



RHODE ISLAND DEPARTMENT OF HEALTH
WORKFORCE DEVELOPMENT PLAN

Michael Fine, MD
Director

DECEMBER 2013

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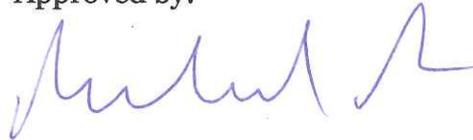
Rhode Island Department of Health

Training and development of the workforce is one key component of the Rhode Island Department of Health (HEALTH)'s strategy toward a culture of 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 describes the 2013-2014 training plan for HEALTH. In addition, this document addresses the documentation requirement for Standard 8.2.1 of the Public Health Accreditation Board:

“Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.”

Approved by:



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December 31, 2013

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EXECUTIVE SUMMARY

The Rhode Island Department of Health (HEALTH) is one of five state agencies that are part of the Executive Office of Health and Human Services (OHHS), that maintain responsibility for cross-cutting functions, including Human Resources, Legal Services and Finance. In late 2011, HEALTH made its priority to apply for Public Health Accreditation through the recently launched program to certify public health agencies, and overseen by the Public Health Accreditation Board (PHAB). With this in mind, and with funding from the Centers for Disease Control and Prevention (CDC), HEALTH embarked into an effort to prepare for Accreditation. This meant a thorough review of its operations and documentation gathering as evidence of compliance with the PHAB standards, based on the three Core Functions of Public Health: assessment, assurance and policy development.

The benefits of accreditation preparation are many. In Rhode Island, we have engaged our staff in Quality Improvement efforts and will soon be training our third annual cohort in the use of the Plan, Do, Study Act (PDSA) method. We have also taken the opportunity to formalize procedures that have been in use for many years, and further document agency's operations and make those protocols widely available to staff. And we have taken especial care to ensure we have a consistent and ongoing mechanism to quantify, track and begin evaluating training offered to staff, all of which is summarized in this document.

Our "Workforce Development Plan" describes how HEALTH has aligned its already overstretched resources to ensure there is a vision and strategy to train our staff. We are already on our way to establish a uniform and ongoing orientation for new hires. We are also presenting our strategy to keep our long-time employees informed and engaged with the topics they deal with on a daily basis, like confidentiality, ethics and cultural knowledge. We are expanding the use of our learning management system TRAIN (TrainingFinder Real-Time Affiliate Integrated Network), and making it accessible to all staff. We are instituting an evaluation component for every training offered and tracked through TRAIN. And we will revisit the plan every year, at the time when we issue our annual report of activities.

We are enthusiastic about both, the short term as well as the long term results of our workforce development plan. We will be bringing refresher trainings to our staff, but we are also happy to start our new hires in a year-long effort to bring them "on-board". We believe in mentoring and sharing, and we are encouraging our employees to share their knowledge and expertise with their colleagues. Because we are "better together", we are investing in all employees, expanding the knowledge and making improvements all around us. And together we can make public health real, tangible, by collecting data, making policy and assuring those policies are benefiting the people we serve.

Thanks to the Workforce Development Committee and the Human Resources staff for their fabulous support in the design of this plan, and thanks to our employees for their continuous commitment to public health.

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I. Agency Profile

Location & population served

HEALTH facilities are located in the Cannon Building, at Three Capitol Hill in the city of Providence, Rhode Island, in Providence County. The Laboratories are in the Chapin Building, at 50 Orms Street, just down the street from the main building. In Rhode Island, County government was abolished in 1842 and today remains only for the purpose of delineating judicial administrative boundaries.

According to the most recent census data, the current population of Rhode Island is 1,050,292. There are no local public health agencies in Rhode Island; all public health services are managed by the State Department of Health.

Mission and Vision

The primary mission of HEALTH is to prevent disease and to protect and promote the health and safety of the people of Rhode Island. Our vision is that every Rhode Islander should have access to high quality, affordable health care, delivered at the most appropriate time and place.

Governance

HEALTH is part of the Executive Office of Health and Human Services (EOHHS). EOHHS was created on December 2005, to facilitate cooperation and coordination among the state departments that administer Rhode Island's health and social services programs.

Agencies under the EOHHS umbrella include: Department of Children, Youth and Families (DCYF), Department of Human Services (DHS), Division of Elderly Affairs (DEA), Division of Veteran Affairs (VA), Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH), and the Department of Health (HEALTH). These departments collectively impact the lives of virtually all Rhode Islanders, providing direct services and benefits to over 300,000 citizens while working to protect the overall health, safety and independence of all Rhode Islanders.

Michael Fine, MD has served as Director of HEALTH since July 2011. In this role, Dr. Fine oversees the single state agency, with over 400 employees and an operating budget of \$110 million, and is responsible for coordinating a broad range of public health programs and services.

Organizational structure

HEALTH is led by the director and HEALTH's Executive Committee (EC). The EC is formed by sixteen individuals and includes those with a key role in the agency's functions, such as the Chief Legal Counsel, the Legislative Liaison, Medical Directors, Chief of Medical and Licensure Board and the Performance Improvement Manager.

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As Rhode Island has no local health departments, the agency coordinates public health activities across the state. All programs and services are coordinated by Divisions and Centers (see Organizational Chart in Appendix 1). Main areas of responsibility include:

- Division of Community, Family Health, & Equity- Works to eliminate disparities in health and access to care, to ensure healthy homes and environments, to prevent and control diseases and disability, to promote health and wellness activities, and to support early childhood development.
- Center of Emergency Preparedness & Response- Protects health during catastrophic events and large-scale disasters and emergencies by coordinating education, assessment, planning, response, and support services with healthcare providers, public safety agencies, and government officials.
- Division of Environmental Health Services Regulation- Licenses and regulates health professionals, facilities and health plans; monitors the safety of public drinking water and beaches; and assures the safety of the food supply and of radiological equipment.
- Center of Health Data & Analysis- Collects and analyzes health data about Rhode Islanders and uses the data to identify health problems among the state's population and groups.
- Health Information Technology - Promotes and supports the use of health information technology across the state, including electronic medical records, e-prescribing, and the development of a statewide health information exchange.
- Health Laboratories- Provides analytical surveillance, prevention, and technical laboratory information to support disease surveillance, prevention, and control, environmental health protection, food safety, and emergency response activities.
- Division of Infectious Disease & Epidemiology- Monitors the prevalence of disease in the community and investigates, controls, and prevents outbreaks.
- Management Services- Manages and delivers efficient purchasing, finance, and systems support services to the Department in an equitable, effective, proficient and courteous manner.
- Office of the Medical Examiner's- Screens deaths for public health significance and determines the cause and manner of deaths. Public Health Communications- Provides high-quality, timely, and accurate health information for the public so they can understand health risks and make healthy and safe choices.
- Vital Records- Registers, files, and maintains birth, death, and marriage certificates and publishes related data.

Workforce Goals

HEALTH has formulated a broad vision for workforce and professional development, as depicted in the Logic Model in Appendix 2, approved by the Director and Executive Committee in February 2013. The Department has drawn the short-term, intermediate, and long-term outcomes and presents them in parallel tracks, one for developing its

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workforce (the entire body of employees working for the agency), and one for developing the individual, professional dimension of the staff employed in the agency.

Thus, the long-term outcomes are:

Workforce Development: Ensure the workforce is trained to meet the health needs of the population.

Professional Development: Ensure that HEALTH maintains a system to promote staff retention and career and professional development.

Resources

As part of the Executive Office of Health and Human Services (EOHHS), HEALTH has access to centralized services managed by EOHHS. The coordination and planning for training and staff development are functions that administratively fall under EOHHS'S Human Resources along with Legal and Fiscal. There are no personnel currently assigned to training at EOHHS; services are therefore limited, as all state government has been seriously affected by continuous budget cuts in the last few years. HEALTH's future plans include hiring a Workforce Development Manager. Until funding is identified for this role, training efforts at HEALTH are managed by the following: staff working on the public health accreditation efforts, staff who participate in relevant committees, and other interested individuals within the agency.

II. Training in RI State Government

State Employees Training

The Rhode Island Department of Administration, Office of Training and Development (OTD) oversees the Incentive In-Service Training Program whereby state employees successfully completing an approved 4-credit curriculum will receive a salary increase. Credits may be accrued for job-related courses sponsored by the OTD, as well as courses offered through outside accredited institutions. Employees must be pre-approved by the OTD to attend courses for incentive credit. Note that there are limitations and specific conditions on the courses that are eligible for incentive credit. Additional information on courses, forms, and course schedules are available to RI state employees at <http://www.admin.ri.gov/otd/>.

In addition, the State of Rhode Island requires some training for all state employees, as described in Table below.

Training	Who	Frequency	Trainer/Source
Three-hour session for Equal Opportunity, Harassment/Sexual Harassment, and Diversity	Newly hired state employees, required to take within the first year of employment	Once, within the first few months after becoming an employee of the state of Rhode Island	RI Department of Administration, Human Resources Outreach and Diversity Office
Job-required training (e.g., industrial hygienists to be trained as lead inspectors, OSHA required training for OSHA Consultants)	Specific job classifications	As required for the job <i>(Note that courses or training that are a condition to the job are not eligible for incentive credit)</i>	Varies by job

Table 1: Training required by employees of the State of Rhode Island

III. HEALTH's Workforce

Profile

Every year the State of Rhode Island's Human Resources Office prepares a "Job Group Analysis Summary", which is part of the annual Equal Employment Opportunity (EEO) Plan. Below is the Job Group Analysis Summary, which accounts for 392 total employees, with 16% of them self-reported as minorities.

EEO Job Categories	Total Employees As of 6/30/12	Total Minorities	%
Officials/Managers/Administrators	60	10	17%
Professionals	239	44	18%
Faculty	0	0	0
Technicians	46	1	2%
Protective Services	0	0	0
Para-Professionals	7	1	14%
Administrative Support	38	8	21%
Skilled Craft	0	0	0
Service Maintenance	2	0	0%
GRAND TOTAL	392	64	16%

Table 2: EEO Job Categories for the employees of the RI Department of Health as of 6/30/2012

There is an additional summary prepared also by the Human Resources Office, which breaks down the proportion of employees in four categories: White Male, Minority, Female, Disabled. This report is compiled by the Human Resources Office as documentation required by the Annual Affirmative Action Plan, and is [partially] included below.

