practices	<input type="checkbox"/>	<input type="checkbox"/>
(i) Improving program outcomes and measures	<input type="checkbox"/>	<input type="checkbox"/>
(j) Quality improvement	<input type="checkbox"/>	<input type="checkbox"/>
(k) Interpreting health data for program quality	<input type="checkbox"/>	<input type="checkbox"/>
(l) Introduction to evaluation	<input type="checkbox"/>	<input type="checkbox"/>
(m) Public health accreditation	<input type="checkbox"/>	<input type="checkbox"/>
(n) Advanced topics in evaluation (e.g., Logic models, Evaluation design, Data collection methods, Analysis)	<input type="checkbox"/>	<input type="checkbox"/>
(o) Procurement procedures (all) and writing scopes of work	<input type="checkbox"/>	<input type="checkbox"/>
(p) Program budgeting	<input type="checkbox"/>	<input type="checkbox"/>
(q) Effective project management	<input type="checkbox"/>	<input type="checkbox"/>
(r) Meeting facilitation	<input type="checkbox"/>	<input type="checkbox"/>
(s) Professional writing	<input type="checkbox"/>	<input type="checkbox"/>
(t) Prioritizing and time management	<input type="checkbox"/>	<input type="checkbox"/>
(u) Customer service	<input type="checkbox"/>	<input type="checkbox"/>
(v) Public health preparedness expectations	<input type="checkbox"/>	<input type="checkbox"/>
(w) Client confidentiality and HIPAA	<input type="checkbox"/>	<input type="checkbox"/>
(x) Cultural responsiveness	<input type="checkbox"/>	<input type="checkbox"/>
(y) Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>
(z) Managing through an ever-changing environment	<input type="checkbox"/>	<input type="checkbox"/>
(aa) Systems thinking	<input type="checkbox"/>	<input type="checkbox"/>
(ab) Organizational behavior and awareness	<input type="checkbox"/>	<input type="checkbox"/>
(ac) Supervisory expectations	<input type="checkbox"/>	<input type="checkbox"/>
(ad) Train the trainer program development	<input type="checkbox"/>	<input type="checkbox"/>
(ae) Financial decision making	<input type="checkbox"/>	<input type="checkbox"/>
(af) Media relations/Public information	<input type="checkbox"/>	<input type="checkbox"/>
(ag) How to summarize information effectively: Mastering the art of the one-page summary	<input type="checkbox"/>	<input type="checkbox"/>
(ah) Developing marketing materials	<input type="checkbox"/>	<input type="checkbox"/>
(ai) Grant writing	<input type="checkbox"/>	<input type="checkbox"/>
(aj) Working with policy makers	<input type="checkbox"/>	<input type="checkbox"/>
(ak) Advocacy versus lobbying	<input type="checkbox"/>	<input type="checkbox"/>
(al) Working with stakeholders	<input type="checkbox"/>	<input type="checkbox"/>

(am) Coaching and discipline	<input type="checkbox"/>	<input type="checkbox"/>
(an) How to conduct employee evaluations	<input type="checkbox"/>	<input type="checkbox"/>
(ao) Discrimination and sexual harrassment	<input type="checkbox"/>	<input type="checkbox"/>
(ap) How to avoid favoritism	<input type="checkbox"/>	<input type="checkbox"/>
(aq) Orienting new supervisors	<input type="checkbox"/>	<input type="checkbox"/>
(ar) Conflict management	<input type="checkbox"/>	<input type="checkbox"/>
(as) Intern/volunteer procedures	<input type="checkbox"/>	<input type="checkbox"/>
(at) Motivating staff	<input type="checkbox"/>	<input type="checkbox"/>
(au) Social media: Personal/private versus public	<input type="checkbox"/>	<input type="checkbox"/>
(av) Phlebotomy	<input type="checkbox"/>	<input type="checkbox"/>

13. Because you indicated that you were a supervisor or manager, we would like to ask you to also indicate which of the following training topics would be most helpful to your staff. This can include both the current and future/anticipated training needs of your staff. Select as many as are appropriate.