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Annual Affirmative Action Statistical Summary

EEO-4 Job Categories	CURRENT YEAR, as of 6/30/2012					LAST YEAR'S WORKFORCE, as of 6/30/2011				
	TOTAL EMPLOYEES	WHITE MALE	MINORITY	FEMALE	DISABLED	TOTAL EMPLOYEES	WHITE MALE	MINORITY	FEMALE	DISABLED
Officials/Managers Administrators	60	20	10	39		60	22	10	37	
Professionals	239	60	44	168	1	246	58	43	176	1
Technicians	46	23	1	23		47	22	3	24	
Para-Professionals	7	2	1	5		7	2	1	5	
Administrative Support	38	1	8	36		44	1	9	42	
Service Maintenance	2	2	0	0		3	2	0	1	
Total Employees	392	108	64	271	1	407	107	66	285	1

Table 3: Statistical Summary of RI Department of Health's employees, as of 6/30/2012, compared to 6/30/2011

IV. HEALTH's Training Principles and Structure

Public Health Competenciesⁱ

The Core Competencies are a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to have as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services). As stated in the Public Health Foundation's website, 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".

These competencies have been formulated based on research, and have been vetted widely, with input and discussions held nationally, with the participation with experts in the field. HEALTH, as well as hundreds of other health departments in the nation, has adopted the Public Health competencies as a model to assess the competencies of the workforce as a whole. HEALTH uses two sets of competencies for its workforce, as detailed below. Both sets of competencies guide the work of public health, but one emphasizes the goals of Public Health Preparedness and Response.

• **Public Health Core Competenciesⁱⁱ**

For purposes of its Workforce and Professional Development Plan, HEALTH adopted the eight (8) Public Health Core Competencies, from the *Council on Linkages Core Competencies for Public Health Professionals*. These competencies are listed below.

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

In addition, the Council on Linkages classifies public health workers in three tiers, which are described in the next paragraphs. *[Please note that these competencies and the tiers are designed to provide a broad categorization of the workforce, and don't necessarily reflect categories of any given health department's job specifications.]* These tiers reflect stages of public health career development:

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

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

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

• **Public Health Preparedness and Response Core Competencies**ⁱⁱⁱ

The Public Health Preparedness and Response Core Competencies (see core competencies model, map and details in Appendix 3) were created to establish a common performance goal for the public health preparedness workforce. This goal is defined as the ability to proficiently perform assigned prevention, preparedness, response, and recovery role(s) in accordance with established national, state, and local health security and public health policies, laws, and systems. Much of an individual's ability to meet this performance goal is based on competencies acquired from three sources: foundational public health competencies, generic health security or emergency core competencies, and position-specific or professional competencies.

There are also competencies within the following four domains that are critical to build and sustain the capacity of public health workers to fulfill their responsibilities:

1. Model Leadership

- 1.1 Solve problems under emergency conditions.
- 1.2 Manage behaviors associated with emotional responses in self and others.
- 1.3 Facilitate collaboration with internal and external emergency response partners.
- 1.4 Maintain situational awareness.
- 1.5 Demonstrate respect for all persons and cultures.
- 1.6 Act within the scope of one's legal authority.

2. Communicate and Model Information

- 2.1 Manage information related to an emergency.
- 2.2 Use principles of crisis and risk communication.
- 2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command.
- 2.4 Collect data according to protocol.

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- 2.5 Manage the recording and/or transcription of data according to protocol.

3. Plan for and Improve Practice

- 3.1 Contribute expertise to a community hazard vulnerability analysis (HVA).
- 3.2 Contribute expertise to the development of emergency plans.
- 3.3 Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).
- 3.4 Refer matters outside of one's scope of legal authority through the chain of command.

4. Protect Worker Health and Safety

- 4.1 Maintain personal/family emergency preparedness plans.
- 4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats.
- 4.3 Report unresolved threats to physical and mental health through the chain of command.

Training Principles

Training and developing employees are important functions to HEALTH and its employees may attend training in different formats: in class, via webinar, online training, in a single session or in several sessions, for school credit, for incentive credit or no credit, for CEU (continuing education units), etc. To make the most of the valuable training resources the agency has for this purpose, HEALTH is implementing the following principles:

- **TRAIN** (TrainingFinder Real-Time Affiliate Integrated Network) is HEALTH's Learning Management System, where all training will be tracked and evaluated (see more about TRAIN in the section below). To keep the information flow consistent across training, all instructors providing training to staff will be asked to identify the core competencies and use the Guiding Principles detailed in the "Instructor Packet", included in Appendix 4. Putting this practice in place will help to consistently design and track course content, description, and evaluations, while connecting them to our training evaluation goals.
- **Adult Learning Principles** must be used in all training offered to HEALTH employees. As described by Knowles in his 1978 book, "The adult learner: a neglected species" the adult learning principles are:

1. Adults take responsibility for learning	2. Adults' experience is a resource for all learners	3. Adults are ready to learn what would help effective performance	4. Adults want to have an immediate application of what they learn	5. Adults learning is centered on problem solving
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Figure 1: The 5 adult learning principles.

- **Evaluation** is a critical part of training if progress is going to be measured. Although no specific evaluation model or formal strategy is currently in use, the Kirkpatrick model of training evaluation will be utilized. This model, also known as the "4 levels" model of training evaluation, as listed below:

Level 1: Evaluating learners' satisfaction with the training,

Level 2: Evaluating the learning: the principles, facts and techniques learned,

Level 3: Evaluating the changes in job behavior that resulted from the training, and,

Level 4: Evaluating the organizational results, in terms of cost reduction and quality and quantity improvements.

HEALTH will focus on evaluating levels 1 and 2 of the Kirkpatrick's model: evaluate the trainees' satisfaction and the skills learned.

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HEALTH's Workforce Development Advisory Group

This group is composed of six individuals who represent management and staff, to address the requirements of accreditation and emergency preparedness, and to provide expertise in human resources and workforce development. The individuals are invited and/or appointed by the Director of HEALTH and will be charged to a) recommend strategic direction of the Training Plan, and b) review and approve operational issues relative to the Training Plan.

TRAIN, the Learning Management System

Rhode Island uses TRAIN (TrainingFinder Real-time Affiliated Integrated Network) as its learning management system, which has been created with funding from the Centers for Disease Control and Prevention (CDC), the Robert Wood Johnson Foundation (RWJF), and the Health Resources and Services Administration (HRSA), among others, and is in use in many other states.

TRAIN is a centralized, searchable database of courses relevant to public health, safety, and emergency preparedness. It has a comprehensive catalog of distance learning for public health professionals, containing over 28,000 course listings from over 4,000 providers of training. Through TRAIN, learners have access to courses from nationally recognized course providers, and courses are offered in the forms of web-based learning, on-site learning, webinars/webcasts, and more. Learners can browse this course catalog or perform a search by keyword, subject area, course provider, and competency, among others.

TRAIN also allows the creation of an online transcript. This personal transcript, maintained for every learner, records all training for that learner. TRAIN also has a solid report generation capacity to track courses completed, annual plans, evaluations, and more.

For purposes of tracking in TRAIN, training is classified as shown in the table below.

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Must be tracked in TRAIN		Optional, employee-driven tracking
Overarching Topics	Public Health Core Competencies ^{iv}	Additional Learning
<p>FOR CURRENT EMPLOYEES:</p> <ul style="list-style-type: none"> ▪ QI 101 ▪ PH 101 ▪ ICS <p>FOR NEW EMPLOYEES:</p> <ul style="list-style-type: none"> ▪ Employee On-boarding (see note at the bottom of this table) 	<p>1. Analytical/Assessment Skills (eg, epidemiology, data analysis, use of MS Access, data analysis software)</p>	<p>Includes training received for which a certificate or other relevant documentation can be provided and the employee uploads it into TRAIN – optional for employees interested in tracking training [beyond the Competencies and overarching topics] they have already received.</p>
	<p>2. Policy development/Program planning skills (eg., public health law, program management, evaluation, informatics, QI implementation, program evaluation)</p>	
	<p>3. Communication Skills (eg., public speaking, presentations, message design, written and oral communication)</p>	
	<p>4. Cultural Competency Skills (eg., interaction with people from diverse backgrounds, cultural, social and behavioral factors, culturally sensitive programs' services)</p>	
	<p>5. Community Dimensions of Practice Skills (eg., community-based participatory research, facilitation, collaboration, negotiation, community input)</p>	
	<p>6. Public Health Sciences Skills (eg., public health, epidemiology, biostatistics, social and behavioral health science, research, laws and regulations)</p>	
	<p>7. Financial Planning and Management Skills (eg., budget development, fiscal restrictions, organizational theory, supervision, management, contracting, program performance)</p>	
	<p>8. Leadership and Systems Thinking Skills (eg., ethics, key values, organizational learning, continuous QI and organizational performance)</p>	
	<p>Public Health Preparedness and Response Core Competencies:</p> <ul style="list-style-type: none"> • Model Leadership • Communicate and Model Information • Plan for and Improve Practice • Protect Worker Health and Safety 	
<p>NOTE: This On-boarding training, once in place, will include modules on Public Health topics, including Accreditation, Quality Improvement 101, and the Incident Command System (ICS) training. The ultimate goal is to fold these topics and listings into one on-boarding comprehensive package.</p>		

Table 4: Training competencies and tracking in TRAIN

Managing TRAIN

Currently, HEALTH has leveraged limited resources to administer, maintain, and manage TRAIN. HEALTH recognizes that improving workforce development efforts in the agency is key to have an efficient and effective workforce. HEALTH also acknowledges that TRAIN is a useful system that offers a wide array of features to register for training, create individual and group training plans, create learners' transcripts, verify training attendance and certification, evaluation, and more.

The staffing structure to manage TRAIN is shown below.