Training Topics	Staff Training Needs
(a) Public health 101	<input type="checkbox"/>
(b) Planning public health programs	<input type="checkbox"/>
(c) Community mobilization & engagement	<input type="checkbox"/>
(d) Social and economic determinants of health	<input type="checkbox"/>
(e) Community assessment	<input type="checkbox"/>
(f) How to access and interpret web-based data	<input type="checkbox"/>
(g) Using policy/systems/environmental approaches in public health	<input type="checkbox"/>
(h) Using evidence based programs, policies and practices	<input type="checkbox"/>
(i) Improving program outcomes and measures	<input type="checkbox"/>
(j) Quality improvement	<input type="checkbox"/>
(k) Interpreting health data for program quality	<input type="checkbox"/>
(l) Introduction to evaluation	<input type="checkbox"/>
(m) Public health accreditation	<input type="checkbox"/>
(n) Advanced topics in evaluation (e.g., Logic models, Evaluation design, Data collection methods, analysis)	<input type="checkbox"/>
(o) Procurement procedures (all) and writing scopes of work	<input type="checkbox"/>
(p) Program budgeting	<input type="checkbox"/>
(q) Effective project management	<input type="checkbox"/>
(r) Meeting facilitation	<input type="checkbox"/>
(s) Professional writing	<input type="checkbox"/>
(t) Prioritizing and time management	<input type="checkbox"/>
(u) Customer service	<input type="checkbox"/>
(v) Public health preparedness expectations	<input type="checkbox"/>
(w) Client confidentiality and HIPAA	<input type="checkbox"/>
(x) Cultural responsiveness	<input type="checkbox"/>
(y) Leadership skills	<input type="checkbox"/>
(z) Managing through an ever-changing environment	<input type="checkbox"/>
(aa) Systems thinking	<input type="checkbox"/>
(ab) Organizational behavior and awareness	<input type="checkbox"/>
(ac) Supervisory expectations	<input type="checkbox"/>
(ad) Train the trainer program development	<input type="checkbox"/>
(ae) Financial decision making	<input type="checkbox"/>
(af) Media relations/Public information	<input type="checkbox"/>
(ag) How to summarize information effectively; Mastering the art of the one-page summary	<input type="checkbox"/>
(ah) Developing marketing materials	<input type="checkbox"/>
(ai) Grant writing	<input type="checkbox"/>
(aj) Working with policy makers	<input type="checkbox"/>
(ak) Advocacy versus lobbying	<input type="checkbox"/>
(al) Working with stakeholders	<input type="checkbox"/>
(am) Coaching and discipline	<input type="checkbox"/>
(an) How to conduct employee evaluations	<input type="checkbox"/>
(ao) Discrimination and sexual harassment	<input type="checkbox"/>
(ap) How to avoid favoritism	<input type="checkbox"/>

(aq) Orienting new supervisors	<input type="checkbox"/>
(ar) Conflict management	<input type="checkbox"/>
(as) Intern/volunteer procedures	<input type="checkbox"/>
(at) Motivating staff	<input type="checkbox"/>
(au) Social media: Personal/private versus public	<input type="checkbox"/>
(av) Phlebotomy	<input type="checkbox"/>

14. Please indicate your interest in training in the following technology-based areas. Select all that 1) you would personally be most interested in and 2) would be most important to you in your job. Select as many as you would like.

Computer-based Topics	Trainings of Personal Interest	Trainings Important to My Job
(a) Managing references, e.g. EndNote, Reference Manager	<input type="checkbox"/>	<input type="checkbox"/>
(b) Literature reviews and web searches 101	<input type="checkbox"/>	<input type="checkbox"/>
(c) Social media programs (Facebook, Twitter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Share Point	<input type="checkbox"/>	<input type="checkbox"/>
(e) Microsoft Office (Excel, Powerpoint, Publisher, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
(f) Access	<input type="checkbox"/>	<input type="checkbox"/>
(g) GIS	<input type="checkbox"/>	<input type="checkbox"/>
(h) SPSS, SAS and STATA	<input type="checkbox"/>	<input type="checkbox"/>
(i) Survey Monkey	<input type="checkbox"/>	<input type="checkbox"/>
(j) Prezi	<input type="checkbox"/>	<input type="checkbox"/>
(k) Epi Info 7	<input type="checkbox"/>	<input type="checkbox"/>
(l) MEDSIS	<input type="checkbox"/>	<input type="checkbox"/>

15. As a supervisor or manager, please also indicate which of the following technology-based trainings would be helpful to your staff. Again, this can include both the current and future/anticipated training needs of your staff. Select as many as are appropriate.

Computer-based Topics	Staff Training Needs
(a) Managing references, e.g. EndNote, Reference Manager	<input type="checkbox"/>
(b) Searching for public health information on the Internet	<input type="checkbox"/>
(c) Social media programs (Facebook, Twitter, etc.)	<input type="checkbox"/>
(d) Share Point	<input type="checkbox"/>
(e) Microsoft Office (Excel, Powerpoint, Publisher, etc.)	<input type="checkbox"/>
(f) Access	<input type="checkbox"/>
(g) GIS	<input type="checkbox"/>
(h) SPSS, SAS and STATA	<input type="checkbox"/>
(i) Survey Monkey	<input type="checkbox"/>
(j) Prezi	<input type="checkbox"/>
(k) Epi Info 7	<input type="checkbox"/>
(l) MEDSIS	<input type="checkbox"/>

16. Please specify any additional training topics related to public and/or community health not listed previously that would be important to your organization.

(a) 1	
(b) 2	
(c) 3	
(d) 4	

17. Please indicate your level of interest in pursuing training/education with the following characteristics.

Learning Setting/Format	No Interest	Neutral	High Preference
(a) On-site training in your workplace	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Lunch-and-learn (training session during lunch hour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Computer-based training/Webinar (interactive with an instructor and other students, completed in a specific time frame)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Computer-based training/Webinar (independent study, completed on your time schedule)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Podcast (audio lecture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) Podcast (video and audio lecture)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) Self-directed learning (with provided learning materials, such as print and/or internet-based materials)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h) Course that offers continuing education (CE) credit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18.

If you checked that you would be interested in trainings that offer CE's above, please indicate the type of CE in which you are interested by selecting all that apply from the list below.