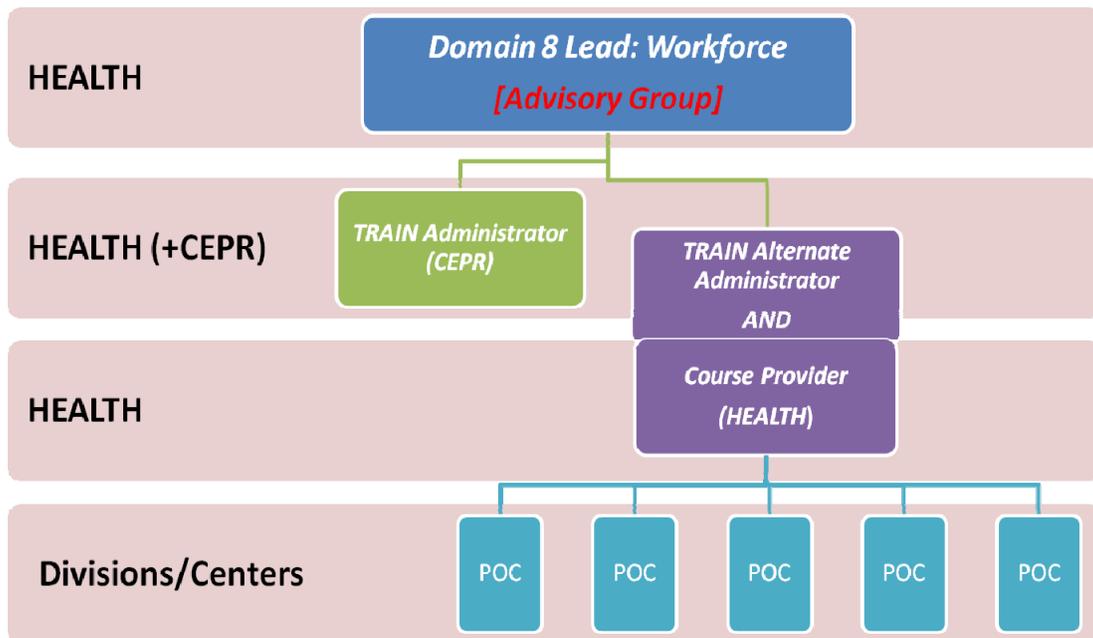


Figure 2: Interim Workforce Development Chart to maintain TRAIN

In the next paragraphs there is a description of how the current training efforts are organized.

TRAIN Administrator:

The TRAIN Administrator has all levels of permissions in TRAIN and is the individual ultimately responsible to manage TRAIN for the Department. The TRAIN Administrator is expected to:

- Provide expertise and guidance in the use of TRAIN for the creation of training plans, courses, reports, monitoring, etc.
- Work with the Public Health Foundation, TRAIN's sponsor, for any technical assistance, support and/or feedback efforts.

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- Participate in the TRAIN events and network with TRAIN administrators in other states
- Offer staff training in the use of TRAIN as needed, but at least twice a year
- Manage accounts creation and account status, approve courses, verify transcripts, monitor usage and issues, troubleshoot, report system problems, etc.
- Work with the Points of Contact and Course Providers across Divisions/Centers to provide training and technical assistance as needed.
- Generate a variety of reports for users, units, and HEALTH staff for management purposes on an ongoing basis.

TRAIN Course Provider:

Course Providers are responsible for managing individual courses in TRAIN and have access to post or edit course information in TRAIN. The Course Providers:

- Create new training courses in TRAIN and manage the online registration, pre and post tests, student rosters, reminders, evaluation, and certification for these courses.
- Send reminders to promote courses, complete evaluations, and complete certifications
- Track users' progress in completing courses and evaluations for which they registered, verify attendance for learner transcripts, access participation rosters.

Points of Contact (POCs):

Points of Contact (POCs) are individuals from each Division/Center who serve as a liaison between the TRAIN Administrator and HEALTH staff. Their main role is to provide assistance with TRAIN to employees in their respective areas. POCs:

- Ensure **ALL** employees in their assigned area have active, up-to-date TRAIN accounts
- Ensure new employees create their TRAIN accounts
- Ensure employees leaving HEALTH or transferring to another Division/Center update their TRAIN account accordingly
- Provide basic user support for course registration, etc.
- Notify the TRAIN Administrator when a new training is being planned by their Division/Center, for proper follow-up
- Refer problems beyond their expertise to a TRAIN Administrator

Tracking Training in TRAIN

The process for creating, tracking and monitoring training in TRAIN is depicted in the flowchart below.

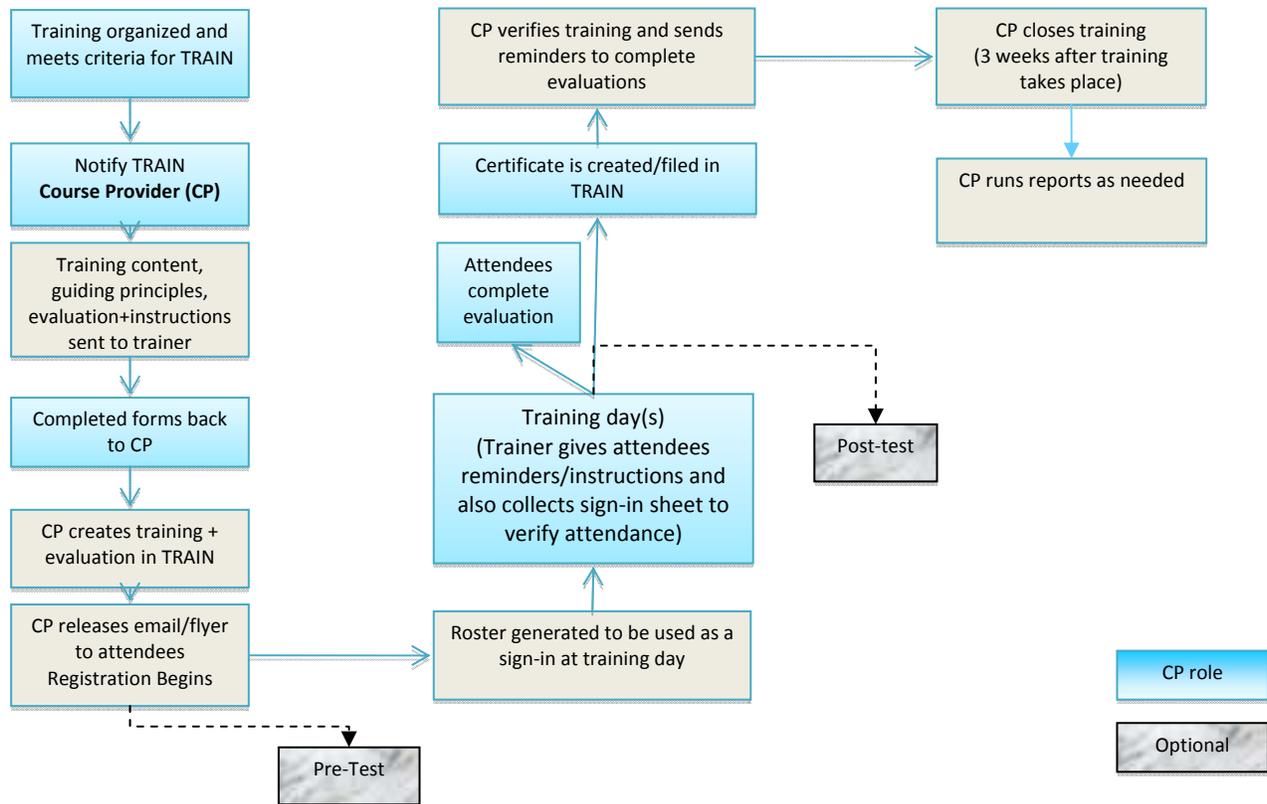


Figure 3: The workflow to track training in HEALTH’s learning management system. Note that “CP” stands for “Course Provider”.

Supporting HEALTH’s Training Plan

Please note that the current training plan is predicated on the basis of the current structure. The structure is based on the following premises:

1. There will be one part-time TRAIN administrator, who will also function as a “TRAIN Course Provider” for HEALTH,
2. The Center for Emergency Preparedness and Response (CEPR) needs for TRAIN will continue to be self-supported,
3. Only trainings that are part of HEALTH’s Workforce Development Plan will be tracked in TRAIN,
4. A “Workforce Advisory Group” has been formed, and,
5. The Points of Contact (POCs) that have been identified in each Division/Center will continue to work as originally planned.

V. HEALTH's Training Needs

Workforce Training Needs Assessment

The most recent effort conducted by the Rhode Island Department of Health to assess its staff training needs took place in October 24, 2011. Through a partnership with the Rhode Island Public Health Institute (RIPHI), the tool used for this assessment was a slightly revised version of the North Carolina Institute for Public Health survey. This tool uses the public health core competencies adopted by the Council on Linkages between Academia and Public Health Practice.

In addition to the Public Health Core Competencies, the tool included a section for employees to self-assess the status of their competencies related to public health emergency preparedness as outlined in the Association of Schools of Public Health's *Public Health Preparedness and Response (PHPR) Core Competency Model Version 1.0*, a proposed national standard of behaviorally-based, observable skills for the workforce to prepare for and respond to all-hazards scenarios.

Results of the assessment were analyzed and a report was completed by the Connecticut-Rhode Island Public Health Training Center (CT-RI PHTC) in August 2012. See the Executive Summary and the respondents' demographics in Appendix 5.

Worth mentioning are limitations in the data gathered through this need assessment, as explained briefly in Appendix 6. First, the survey was self-reported and anonymous. Due to these characteristics, neither the skill level nor the numbers reported as tiers 1, 2, and 3 can be validated in any way. At the same time, because of the answer choices^v results need to be cautiously interpreted, as some of the core competencies showed significant numbers with very high or very low skills level. This limitation was of particular concern to the agency, which hinders its ability to design targeted training to the right groups. To begin addressing this weakness, this training plan includes section 6 of the plan, to "Respond to agency-specific workforce/training needs". In this particular objective, the goal is to identify the training needs of staff in a more specific way, based on the job assignments and more directly to the job categories. This section also proposes to identify an improved tool to identify the training needs of the staff in relation to the core competencies.

With regards to the Emergency Preparedness module, employees in all tiers self-assessed at moderately high levels their comfort with the integral tenets ICS, such as reporting information through the chain of command, but did not express the same level of confidence in ensuring that they had adequate family/personal preparedness plans, which is fundamental to the success of a response. These are two areas of focus for the present year's workforce development plan, as they indicate that HEALTH employees should continue to be trained in ICS, especially given staff turnover rates, and to ensure that more HEALTH employees are prepared at home.

While it is important to further assess the training needs of the many levels of staff and management, HEALTH's leadership decided to address some immediate training needs

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during the current year. The training areas selected for immediate action are described in the next section.

HEALTH-specific training needs

HEALTH is responsible for protecting the health of the people in the State and is therefore responsible for training its workforce to adequately meet the demands of its mission. In addition to the training offered by the State of Rhode Island to all state employees, HEALTH has agency-specific needs in terms of training and development, as described in the next paragraphs.

- **Public health training.** As the agency responsible for public health in the state, HEALTH is invested in providing public health training to all of its employees. Whereas in the past public health training was mostly offered periodically and to small groups of interested employees, the agency is now promoting a proactive, ongoing approach to train staff in public health, as evidenced in this training plan.
- **Public health preparedness.** Similarly, because of its role in public health, HEALTH is required to train its staff in the principles of the Incident Command System (ICS). There are different levels of training that are dependent on the role that staff will play during emergencies. Training is offered online and advanced courses are provided by the Rhode Island Emergency Management Agency (RIEMA) throughout the year.
- **General orientation.** To ensure that new employees are fully aware of the agency’s practices, policies, and resources available, HEALTH is also promoting an orientation session to all new employees. The ultimate goal, however, is to go beyond the orientation and to eventually put in place an “onboarding” system^{vi}, to fully and successfully engage the employee in the agency and maximize the retention of employees, as shown below.

TYPICAL ORIENTATION	ONBOARDING
Transactional focus and goals	Strategic focus and goals
Less than one week	Includes first year
Owned and executed by human resources office	Integrates multiple offices, functions and individuals
Addresses some new employee needs	Addresses all new employee needs — from information, equipment and accounts to training and networking
Employee attends	Employee is active participant with vested interest in success
Yields new hires with completed paperwork and some general information	Yields successful first year for new employees — maximizes employee engagement and retention

Table 5: Orientation vs. Onboarding approaches

- **New and emerging needs.** Public health is a dynamic discipline, continuously evolving and using innovation in public health practice and research, which results in new training needs that will be incorporated into the Department’s training plans. A solid example of these new and emerging needs has come from publications like the

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Institute of Medicine (IOM) that recommended an accreditation program for health departments. Hence, public health is expanding its training efforts to acquire and/or enhance the staff's understanding of public health, the essential services, accreditation, QI, performance management, performance measures, return on investment (ROI), cost benefits, and more.

Overall Goals and Responsibilities

The Rhode Island Department of Health aims to achieve the following training goals in the 2013-2014 period:

1. *Provide refresher trainings in a wide variety of topics to enhance cross-cutting skills such as software use, confidentiality, ethics, etc.*
2. *Promote a culture of Quality Improvement [see also the agency's 2013 QI Plan in Appendix 7].*
3. *Foster development and enhancement of management and leadership skills*
4. *Better prepare HEALTH personnel to respond to emergency events*
5. *Address the most significant training needs identified through the Workforce Needs Assessment survey conducted in 2012*
6. *Respond to agency-specific workforce/training needs that are congruent with the Public Health Core Competencies*

This Training Plan is constructed with support from the Department's leadership, and requires everyone's participation, from the Director to all staff, to be successful. The roles and responsibilities of each of the groups within the Department, as it applies to this Training Plan, are outlined below.

Director of Health: Responsible to support an agency-wide workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning.

Division Directors & Center Leads: Responsible to the Director of Health for all employees within their divisions/centers. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division/center. Identifies high potential employees as part of agency succession plan.

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Supervisors: Responsible to their Director/Leads and employees to ensure that individual and agency-based training initiatives are implemented. Works with employees to develop an individualized learning plan and supports the implementation of the plan (e.g., time away from work, coaching, opportunities for application, tuition reimbursement). Identifies high potential employees as part of agency succession plan.

All Employees: Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

VI. HEALTH's Training Evaluation and Monitoring

Evaluation Goals and Tools

To assess the successes and gains from the training offered to staff, HEALTH aims to evaluate all training sponsored by the Department. This plan proposes to conduct evaluation of each class offered through TRAIN, using TRAIN as much as current resources allow (for training conducted that is not tracked through TRAIN, instructors will be asked to collect hard copies of the evaluation at the end of the class and turn those in to the Training contact). Specifically, training offered to employees will be tracked and monitored in TRAIN to:

- a) Quantify the volume and frequency of training,
- b) Assess the use of adult learning principles in the teaching, and,
- c) Assess if learning has been put into practice.

Evaluation of training is formulated using two strategies. The first one is the use of a pre and post test to assess the change in knowledge as a result of the training, and will be done in most courses, depending on the instructor and the training topic. Every effort will be made to encourage outside trainers to develop these tests and include them in TRAIN for evaluation purposes. The second one is a standard evaluation to assess the use of adult learning principles and learners' satisfaction with the training. This standard evaluation has been developed over the course of months, and is the result of implementing the adult learning principles and the Kirkpatrick's training evaluation model. The evaluation was also piloted and adjusted prior to implementation in the month of August 2013. The evaluation is likely to be revised over time, but is initially proposed as included in Appendix 8. HEALTH encourages employees to attend online training events as part of a regular staff development method. A separate webinar evaluation has also been designed, with a slightly different variation for live and recorded webinars, as shown in Appendix 9.

Reporting

At the end of each calendar year, or more often if needed, TRAIN reports will be run to assess the quantity and results of the training provided. These reports would include number of trainings conducted, number of staff taking trainings, results of the standard evaluations, and other reports, as needed. That information will be used to prepare an annual management report and will be shared with the Executive Committee for review and to strategically discuss quality improvement for future training plans and strategies.

Plan Update and Review

The workforce development plan will be updated annually, and the process will be initiated by the individual primarily responsible for Workforce Development. The process to review and update the plan will include review of the data collected during

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the year, report on the goals and objectives of the Plan, and summary of findings from the evaluations collected. All data will be reviewed and discussed with the Workforce Development Advisory Group, and upon completion of the review, it will be submitted to the Director and Executive Committee for approval, prior to distribution to all staff via the Intranet.

VII. Training Plan

Training Goals, Objectives and Content for 2013 - 2014

<i>1. Provide refresher trainings in a wide variety of topics to enhance skills on cross cutting skills such as software use, confidentiality, ethics, etc.</i>							
Training Topic	Content	Objective	Duration and Frequency	Competency	Audience	Trainer	Responsible Party
<i>1a. HIPAA Confidentiality</i>	Process and rules about HIPAA and to protect patient confidentiality	15% of staff will take the class each year	1 hour, offered at least twice a year	1	Tier 1, 2, 3	- Internal Resource	- Workforce Development Lead
<i>1b. Protecting Health care data and records</i>	Policies related to clinical protocols, staff access to records, electronic transfer of data, access and release of public records	15% of staff will take the class each year	1 hour, offered at least twice a year	1	Tier 1, 2, 3	- Internal Resource	- Workforce Development Lead
<i>1c. CLAS (Culturally and Linguistically Appropriate Services) Standards</i>	Content and application of CLAS standards	15% of staff will take the class each year	2 hours, repeated at least twice a year	4	Tier 1, 2, 3	- Internal Resource	- Workforce Development Lead
<i>1d. Microsoft Office Products: Word, Excel, Powerpoint, Publisher, Access</i>	Basic, Intermediate and Advance Levels – description available at OTD website	5% of the staff from each unit will attend one of these courses	15 hour course for each class, offered during Spring and Fall	1, 7	Tier 1, 2, 3	Office of Training and Developmt.	- Employee and Supervisor
<i>1e. Basic Groupwise (email software)</i>	Use of email, appointments, booking resources,	100% of new hires will attend this training	1 hour, offered 3 times each year	3	Tier 1, 2, 3	- Internal Resource	- Workforce Development Lead
<i>1f. Adobe Converter and Adobe Professional</i>	Understand the basic skills and features of the Adobe software for practical daily use	40% of staff with access to the software will receive the training	1 hour, repeated as needed	2, 3, 5	Tier 1, 2, 3	- Staff	- Workforce Development Lead
<i>2. Promote a culture of quality improvement</i>							

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Training Topic	Content	Objective	Duration and Frequency	Competency	Audience	Trainer	Responsible Party
<i>2a. Quality Improvement method PDSA for Public Health</i>	Theory and practice of the QI principles and the PDSA method and how to apply it in public health	By the end of 2013 at least 20 new staff will be trained in the QI tools of PDSA	- 8 hours, divided into 2 days, at least two weeks apart	Public Health Core Competency 8A7, 8B7, 8C7	Staff within each of the Divisions	- Staff and PHF's train-the-trainers materials	QI Team/Faculty
<i>2b. QI 101</i>	Basic knowledge of the quality improvement concept and overall goal	By June 2014, design and/or make available a basic QI training to all staff	- 1 hour, webinar or in person workshop	Same as above	All staff	QI Team/Faculty	QI Team/Faculty

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<i>3. Foster development and enhancement of management and leadership skills</i>							
Training Topic	Content	Objective	Duration and Frequency	Competency	Audience	Trainer	Responsible Party
<i>3a. Supervisory and Management</i>	Challenges of supervisory and management role, responses to performance and behavioral difficulties, discuss characteristics and styles of successful supervisors	15% of staff will take the class each year	15 hours, for incentive credit	2, 7, 8	Management	Office of Training and Development	Employee and Supervisor
<i>3b. Performance Management</i>	Models and fundamentals of performance management systems, the connection between QI and performance management, performance measures, standards and reporting Tools to conduct performance measurement development, monitoring and analysis	50% of staff responsible for developing and maintaining performance measurement will attend this class	3 hours, repeated at least twice a year	2, 6, 7, 8	Management and Staff	OHHS, TBD	Employee and Supervisor
<i>3c. Leadership Institute for current, new and emerging leaders</i>	Enhancing the leadership capabilities, strategic visioning and direction-setting skills through critical thinking+analysis, political effectiveness, organizational and team development, enhance the performance outcomes of the essential services, using the core functions of public health	100% of HEALTH's leadership that has not yet taken a leadership institute will attend this class	TBD (At least 15 hours, over the course of a 6 month period)	2, 6, 7, 8	Management and Leadership	RI College, TBD	Employee and Supervisor