- Academic Credits
- Act 48 Continuing Education Units
- Certified Health Education Specialist (CHES) credit hours
- Certified Health Officer (CHO) credit hours
- Chaplains' credit hours
- Continuing Education Unit (CEU)
- Continuing Medical Education (CME)
- Family Therapists credit hours
- Health Department Continuing Education credit hours
- National Environmental Health Association (NEHA) Continuing Education Hours
- Nursing credit hours
- Occupational Therapist credit hours
- Physical Therapists credit hours
- Public Health Credit Hours
- Registered Dieticians credit hours
- Respiratory therapists' credit hours
- Social Work credit hours
- Speech Pathologist credit hours
- Other credit hours (please specify)

Appendix C: Public Health Core Competency Skills – Percent Reporting “Competent” or Higher by Tier

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Communication -- Rate your competence to...					
(n=155)		(n=68)			
Communicate orally	91	Communicate orally with individuals and groups	94	Communicate orally with linguistic and cultural proficiency	100
Communicate in writing in print and through electronic means	93	Communicate in writing in print and through electronic means and adapt your writing to communicate clearly with a variety of audiences	97	Communicate in writing, in both print and electronic media, with linguistic and cultural proficiency	100
Ask for and gather input and feedback from individuals and organizations in the community	77	Ask for and gather input and feedback from individuals and organizations in the community	88	Ensure that the public health organization seeks meaningful input and consultation from other organizations and individuals	100
Convey public health information using a variety of approaches (e.g., social networks, media, newsletters, blogs, etc.)	59	Use a variety of approaches to disseminate public health information (e.g., social networks, media, newsletter, blogs, etc.)	47	Ensure a variety of approaches are considered and used to disseminate public health information (e.g., social networks, media, newsletter, blogs, etc.)	50
Help develop presentations for professional and lay audiences, using a variety of presentation styles	72	Present demographic information to professional and lay audiences	66	Interpret and communicate demographic, statistical, programmatic, and scientific information for diverse professional and lay audiences	25
Apply communication and group dynamics strategies (e.g., negotiation, conflict resolution, active listening, dialogue, etc.) in interactions with individuals and groups	61	Present statistical information to professional and lay audiences	59		

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Identify the health literacy of populations served by your organization	48	Present programmatic information to professional and lay audiences	77		
		Present scientific information to professional and lay audiences	54		
		Apply communication and group dynamics strategies (e.g., negotiation, conflict resolution, active listening, dialogue, etc.) in interactions with individuals and groups	71	Apply communication and group dynamics strategies (e.g., negotiation, conflict resolution, active listening, risk communication, dialogue, etc.) in interactions with individual and groups	100
Community Dimensions of Practice -- Rate your competence to...					
(n=153)		(n=68)			
Recognize how different individual, social and environmental factors interact to affect health in the community	82	Assess the links and relationships between multiple individual, social and environmental factors that affect health in the community	68	Evaluate the relationships among multiple factors (or determinants) affecting health in the community	100
Demonstrate the ability to work in community research efforts where the community participates in carrying out the research (e.g., community-based participatory research, etc..	60	Collaborate in community-based participatory research efforts	62	Encourage community-based participatory research efforts within the public health organization	100
Identify the people and organizations in the community who have a stake in various public health issues.	65	Establish connections with key stakeholders	81	Establish connections with key stakeholders	100
Collaborate with community partners to promote the health of the population	72	Facilitate collaboration and build partnerships with key stakeholders to ensure their participation in public health initiatives	71	Ensure the collaboration and partnerships of key stakeholders through the development of formal and informal agreements (e.g., MOUs, contracts, letters of endorsement, etc.)	100
Maintain partnerships with key stakeholders	68	Maintain partnerships with key stakeholders	82	Maintain established partnerships with key stakeholders	100

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Apply principles of group dynamics and group processes to facilitate community involvement in planning and programs	58	Use group processes to increase community involvement in public health initiatives	62	Use large and small group strategies and facilitate group processes to advance community involvement	100
Describe the role of governmental organizations in the delivery of community health services	55	Distinguish between the role of governmental and non-governmental organizations in the delivery of community health services	71	Integrate the role of governmental and non-governmental organizations in the delivery of community health services	100
Describe the role of non-governmental organizations in the delivery of community health services	55				
Identify community assets and resources	66	Negotiate for use of community assets and resources in support of public health initiatives	57	Negotiate for the use of community assets and resources through MOUs and other formal and informal agreements	100
Gather input from the community to inform the development of public health policy and programs	57	Use community input when developing public health policies and programs	56	Ensure community input and consultation when developing public health policies and programs	100
Inform the public about policies, programs, and resources	67	Promote public health policies, programs, and resources to the community	77	Advocate for public health policies, programs, and resources	
Cultural Competency -- Rate your competence to...					
(n=153)		(n=68)			
Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services in your community	85	Explain the dynamic social, political, and economic forces that contribute to cultural diversity in the community	66	Ensure organizational policies include diverse strategies for interacting with people from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities, etc.)	100