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4. Better prepare HEALTH personnel to respond to emergency events							
Training Topic	Content	Objective	Duration and Frequency	Competency	Audience	Trainer	Responsible Party
4a. ICS 100 ICS 200 ICS 546 ICS 700 ICS 800	Incident Command System (ICS) application, methods, forms, and other relevant systems to conduct ICS in a public health agency.	By June 2014, at least 100 HEALTH personnel will have completed the Core training	Each course takes about one hour to complete; total about 5 hours to complete the 5 courses	Public Health Preparedness Response Core Competencies 1.1, 2.1, 2.3, 3.2	Tier 1, 2, 3	All online courses	Employee and Supervisor
4b. Personal Preparedness	Introduction to personal preparedness planning, including how to assemble an emergency kit and develop a Family Communication Plan	By June 2014, at least 100 HEALTH staff members will have completed personal preparedness training.	1.5 hours	Public Health Preparedness Response competencies 4.1, 4.2	Tier 1, 2, 3	Online	CEPR staff Employee and supervisor

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5. Address the most significant training needs identified through the Workforce Needs Assessment survey conducted in 2012							
Training Topic	Content	Objective	Duration and Frequency	Competency	Audience	Trainer	Responsible Party
5a. Fundamentals and Practice of Public Health	Understanding of the foundation, history, and fundamentals of public health, learning about the essential services and the challenges of public health practice	30% of staff will attend 2 Public Health 101 sessions offered through the summer	PH 101 is offered in one hour sessions, 2 or 3 times a week throughout the summer	6	Tier 1, 2, 3	Several internal staff	PH 101 Coordinator for the Summer Sessions
5b. Cultural Competence, Cultural Humility	Examine biases and prejudices, populations' values, norms and traditions, and develop cross-cultural skills	By June 2014 at least 1/3 of the staff will attend training	- 2 hours, repeated as needed	4	Tier 1, 2, 3	TBD	- Workforce Development Lead - Minority Health (CFHE)

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6. Respond to agency-specific workforce/training needs			
Goal	Activities	Objective	Responsible Party
<i>6a. Identify a tool and/or process that HEALTH can use to identify the topic-specific training needs of the staff in management, administrative and leadership roles</i>	<ul style="list-style-type: none"> - Research other tools available and consult with other states and workforce agencies - Examine findings of other assessments completed - Identify competencies for which further assessment of the topics is needed - Identify a tool and pilot it in a small group of employees - Report results of the pilot and recommend next steps 	By the end of 2013 the agency will have identified a tool and mechanism to assess the training needs of staff and management	Workforce Development Group named for this purpose
<i>6b. Better prepare new employees to do their jobs with a comprehensive review of the agency's mission, goals, policies and resource</i>	<ul style="list-style-type: none"> - Research content of other onboarding models - Inventory the current models - Propose a curriculum - Propose timeframes, trainers and mentors - Include adult learning principles - Pilot and evaluate the onboarding strategy - Summarize findings and adjust the methodology as needed - Launch onboarding 	<ul style="list-style-type: none"> - Onboarding will be developed and launched for early 2014 - Onboarding will include basic requirements for all employees, such as ICS, QI, Public Health, Confidentiality, Ethics, etc. <p><u>See Appendix 10 for Draft of the "New employee checklist" to pilot the Onboarding program in 2014.</u></p>	Workforce Development Group set up for this purpose

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2014 - Training Schedule

TOPIC	FREQUENCY TO REPEAT THE COURSE		TRAINING AVAILABILITY		
	New employee	Current employee	Method	Available	Duration
FUNDAMENTALS AND PRACTICE OF PUBLIC HEALTH (12)					
Ethics in Healthcare	6 months from hire	Every 3 years	In-person	Twice a year	1.5 hours
Introduction to the Foundations, History and Philosophy of Public Health	6 months from hire	View two webinars per year	Online	Anytime	2 hours
Social Determinants of Health and Health Equity					1h 45 min.
Systematic Oppression “the Isms”					1h 20 min.
Core Competencies in Assessment and Measurement					2h 15 min.
Using the Strategic Prevention Framework to Promote Leadership and Systems Thinking					1h 45 min.
Activating Citizens and Building Community Capacity					2h 30 min.
Cultural Competence and Cultural Humility					1h 45 min.
Framing Health Equity: A Communications Strategy					2 hours
Public Health Grand Rounds					At least 2 sessions per year, as sessions are offered
Quality Improvement in Public Health		If selected for QI Team	In-person	Yearly	8 hours
Quality Improvement (QI) 101	4 months from hire	Every 3 years	Online	Anytime	1 hour
MANAGEMENT AND SUPERVISORY STAFF (5)					
Privacy rule under new HIPAA amendments	3 months from hire	Every 3 years	Online	Anytime	1.5 hours
Turning Managerial Challenges Into Positive Results	3 months from hire	Every 3 years	In-person	Every other month	7 hours
Critical Supervisory, Management and Leadership Skills	6 months from hire	Every 3 years	In-person (through OTD)	2 or 3 times a year	15 hours
Developing Performance Measures	3 months from hire	Every 3 years	Online	Anytime	1 hour

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TOPIC	FREQUENCY TO REPEAT THE COURSE		TRAINING AVAILABILITY		
	New employee	Current employee	Method	Available	Duration
Transition from Management to Leadership	Within 1 year	Every 5 years	Online	Anytime	7 weeks to complete
INCIDENT COMMAND SYSTEM (ICS) (8)					
IS 100b: Introduction to Incident Command System	3 months from hire	Every 3 years	Online	Anytime	1 hour
IS 200b: ICS for Single Resources and Initial Action Incidents	3 months from hire	Once in career			
IS 546: Continuity of Operations Awareness Course					
IS 700a: National Incident Management System (NIMS): An Introduction					
IS 800b: National Response Framework, An Introduction					
ICS Refresher	Optional after completion of ICS courses above	Every 3 years	Online	Anytime	1 hour
ICS at HEALTH	3 months from hire				
Personal Preparedness	6 months from hire				
GENERAL TOPICS (9)					
On-boarding: New hires orientation	Once		Combined: Online and in-person	Pilot in 2014	Throughout the first year of employment
HIPAA Confidentiality	6 months from hire	Every 2 years	In-person	Twice a year	2 hours
Protecting Health care data and records	6 months from hire	Every 2 years	In-person	Twice a year	2 hours
CLAS (Culturally and Linguistically Appropriate Services) Standards	6 months from hire	Every 3 years	In-person	Twice a year	2 hours
Equal Opportunity/Harassment/Sexual Harassment and Diversity	3 months from hire		In-person	Quarterly	3 hours
Cultural Competency and Diversity (refresher class from above)		Every 2 years	In-person	Quarterly	2 hours
Code of Ethics	1 year from hire	Every 3 years	In-person	Twice a year	1.5 hours

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TOPIC	FREQUENCY TO REPEAT THE COURSE		TRAINING AVAILABILITY		
	New employee	Current employee	Method	Available	Duration
Health and Safety Training	1 year from hire	Every 3 years	In-person	Twice a year	1.5 hours
Public Health Accreditation	6 months from hire	Every 3 years	Online	Anytime	1 hour
SOFTWARE (3)					
Microsoft Office Products: Word, Excel, Powerpoint, Publisher, Access	As needed	As needed	In-person (through OTD)	Spring and Summer	Usually 15 hrs
Groupwise (email software)		As needed	In-person (through OTD)	Spring	2 hours
Adobe Converter and Adobe Professional	If applicable, within 3 months from hire	As needed, approved by supervisor	In-person (through OTD)	Twice a year	2 hours

IMPORTANT NOTES:

- *This schedule is for calendar year 2014.*
- *Job/position-specific required trainings are not listed here.*
- *Some positions may require training in certain topics more often than what is listed in this schedule. In those cases, staff will need to take the trainings as required by their position.*
- *All courses listed in this plan require access to TRAIN. Training schedules, location, frequency, etc., might change due to funding or resources. Visit the Intranet or contact your TRAIN Point of Contact for current updates.*

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2014 - Online Classes Only

Please note that all courses require access to TRAIN. Log in TRAIN, visit the Intranet or contact your TRAIN Point of Contact for current updates.

TOPIC	TRAIN COURSE ID	DURATION	INSTRUCTOR	FREQUENCY TO REPEAT THE COURSE	
				New employee	Current employee
Introduction to the Foundations, History and Philosophy of Public Health	1046392	2 hours	M. Clark	6 months from hire	View two webinars per year
Social Determinants of Health and Health Equity	1046415	1h 45 min.	N. Baril E. Achile		
Systematic Oppression “the Isms”	1046417	1h 20 min.	C. Parker J. Ojeda		
Core Competencies in Assessment and Measurement	1046439	2h 15 min.	M. Thompson D. Robinson		
Using the Strategic Prevention Framework to Promote Leadership and Systems Thinking	1046440	1h 45 min.	L. Bavarie		
Activating Citizens and Building Community Capacity	1046442	2h 30 min.	L. Fresina		
Cultural Competence and Cultural Humility	1046606	1h 45 min.	T. Ayers N. Shewmangal		
Framing Health Equity: A Communications Strategy	1046624	2 hours	T. Manuet		
Quality Improvement (QI) 101	TBD	1 hour	TBD	4 months from hire	Every 3 years
Privacy rule under new HIPAA amendments	TBD	1.5 hours	J. Sternick	3 months from hire (if it applies)	Every 3 years
Developing Performance Measures	TBD	1 hour	T. Chapel	3 months from hire (if it applies)	Every 3 years
Transition from Management to Leadership	TBD	7 weeks to complete	Tulane University	If applicable, within 1 year	Every 5 years
IS 100b: Introduction to Incident Command System	1024627	Varies	Federal Emergency Management Agency (FEMA)/Emergency Management Institute (EMI)	3 months of hire	Every 3 years
IS 200b: ICS for Single Resources and Initial Action Incidents	1024638				
IS 546: Continuity of Operations Awareness Course	1030692				
IS 700a: Introduction to the National Incident Management System (NIMS)	1016070				
IS 800b: National Response Framework, An Introduction	1011882				
ICS Refresher	TBD	TBD	Varies	Optional after completion of ICS courses above	Every 3 years
ICS at HEALTH	TBD			3 months from hire	
Personal Preparedness	TBD			6 months from hire	
Public Health Accreditation	TBD	1 hour	Varies	6 months from hire	Every 3 years
On-boarding: New hires orientation (<i>online and in person</i>)	TBD	On-boarding will be Piloted in 2014 and goes through the 1 st year of employment for new hires			

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2014 – In-Person Classes Only

Please note that all courses require access to TRAIN. Training schedules, location, frequency, etc., might change. Visit the Intranet or contact your TRAIN Point of Contact for current updates.

TRAINING TOPIC	Available	Duration	Instructor	FREQUENCY TO REPEAT THE COURSE	
				New employee	Current employee
Ethics in Healthcare (TRAIN ID 1048381)	Twice a year	1.5 hours	L. Green	6 months from hire	Every 3 years
Public Health Grand Rounds <i>(also available online)</i>	At least 5 times per year	1 hour	Varies	At least 2 sessions per year, as sessions are offered	
Quality Improvement in Public Health	Yearly	8 hours	QI Team	If selected for QI Team, only once	
Turning Managerial Challenges into Positive Results	Every other month	7 hours	D. George	3 months from hire	Every 3 years
Critical Supervisory, Management and Leadership Skills	2-3 times a year	15 hours	TBD	6 months from hire (if it applies)	Every 3 years
HIPAA Confidentiality	Twice a year	2 hours	TBD	6 months from hire	Every 2 years
Protecting Health care data and records	Twice a year	2 hours	TBD	6 months from hire	Every 2 years
CLAS (Culturally and Linguistically Appropriate Services) Standards	Twice a year	2 hours	J. D'Errico	6 months from hire	Every 3 years
Equal Opportunity/Harassment/Sexual Harassment and Diversity	Quarterly for new hires	At hiring: 3 hours	C. Burrell	3 months from hire	
Cultural Competency and Diversity <i>(refresher class from above)</i>	Quarterly	2 hours	C. Burrell		Every 2 years
Code of Ethics	Twice a year	1.5 hours	J. Gramitt	1 year from hire	Every 3 years
Health and Safety Training	Twice a year	1.5 hours	TBD	1 year from hire	Every 3 years
On-boarding: New hires orientation <i>(online and in-person)</i>	On-boarding will be Piloted in 2014 and goes through the 1 st year of employment for new hires				
Microsoft Office Products: Word, Excel, Powerpoint, Publisher, Access	Spring and Summer	Usually 15 hrs	Varies	As needed	As needed
Groupwise (email software)	Spring	2 hours	TBD		As needed
Adobe Converter and Adobe Professional	Twice a year	2 hours	TBD	If applicable, within 6 months from hire	As needed, approved by supervisor

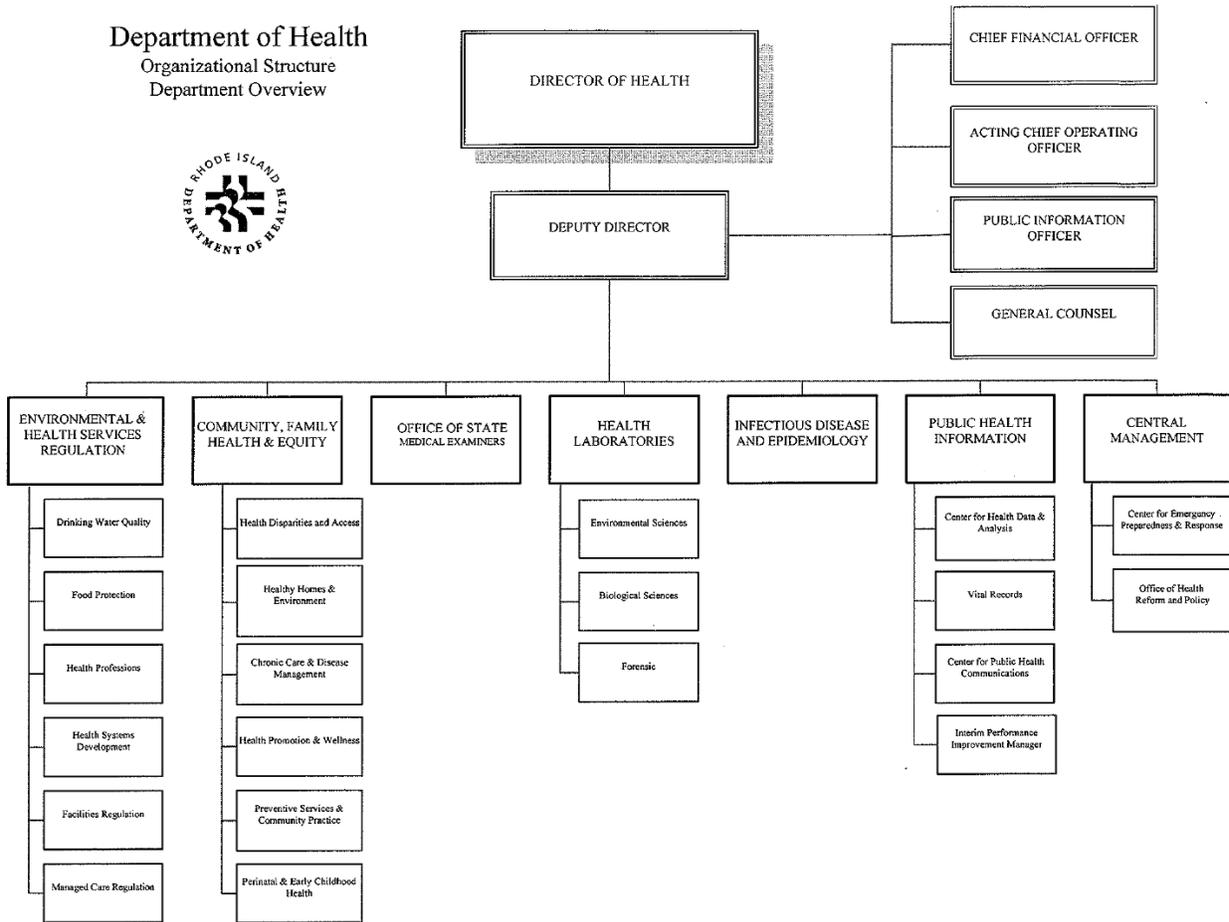
VIII. Glossary of Terms

- **Adult Learning Principles:** Five principles that were originally proposed by researcher Knowles in 1978, as key components of successful learning when teaching adults.
- **CDC:** The Centers for Disease Control and Prevention, the federal agency that manages and monitors the National Public Health Improvement Initiative (NPHII), through grants to state public health agencies.
- **Core Competencies:** The Core Competencies^{vii} are areas of expertise identified by national public health experts that should serve as a starting point for academic and practice organizations to understand, assess, and meet training and workforce needs. They are being used by hundreds of health departments and public health professionals across the country and abroad.
- **HEALTH employee:** Any individual hired by the State of Rhode Island and performing a job at HEALTH, AND, individuals performing work for HEALTH via a sub-contract, or other long-term, ongoing assignment such as internship.
- **NPHII:** The National Public Health Improvement Initiative^{viii} that support health departments or their bona fide agents for a) Accelerating public health accreditation readiness activities, b) Implementing performance and improvement management practices and systems, d) Implementing and sharing practice-based evidence.
- **On-boarding^{ix}:** The process of integrating and acculturating new employees into the organization and providing them with the tools, resources and knowledge to become successful and productive.
- **OSTLTS:** The Office for State, Tribal, Local and Territorial Support^x, created in CDC to support and improve public health at all levels. The mission of OSTLTS is to advance US public health agency and system performance, capacity, agility, and resilience.
- **OTD:** The Office of Training and Development of the RI Department of Administration, responsible for arranging basic training for all state agencies.
- **PHAB:** The Public Health Accreditation Board (PHAB), the non-profit agency responsible for implementing the public health accreditation program nationally.
- **Points of Contact:** Also known as “POCs”, are individuals from each Division or Center within HEALTH, trained and voluntarily serving in the role of contact for training and troubleshooting for staff in their Division or Center.
- **Public Health Accreditation:** The new, voluntary program launched in September 2011 now available to all public health agencies to gain accreditation.
- **TRAIN:** TrainingFinder Real-Time Affiliate Integrated Network, a system supported by the Public Health Foundation and in use at HEALTH as its learning management system for public health training, monitoring, tracking and evaluation.
- **Workforce Development Plan:** The comprehensive document that HEALTH will issue on an annual basis describing the current efforts related to training and staff development, the training schedule for the upcoming year, and the evaluation of the past year.