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Describe the dynamic social, political, and economic forces that contribute to cultural diversity in your community	79	Incorporate strategies into program plans for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	74	Ensure that cultural, social, and behavioral factors are considered in planning for accessibility, availability, acceptability and delivery of public health services	100
		Consider the roles of cultural, social, and behavioral factors in planning and delivering accessible and acceptable public health services	77	Respond to needs within your organization and the public that are the result of cultural differences	75
Respond to diverse public health needs that are the result of cultural differences	82	Respond to diverse public health needs related to cultural differences	74	Assess the dynamic social, political, economic and other contextual forces that contribute to cultural diversity across multiple settings	100
Incorporate strategies into your work for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	86				
Describe the need for a diverse public health workforce	83	Describe the need for a diverse public health workforce	84	Ensure that the public health workforce reflects the cultural diversity of the community	75
Policy Development/Program Planning -- Rate your competence to...					
(n=153)		(n=68)			
Describe how policy options can influence public health programs	56	Analyze information relevant to specific public health policy issues	68	Evaluate information relevant to specific public health policy issues	100

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Explain the expected outcomes of different policy options (e.g., changes to health, fiscal, administrative, legal, ethical, social, political issues, etc.)	45	Analyze the feasibility and expected outcomes of various public health policy options (e.g., health, fiscal, administrative, legal, ethical, social, political, etc.)	54	Decide among policy options for your public health organization	100
Gather information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political information, etc.)	48	Describe the broad implications of policy options (e.g., health, fiscal, administrative, legal, ethical, social, political, etc.)	52	Critique selected policy options using data and information (e.g. health, fiscal, administrative, legal, ethical, social, political)	50
Describe the public health laws and regulations governing public health programs	41	Use decision analysis for policy development and program planning	53	Critique various public health policy options to determine their feasibility and expected outcomes (including health, fiscal, administrative, legal, ethical, social, and political policies, etc.)	75
Participate in public health program planning processes related to your job	63	Manage public health programs consistent with public health laws and regulations	68	Use data and information to critique selected policy options (e.g., health, fiscal, administrative, legal, ethical, social, political, etc.)	75
Incorporate policies and procedures into public health program plans and organizational structures	56	Develop plans to implement policies and programs	72	Critique decision-making processes that result in policy development and program planning	100
Identify ways to monitor and evaluate programs for their effectiveness and quality	57	Develop policies for organizational plans, structures, and programs	68	Ensure that public health laws and regulations are consistently integrated into organizational plans, procedures, structures, and programs	50
Demonstrate the application of information and computer science technology to public health practice, research, and learning (public health informatics)	45	Develop mechanisms to monitor and evaluate programs for their effectiveness and quality	66	Critique methods used to evaluate programs for their effectiveness and quality	75

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
		Incorporate the systematic application of information and computer science technology (public health informatics) across the agency	35	Oversee the systematic application of information and computer science technology standards across the agency (i.e. public health informatics practices, which may include issues such as use of standard software development life cycle principles when developing new IT applications)	50
Public Health Sciences -- Rate your competence to...					
(n=151)		(n=66)			
Identify the basic characteristics of biostatistics	31	Apply the basics of biostatistics to public health policies and programs	26	Apply the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	75
Identify the basic characteristics of epidemiology	40	Apply the basics of epidemiology to public health policies and programs	36		
Identify the basic characteristics of environmental health science	39	Apply the basics of environmental health sciences to public health policies and programs	36		
Identify the basic characteristics of health service administration	42	Apply the basics of health services administration to public health policies and programs	46		
Identify the basic characteristics of social and behavioral sciences	47	Apply the basics of social and behavioral sciences to public health policies and programs	52		
Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in the core public health function of Assessment	40	Apply public health science (e.g., epidemiology, health behavior, biostatistics, etc.) skills to carrying out Public Health Core Functions and Ten Essential Services	36	Integrate the Core Functions and Ten Essential Services of Public Health into the practice of all the public health sciences	75

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in the core public health function of Policy Development	39				
Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in core public health function of Assurance	33				
Describe the scientific evidence related to a public health issue, concern, or intervention	51	Conduct a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention	46	Synthesize scientific evidence from a variety of text and electronic sources	50
Retrieve scientific evidence from a variety of credible text and electronic sources	60	Retrieve scientific evidence from a variety of text and electronic sources	53		
Discuss the limitations of research findings or other scientific evidence (e.g. limitations of data sources, generalizability, study design, sample size, etc.)	48	Determine the limitations of research findings (e.g., limitations of data sources, generalizability, sample size, etc.)	36	Critique the limitations of research findings (e.g., limitations of data sources, importance of observations, generalizability, sample size, etc.)	75
				Integrate a review of the scientific evidence related to public health issues, concerns, or interventions into the practice of public health	75
Describe the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, HIPAA, protecting people participating in research, etc.)	50	Identify the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes, HIPAA, etc.)	46	Advise on the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, human subject processes, HIPAA, etc.)	0
Partner with other public health professionals in building the scientific base or evidence base of public health practice	50	Contribute to building the scientific and evidence base of public health practice	41	Contribute to building the scientific base of public health	50

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
		Establish relationships and collaborate with university and other researchers to contribute to the scientific and evidence base for public health practice	41		
Analysis and Assessment -- Rate your competence to...					
(n=147)		(n=64)			
Describe the health status of the population you serve and identify the factors that impact or determine health and illness in your community	66	Assess the health status of populations and the related determinants of health and illness (e.g., individual, social, environmental and policy factors, etc.)	44	Critically review reports produced by your organization on the health status of populations and related determinants of health and illness (e.g., factors contributing to health promotion and disease prevention, availability and use of health services, etc.)	50
Describe the characteristics of a population-based health problem, that is, a problem that arises because of social or environmental factors	64	Describe the characteristics of a population-based health problem, that is, a problem that arises because of social or environmental factors	48	Describe the parameters of a population-based health problem (e.g., equity, social determinants, environment, access to services, etc.)	75
Make use of data that measure public health conditions in order to improve your public health practice	61	Create variables to measure public health conditions & issues important to your organization	36	Judge appropriateness and usefulness of variables that measure public health conditions and situations	50
Use methods and tools to collect valid and reliable quantitative (numerical) community data	53	Use methods and tools to collect valid and reliable quantitative (numerical) data	47	Critique methods and instruments for collecting valid and reliable quantitative (numerical) data	25
Use methods and tools to collect valid and reliable qualitative (narrative) community data	51	Use methods and instruments to collect valid and reliable qualitative (narrative) data	47	Critique methods and instruments for collecting valid and reliable qualitative (narrative) data	25
Find internal and external sources of public health data and information	59	Access and use sources of public health data and information	58	Increase and broaden access to public health data and information for constituents of your organization and the public at large	25
Recognize the integrity and comparability of public health data	55	Determine the integrity and comparability of public health data	39	Evaluate the integrity and comparability of data presented in organizational reports	25

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Identify gaps in data sources; figure out what data are missing that would be useful in your work	48	Identify gaps in data sources	41	Rectify gaps in data produced by your organization	25
Adhere to ethical principles in the collection, maintenance, use, and sharing of data and information (e.g., obtain informed consent from the study participants, make participants aware of the true nature and purpose of the study, ensure and maintain confidentiality of the collected information, etc.)	58	Employ ethical principles in the collection, maintenance, use, and dissemination of data and information	48	Ensure the application of ethical principles in the collection, maintenance, use, and dissemination of data and information	25
Use information technology (computers and software) to collect, store, and retrieve data	69	Interpret quantitative (numerical) data for use in program planning, policy development, and other decision-making across a wide spectrum of health issues	44		
Describe how quantitative (numerical) data are used to address a broad spectrum of public health issues, including policy	44	Interpret qualitative (narrative) data for use in program planning, policy development, and other decision-making across a wide spectrum of health issues	50		
Describe how qualitative (narrative) data are used to address a broad spectrum of public health issues, including policy	49	Use information technology (computers and software) to collect, store, and retrieve data	69		
				Integrate the findings from quantitative and qualitative data into organizational operations	50
				Determine community specific trends from quantitative and qualitative data (e.g., risks and benefits to the community, health and resource needs, etc.)	25
				Assure the appropriate use information technology to collect, store, and retrieve data in your organization	25

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
				Incorporate findings from monitoring and research data into the resolution of scientific, political, ethical, and social public health concerns	25
Financial Planning and Management -- Rate your competence to...					
(n=146)		(n=63)			
Describe the local, state, and federal public health systems	49	Understand and explain to others the implications of the interrelationships between local, state, and federal public health and health care systems for public health program management	51	Leverage the organizational structures, functions, authorities and interrelationships of local, state, and federal public health agencies for public health program management	75
Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies	47	Understand and explain to others the organizational structures, functions, and authorities of local, state, and federal public health agencies for the purpose of public health program management	48	Manage partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations, such as emergency events	100
Describe the local, state, and federal health care systems	46	Develop partnerships with federal, state and local governmental agencies that have authority related to public health situations or specific issues, such as emergency events	51	Support the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of your public health organization	75
Adhere to your organization's policies and procedures	83	Carry out the statutory and operational procedures of the governing body and/or administrative unit that oversees the operations of your public health organization	62	Defend your programmatic and organizational budget	75
Understand how a program budget works in order to participate in development of the budget for your area.	47	Develop a programmatic budget	60	Ensure that programs are managed within current and forecasted budget constraints	75
Adapt programs to operate within current and forecasted budget constraints	47	Manage programs within current and forecasted budget constraints	64	Critique unit strategies for determining program budget priorities	75

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Identify strategies for determining budget priorities based on local, state and federal financial contributions	34	Develop strategies for determining budget priorities based on local, state, and federal financial contributions	52	Determine budget priorities for the organization that you lead	75
Report on program performance	51	Evaluate program performance	64	Evaluate program performance	75
Contribute to the preparation of proposals for funding from external sources (e.g., provide data, program information, budget guidance, etc.)	44	Prepare proposals and seek funding from external sources	52	Approve proposals developed for seeking funding from external sources	75
Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	64	Apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	78	Apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	100
Use information and computer science technologies to improve program and business operations (e.g., performance management and improvement, etc.)	45	Apply public health informatics technologies to improve program and business operations	43	Integrate public health informatics computer technologies into program and business operations (e.g., business process analysis, enterprise-wide information planning, etc.)	50
Participate in the development of contracts and other agreements for the provision of services	42	Negotiate contracts and other agreements for the provision of services	51	Approve contracts and other agreements for the provision of services	50
Describe how the analysis of program cost-effectiveness affects program priorities and decision making. [Note: Cost-effectiveness analysis can be defined as a way of summarizing the health benefits and resources used by health programs so that the policy makers can choose among them. It summarizes all program costs into one number, all program benefits (the effectiveness) into a second number, and it prescribes rules for making decisions based on the relation between the two.]	30	Use cost-effectiveness analyses to prioritize programs and make decisions within your organization [Note: Cost-effectiveness analysis can be defined as a way of summarizing the health benefits and resources used by health programs so that the policy makers can choose among them. It summarizes all program costs into one number, all program benefits (the effectiveness) into a second number, and it prescribes rules for making decisions based on the relation between the two.]	35	Include the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	50