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IX. Appendices

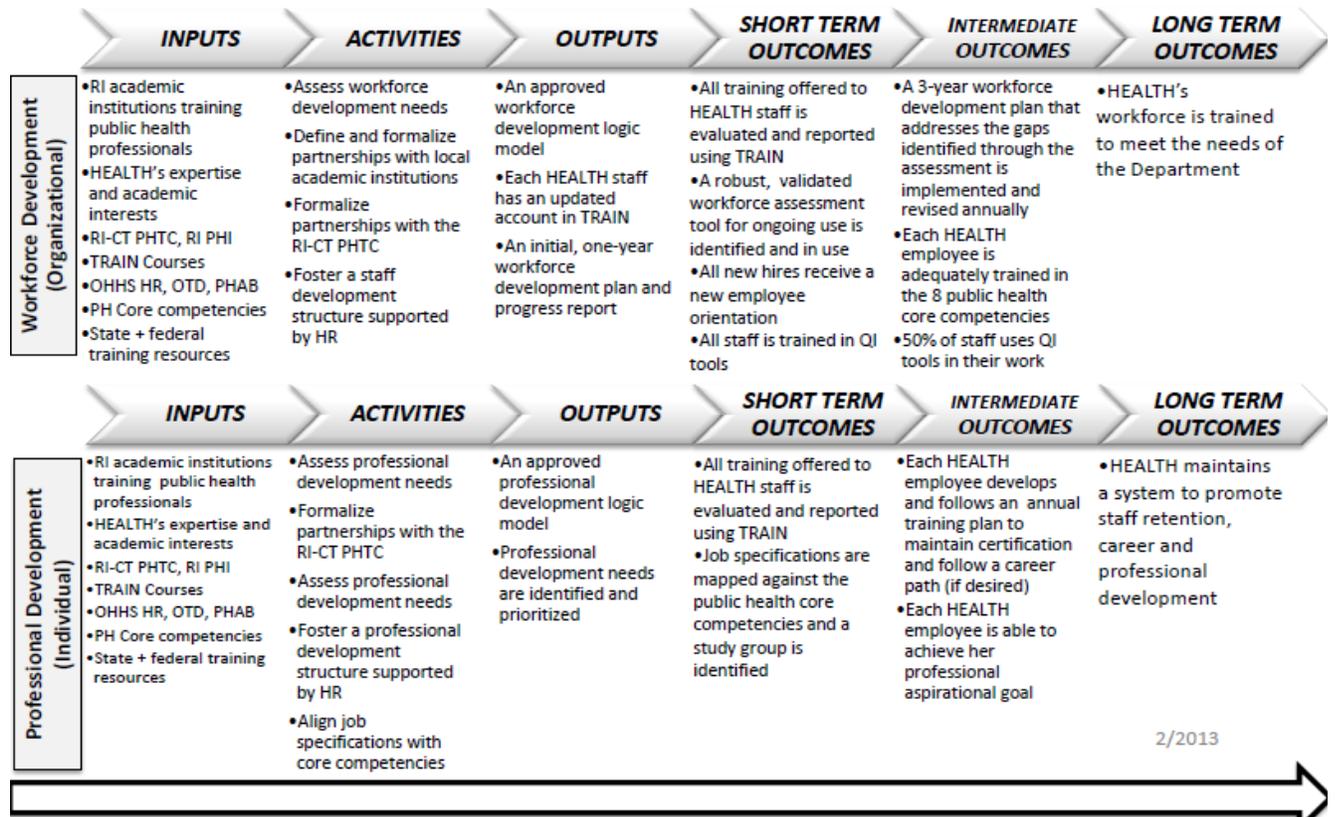
Appendix 1: HEALTH's Organizational Chart



Appendix 2: Workforce and Professional Development Logic Model, presented in two versions



Professional and Workforce Development Logic Model



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Professional and Workforce Development Logic Model (combined)

Inputs + Resources	Activities	Outputs	Short term outcomes	Intermediate outcomes	Long term outcomes
<ul style="list-style-type: none"> •Local academic institutions that offer degrees on public health and related professions •HEALTH's expertise and academic interests •RI-CT PHTC •RI Public Health Institute •Courses available in TRAIN •OHHS HR •CFHE Staff Dev. Committee •CDC NPHII grant •PHAB standards •Public Health Core Competencies from the Council on Linkages •DOA's Office of Training and Development •State, local and federal training resources and opportunities 	<ul style="list-style-type: none"> •Assess workforce development needs •Assess professional development needs •Define and formalize partnerships with local academic institutions •Formalize partnerships with the RI-CT PHTC •Foster a staff development structure supported by HR •Align job specifications with the 8 public health core competencies from the Council on Linkages 	<ul style="list-style-type: none"> •An approved professional and workforce development logic model •Each HEALTH employee has an active account in TRAIN •An initial, one-year workforce development plan and progress report •Workforce development needs are identified and prioritized •Professional development needs are identified and prioritized 	<ul style="list-style-type: none"> •All training offered to HEALTH staff is evaluated and reported using TRAIN •A robust, validated workforce assessment tool for ongoing use is identified and in use •All HEALTH staff is trained in QI tools •All new hires receive a new employee orientation •Job specifications are mapped against the public health core competencies and a study group is identified 	<ul style="list-style-type: none"> •A 3-year workforce development plan that addresses the gaps identified through the assessment is implemented and revised annually •Each HEALTH employee is adequately trained in the eight public health core competencies •50% of the staff is using QI tools in their work •Each HEALTH employee develops and follows an annual training plan to maintain certification and follow a career path (if desired) •Each employee is able to achieve her professional aspirational goal 	<ul style="list-style-type: none"> •HEALTH's workforce is trained to meet the needs of the Department •HEALTH maintains a system to promote staff retention, and career and professional development

2/2013

Appendix 3: Public Health Preparedness & Response Core Competency Model

FINAL Model Version 1.0 (December 17, 2010)



Performance Goal: Proficiently perform assigned prevention, preparedness, response, and recovery role(s) in accordance with established national, state, and local health security and public health policies, laws, and systems.

Much of an individual worker's ability to meet this performance goal is grounded in competencies acquired from three sources, as applicable to the worker's level of training and position/role:

- (a) *Foundational public health competencies*, such as the Council on Linkages Between Academia and Public Health Practice [Core Competencies for Public Health Professionals](#) and the [ASPH Master's Degree in Public Health Core Competency Model](#) for those in the target group with specific training in public health;
- (b) *Generic health security or emergency core competencies*, such as those which may stem from [NIMS courses](#) or competency sets pending from various national initiatives; and,
- (c) *Position-specific or professional competencies*, such as those developed for [public health nursing](#), [environmental health](#), [public health law](#), [applied epidemiology](#), [administrative support](#), and [informatics](#).

Beyond these sets, competencies in the following four domains are critical to build and sustain the capacity of public health workers to fulfill their responsibilities:

1. Model Leadership

- 1.1 Solve problems under emergency conditions.
- 1.2 Manage behaviors associated with emotional responses in self and others.
- 1.3 Facilitate collaboration with internal and external emergency response partners.
- 1.4 Maintain situational awareness.
- 1.5 Demonstrate respect for all persons and cultures.
- 1.6 Act within the scope of one's legal authority.

2. Communicate and Manage Information

- 2.1 Manage information related to an emergency.
- 2.2 Use principles of crisis and risk communication.
- 2.3 Report information potentially relevant to the identification and control of an emergency through the chain of command.
- 2.4 Collect data according to protocol.
- 2.5 Manage the recording and/or transcription of data according to protocol.

3. Plan for and Improve Practice

- 3.1 Contribute expertise to a community hazard vulnerability analysis (HVA).
- 3.2 Contribute expertise to the development of emergency plans.
- 3.3 Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training).
- 3.4 Refer matters outside of one's scope of legal authority through the chain of command.

4. Protect Worker Health and Safety

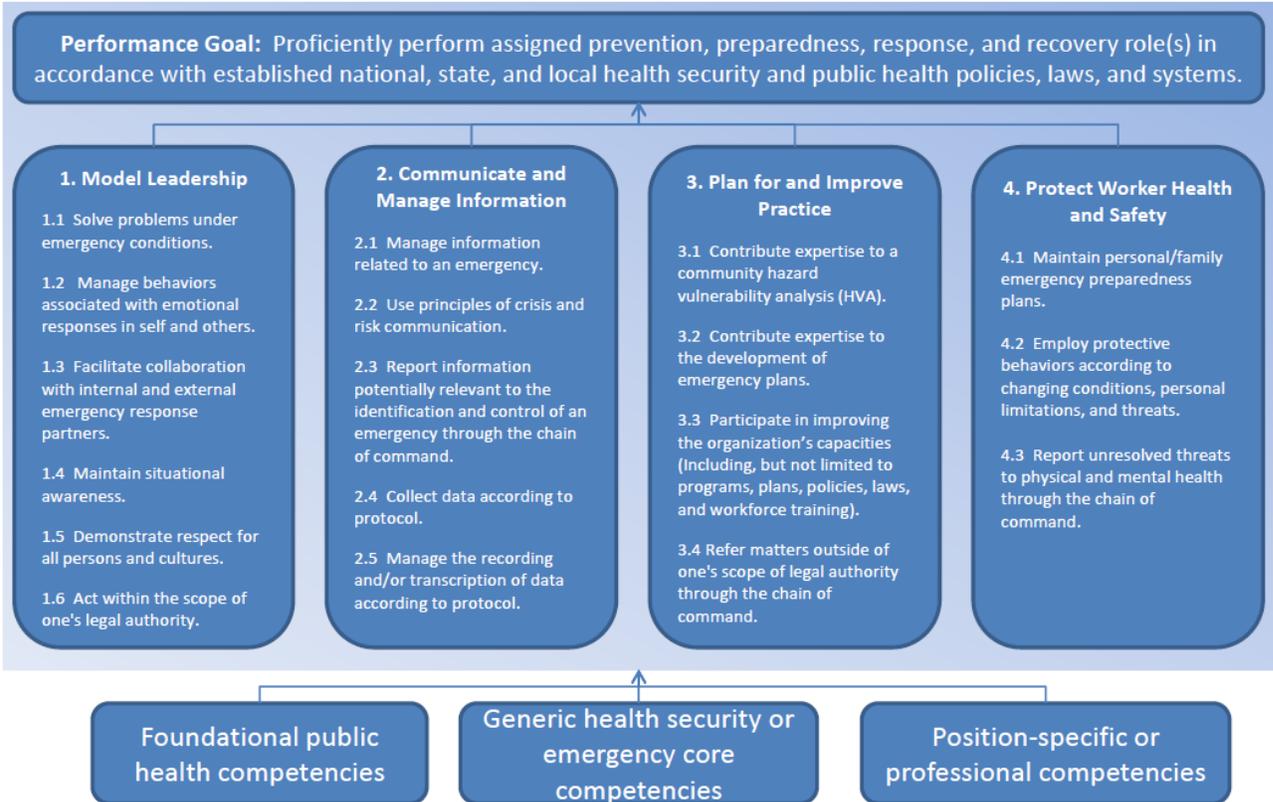
- 4.1 Maintain personal/family emergency preparedness plans.
- 4.2 Employ protective behaviors according to changing conditions, personal limitations, and threats.
- 4.3 Report unresolved threats to physical and mental health through the chain of command.

For more information and to comment on these competencies, see <http://www.asph.org/document.cfm?page=1081>.

This project is conducted in partnership under a cooperative agreement between CDC and ASPH.

Rhode Island Department of Health

Public Health Preparedness and Response Competency Map (Model Version 1.0 – December 17, 2010)



This project is conducted in partnership under a cooperative agreement between CDC and ASPH.