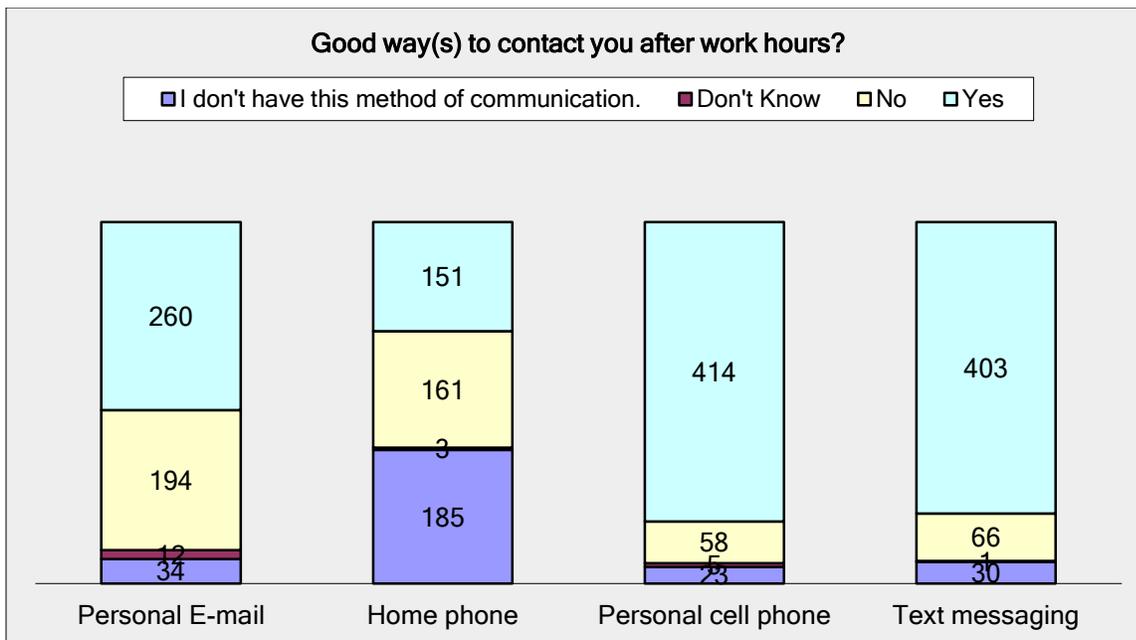
Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Describe how the analysis of program cost-benefit affects program priorities and decision making. [Note: Cost-benefit analysis can be defined as an economic evaluation technique that measures all the positive (beneficial) and negative (costly) consequences of an intervention or program in monetary terms. The valuation of all program outcomes in monetary units allows decision makers to directly compare the health outcomes of different types of health interventions.]	30	Use cost-benefit analyses to prioritize programs and make decisions within your organization [Note: Cost-benefit analysis can be defined as an economic evaluation technique that measures all the positive (beneficial) and negative (costly) consequences of an intervention or program in monetary terms. The valuation of all program outcomes in monetary units allows decision makers to directly compare the health outcomes of different types of health interventions.]	29		
Describe how the analysis of program cost-utility affects program priorities and decision making. [Note: Cost-utility analysis is defined as a methodology of health economics that gives particular attention to the quality or preference of the health outcome produced, often expressed as quality-adjusted life-years.]	27	Use cost-utility analyses to prioritize programs and make decisions within your organization [Note: Cost-utility analysis is defined as a methodology of health economics that gives particular attention to the quality or preference of the health outcome produced often expressed as quality-adjusted life-years.]	25		
Leadership and Systems Thinking -- Rate your competence to...					
(n=143)		(n=63)			
Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities	80	Incorporate ethical standards of practice as the basis of interactions with individuals, organizations, and communities	91	Incorporate ethical standards of practice in all interactions with organizations, communities, and individuals	75
Describe how public health agencies operate within a larger system	62	Incorporate systems thinking into your public health practice	73	Integrate systems thinking into public health practice	100

Public Health Professionals Tier 1	Percent competent	Managers & Supervisors Tier 2	Percent competent	Directors and Senior Leader Tier 3 (n=4)	Percent competent
Participate with community leaders and other stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	55	Participate with stakeholders in identifying key values and a shared vision to guide community action	76	Partner with stakeholders to determine key values and a shared vision as guiding principles for community action	100
Identify internal and external factors that may affect the delivery of the 10 Essential Public Health Services in your community	50	Identify, interpret and address internal and external factors that may affect the delivery of the 10 Essential Public Health Services	60	Resolve internal and external situations that may affect the delivery of Essential Public Health Services (e.g., through the identification of root causes, QI, QA, or other processes)	75
Use individual, team and organizational learning opportunities for personal and professional development	76	Promote individual, team and organizational opportunities for learning and improved performance	89	Advocate for individual, team and organizational learning opportunities within the organization	100
Participate in measurement, reporting and continuous improvement of organizational performance	62	Contribute to measurement, continuous improvement and reporting of organizational performance	86	Ensure the measuring, reporting and continuous quality improvement of organizational performance	75
Describe the impact of changes in the public health system on organizational practices of your agency	52	Modify organizational practices in consideration of changes in the public health system and the larger social, political, and economic environments	62	Ensure organizational practices are aligned with changes in the public health system, and the larger social, political and economic environment	75
Describe the impact of changes in the social, political, and economic environments on organizational practices in your agency	50				

Appendix 3: OPR Assessment Report

Survey Summary

- Of the 606 Public Health employees, 497* completed the survey for a response rate of 82% [**The number of respondents varied per question*]
 - 35% (171 respondents) are exempt employees
 - 46% (218 respondents) speak another language (majority Spanish)
 - 65.3% (143 respondents) are fluent Spanish speakers
 - 75% (359 respondents) represented front line employees (meaning not in a supervisor or management position)
- Responses were received from all programs in the Department, although WIC seemed to be under represented compared to other programs
- 15.3% (73 respondents) live within 15 minutes or less of work
- Of those who answered the question, 65% (310 respondents) stated they could leave their home within one hour of notification to respond to an event
- Based on the survey, the following rated as “good ways to contact employees after work hours”: personal cell (82.7%), text message (80.5%), personal email (51.7%) and home phone (30.2%). [*Refer to graph below*]



- 5 respondents indicated they have a high level understanding of SAS and 24 indicated a moderate understanding of SAS, however a majority of these high level SAS users are no longer employed by MCDPH, highlighting a gap
- 1 respondent (no longer an MCDPH employee) indicated a high level understanding of GIS mapping, and 10 indicated a moderate understanding indicating a significant gap.
- 9% (54 respondents) are Registered Nurses

Public Health Incident Command Center Specific Responses

- Of the 471 respondents who answered the question, 330 (70%) were willing to respond (in a paid status)
 - 195 respondents (65%) had no ICS training
- 2/3 (300 respondents) have no Incident Command System (ICS) training
- Only 14% (68 respondents) have some experience participating in an Incident Command Center
- Of the 79 who have ICS experience:
 - 10 individuals (12.7%) have experience as Operations Chief
 - 10 individuals (12.7%) have experience as Planning Chief
 - 5 individuals (6.3%) have experience as Intelligence Chief
 - 5 individuals (6.3%) have experience as Logistics Chief
 - 4 individuals (5.1%) have experience as Finance Chief

Summary

- High response rate to the survey (under representation of WIC respondents)
- The majority of MCDPH employees would volunteer to respond in the event of a public health emergency (in a paid status)
- Less than 15% of MCDPH staff have experience in an Incident Command System. There is willingness to respond, however a large gap in training and understanding of ICS
- Need for more ICS section specific training to maintain the Finance, Logistics, and Intelligence sections in the PH-ICC

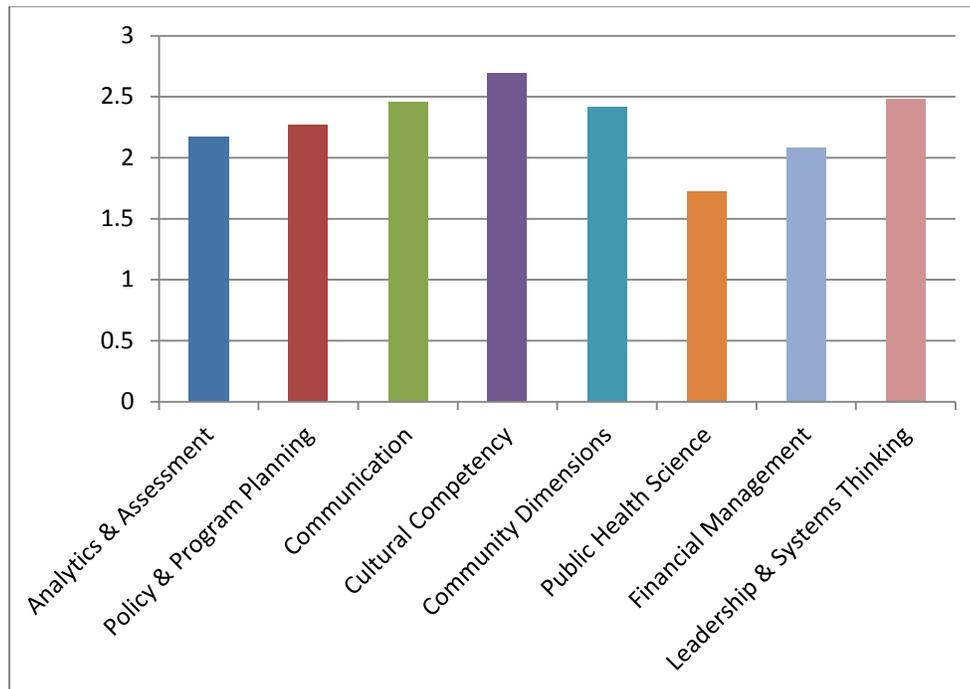
Recommendations:

- To ensure adequate personnel are willing and eligible to respond, basic ICS training needs to be offered to all eligible MCDPH staff in the context of public health emergencies (ICS 100, 700 and NIMS 200, 800)
- Of note, a large number of MCDPH staff are federally grant funded, and currently these employees cannot participate in a response effort under their grant guidelines. Proposed changes for federal grant-funded employees to allow for public health emergency response participation will greatly increase our capacity to respond if the changes are approved. The proposed changes are currently in the public comments phase.
- Make a concentrated effort to train current and involve new MCDPH employees in trainings and exercises to increase the number of trained and ICS experienced employees
- OPR has set a goal to train 80% of individuals willing and eligible to respond with the appropriate ICS training (this includes in a real event or functional exercise) by the end of the five year cooperative agreement
- OPR should conduct bi-annual table top exercises for those who take online ICS trainings to expand their knowledge and provide theoretical and practical training opportunities

Appendix 4: CTD Assessment

Community Transformation Division Training Needs

- 30 employees answered a 74 question validated assessment survey about their familiarity with the major domains of Public Health Practice. The image below shows the average self-rated knowledge level for employees in each of the domains on a 4-point Likert scale.



- Participants were also asked to rate their training interests from a range of topics, conveniently overlap with the validated assessment tool results:
 - 60% would like to learn about the Ten Essential Services of Public Health
 - 48% would like to take a training on “Public Health 101”
 - 44% would like a training on Advocacy vs. Lobbying
 - 40% of the total would like to have training on these additional areas: Analyzing health information, Community assessment tools, Leadership
- The CTD Workforce Development Committee recommends this proposed schedule for future trainings:
 - January 2013: Public Health 101 (live at MCDPH, conducted by Arizona Public Health Training Center, for those who can’t attend, offer an online option designed by the Empire State Public Health Training Center, approved by CDC)
 - April 2013: Advocacy vs. Lobbying (an external expert trainer is needed, no one has been identified)
 - July 2013: Cultural Responsiveness (RJ Shannon from ADHS will facilitate)
 - October 2013: Systems Communications- the Organs of the Organizational Body (facilitator to be decided)

Appendix 5: Acknowledgements

Workforce Development Committee Members

Name	Division, Office or Program
Anna David	Public Health Policy
Becky Henry	Performance Improvement
Bob England	Director
Corinne Velasquez	Clinical Services
Courtney Kreuzwiesner	Community Engagement
Donna Beedle	WIC Program
Eileen Eisen-Cohen	Performance Improvement
Elexia Torres	Community Empowerment
Janice Stratton	Human Resources
Jeanene Fowler	Community Engagement
Kristi Mollner	Nutrition & Physical Activity
Lee Connelly	Community Transformation
Machrina Leach	Community Health Nursing
Mara Funke	Performance Improvement
Max Porter	Administration
Rebecca Sunenshine	Disease Control
Stephen Johnson	Performance Improvement
Toby Urvater	Community Health Action
Tracy Sloat	Family Health

Additional Workgroup Participants

Name	Division, Office or Program
Alejandra Kisebach	Health Promotion & Education
Angelito Bravo	Clinical Services
Camella Williams	Community Health Action
Charles Carpenter	Tobacco & Chronic Disease Prevention
Dyana Hocking	Clinical Services
Elizabeth Rabusa	Vital Registration
Emily Elliot	WIC Program
Fatima Freig	Health Promotion & Education
Gabriela Rodriguez	Vital Registration
Iliamari Vazquez	OPI intern
Issmene Quintanilla	Clinical Services
Jackie Ward	Epidemiology
Jamal Robinson	Oral Health
Jenna Gibbs	OHPE intern
Julie Scholer	Tobacco & Chronic Disease Prevention
Karen Hoffman	Community Health Nursing
Kelli Wright	Community Empowerment
Kim Richards	Oral Health
Laiza Madrid	Human Resources
Lonna Minardi	Human Resources
Lori Rehder	Community Health Nursing
Marcus Johnson	Public Health Policy
Margaret Zamora	Community Health Nursing
Melissa Garcia	Community Health Nursing
Michele Castaneda-Martinez	Vital Registration
Morgan Anderson	Community Empowerment
Rebecca Mendoza	Health Promotion & Education
Ronda Watzek	Human Resources
Seema Sewell	Clinical Services
Tina Wegner	Nutrition & Physical Activity
Trudes Rodriguez	WIC Program
Vanessa Segovia	Family Health
Vjollca Berisha	Epidemiology

Endnotes

ⁱ <http://www.maricopa.gov/publichealth/Board/pdf/bylaws.pdf>

ⁱⁱ <https://www.maricopa.gov/BOS/pdf/orgchart.pdf>

ⁱⁱⁱ http://www.phf.org/resourcestools/Pages/Core_Public_Health_Compencies.aspx

^{iv} <http://ebc.maricopa.gov/careerdev/FullGuide.pdf>

^v <http://ebc.maricopa.gov/publichealth/Pages/trainings.aspx>

^{vi} http://kca-inc.net/wp-content/uploads/VMSG_User_Guide1.pdf

^{vii} http://pathlore.maricopa.gov/STC/STUDENT/psciis.dll?linkid=298515&mainmenu=STUDENT&top_frame=1

^{viii} <https://az.train.org/DesktopShell.aspx>