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Tenets, Target Audience, and Performance Level for the Public Health Preparedness and Response Core Competency Model Version 1.0 (December 17, 2010)

Supported by the [Centers for Disease Control and Prevention \(CDC\) Office of Public Health Preparedness and Response](#), the [Association of Schools of Public Health \(ASPH\)](#) has built upon existing work to provide a national framework for competency-based curricula and training and for performance benchmarks to measure public health preparedness and response. The finished model — the Public Health Preparedness and Response Core Competency Model Version 1.0 — fulfills a mandate in the 2006 Pandemic and All-Hazards Preparedness Act to develop “a competency-based training program to train public health practitioners.” It represents individual, core competencies that mid-level public health workers, regardless of their employment setting, are expected to demonstrate to assure readiness.

ASPH and the CDC used a transparent, participatory process from April 2009 to December 2010 to develop, vet, and finalize this model. Over 400 individuals from federal, tribal, state, and local public health practice and from academe contributed to the process as volunteers in three rounds of electronic stakeholder input and in expert workgroups. A 16-member [Leadership Group](#) worked with ASPH staff, CDC officials, and consultants to guide the project.

Tenets

The Leadership Group established the following project tenets, stating that the resulting competency model would:

- Align with established capabilities
- Utilize an all-hazards approach, spanning across the prevent, protect, respond, and recover missions
- Provide a proposed national standard for mid-level public health workers across all sectors and settings
- Be behaviorally-based, focusing on observable actions
- Reflect and build upon existing competency models
- Supplement existing core public health competency models
- Inform curricular planning for the workforce
- Be utilized by the CDC Preparedness and Emergency Response Learning Centers (PERLC)* grantees in 2010.
- Be available to other public and private entities

* PERLC are the new iteration of the Centers for Public Health Preparedness.

Target Audience

The model defines a mid-level public health worker as an individual with:

- Five years experience with an MPH equivalent or higher degree in public health, or
- 10 years experience with a high school diploma, bachelors, or non-public health graduate degree.

Aside from years of experience and education, these workers may have responsibilities for: program support, coordination, development, implementation, management and/or evaluation; supervision; establishing and maintaining community relations, presenting arguments and recommendations on policy issues, etc.

To provide a few examples, mid-level public health workers could include:

- Administrative supervisors, such as payroll supervisors, purchasing managers, and human resources staff;
- Chief clerks of vital records;
- Public health nurses who run well-child clinics, immunization programs, STD testing, and/or who also may assist with epidemiological tasks; and,
- Public health sanitarians who: undertake routine food, water, pool, and/or restaurant inspections; conduct food worker training; and/or may help with epidemiological tasks

Such mid-level workers may or may not *directly* provide the 10 essential public health services as part of their daily jobs. In the event of an “all hands on deck” emergency, however, organizational leaders may need to use the full range of available human resources to support response and recovery. Each organization will make a decision about which employees to include in the audience for training and exercises applying these core competencies.

Performance Level

The model targets *proficiency* as the level of competence required to assure readiness. Workers may begin as novices and some may be required by a specific position or activity to achieve expert competence.

Rhode Island Department of Health

Appendix 4: Proposed Course Instructor Packet

Dear Course Instructor/Organizer,

Welcome! The Rhode Island Department of Health is pleased to work with you in the provision of training for our staff and partners. We support workforce and professional development for our employees, and our goals are to train our employees to meet the needs of the Department, and to maintain a system to promote staff retention and career and professional development.

To adequately track training activities, we are now using an agency-wide learning management system, called TRAIN (TrainingFinder Real-Time Affiliated Network). TRAIN can handle registration, pre and post tests, reminders, links, evaluation and certificates of completion. In order to appropriately track training activity, we ask that you kindly send us the following prior to training begins:

- The completed “Course Form” (15 questions on pages 2-7 of this packet). We’ll use that information to create and begin managing the course in TRAIN.
- The course evaluation (electronic versions are preferred) if you use one. We’ll incorporate your evaluation in TRAIN.
- If relevant, the pre and post test, with the corresponding answers. TRAIN handles the tests, too.
- Any additional information, such as handouts, readings, links or other things that you may want to distribute to the trainees ahead of time.

We also ask that “adult learning principles” be used in any training offered to our staff. We have used those principles to design the evaluation that is administered to all staff after each training, and to design the “Training & Evaluation Principles”. We encourage you to use these principles as a checklist to prepare or review materials for the class you will be offering.

Thanks for working with us in this training endeavor. We hope this turns out a mutually positive experience and benefits our staff. Please feel free to contact us with any questions or if we can be of further assistance.

Sincerely,

Workforce Development Team
Rhode Island Department of Health

Rhode Island Department of Health

INFORMATION FOR COURSE INSTRUCTORS: TRAINING & EVALUATION PRINCIPLES USED BY THE RHODE ISLAND DEPARTMENT OF HEALTH

Our Goal: to ensure that our workforce is trained to meet the needs of the Department, and to maintain a system that promotes staff retention, career, and professional development.

Our evaluation is designed to measure the extent we applied these principles.

1__ Course is relevant and aligns with public health core competencies

- a. __ Objectives describe what new learning will occur
- b. __ Relate each new component to previous material
- c. __ Provide examples of concepts that are relevant to trainees' work

2__ Course highlights personal benefits of training

- a. __ Explain how the course relates to learners immediate work and future goals
- b. __ Discuss how it will help participants reach professional goals

3__ Course accommodates trainees' individual learning needs

- a. __ Assess each trainee's capabilities and interests
- b. __ Training that is compatible with, and respectful of cultural diversity
- c. __ Encourage individual creativity and initiative
- d. __ Differentiate individual communication
- e. __ Provide sufficient time to cover content/answer questions
- f. __ Student-centered training

4__ Course uses training methods that require active participation

- a. __ Use of different methods of communication (Choose two of the following or equivalent): group discussion (small/large), role-play for skill practice, lecture, case study, lab, discussion panel, guest speaker, games, question/answer session, demonstration, technology (media/video, computer, interactive)
- b. __ Implement learning tools in the curriculum (Choose one of the following or equivalent): problem-solving exercises, brainstorming, progress, evaluating own work/work of others
- c. __ Discussion sections that require trainees to practice skill/material learned
- d. __ Limit lecturing to sub-intervals of 20 minutes maximum

5__ Course collects feedback

- a. __ Appropriate and timely feedback
- b. __ Provide trainees with opportunity to correct errors & reinforce learning

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- Integrating Adult Learning Principles Into Training for Public Health Practice, Rebecca L. Bryan, Matthew W. Kreuter and Ross C. Brownson, *Health Promot Pract* 2009 10: 557 originally published online 2 April 2008, DOI: 10.1177/1524839907308117
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- Wilson, K. & Korn, J.H. (2007). Attention during lectures: Beyond ten minutes. *Teaching of Psychology*, 34, 85-89.

Rhode Island Department of Health

TRAIN¹ Course Information, Goals and Competencies

1. **Course title:**
2. **Course provider/sponsor:** **In-house course:** Yes No
3. **Course contact name:** **Phone:** **Email:**
4. **Course Instructor name:**
5. **Instructor's bio:**

6. **Course date(s):** **Time(s):** **Location:**
7. **Course available to:** All RI learners RI Dept of Health employees Nationally
8. **Credits offered:** CEUs CMEs Other None
9. **Course type (check one):**
 Online Live event Exercise (Table top, drill, full-scale)
 Physical Carrier (participant must order materials such as DVD, videotape, CD-ROM)
10. **Course registration (check one):**
 Registration through TRAIN
 Attendees need to register at:
11. **Brief course description:**

By the end of the session, attendees will be able to: (include at least two measurable objectives, which begin with action words such as: explain, demonstrate, analyze, formulate, discuss, compare, differentiate, describe, name, assess, evaluate, identify, design, define).

 - a.
 - b.
 - c.
12. **Are there any course prerequisites?** No Yes (Please list):
13. Cost: \$
14. **Course skill level (Check one):**
 Introductory (topic overview appropriate for general and multiple audiences)
 Intermediate (Appropriate for specific job duties of the target audience)
 Advanced (Intensive instructions, reinforcement of skills)

¹ TRAIN stands for "TrainingFinder Real-Time Affiliate Integrated Network" and is the RI Department of Health's learning management system.

Rhode Island Department of Health

15. Target audience(s) (check up to 6 boxes):

- | | | |
|---|--|---|
| <input type="checkbox"/> Allied Health Professional | <input type="checkbox"/> Fire Service | <input type="checkbox"/> Nurses |
| <input type="checkbox"/> Animal control/Veterinarians | <input type="checkbox"/> General Public Health Staff | <input type="checkbox"/> Occupational Health and safety |
| <input type="checkbox"/> Biostatisticians | <input type="checkbox"/> Hazardous Materials Personnel | <input type="checkbox"/> Pharmacy professionals |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Health care | <input type="checkbox"/> Physicals/other clinicians |
| <input type="checkbox"/> Child care providers | <input type="checkbox"/> Home Care | <input type="checkbox"/> Policy/Planner |
| <input type="checkbox"/> Communicable disease staff | <input type="checkbox"/> Human Services | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Dental Professionals | <input type="checkbox"/> Information Systems Professionals | <input type="checkbox"/> Public Information |
| <input type="checkbox"/> Dietitians | <input type="checkbox"/> Laboratory Professionals | <input type="checkbox"/> Public safety communications |
| <input type="checkbox"/> Educators/Trainers | <input type="checkbox"/> Lactation consultants | <input type="checkbox"/> Public Workers |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Student |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Mail Handlers | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Emergency responders/receivers | <input type="checkbox"/> Medical Examiner/coroner | <input type="checkbox"/> Teacher/Faculty |
| <input type="checkbox"/> Environmental Health Professionals | <input type="checkbox"/> Mental Health Professional | <input type="checkbox"/> Other |
| <input type="checkbox"/> Epidemiologists/Surveillance staff | <input type="checkbox"/> Military personnel | |

16. Course covers materials on the following subject area(s) (check up to 6 boxes):

- | | | |
|---|---|--|
| <input type="checkbox"/> Access to Care (includes health insurance) | <input type="checkbox"/> Health / Risk Communications | <input type="checkbox"/> Oral Health |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Health Care | <input type="checkbox"/> Partnerships |
| <input type="checkbox"/> Animal Health | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Performance/Quality Improvement |
| <input type="checkbox"/> Assessment/Analysis | <input type="checkbox"/> Home Care | <input type="checkbox"/> Personal Communications |
| <input type="checkbox"/> Chronic Diseases | <input type="checkbox"/> Infectious Diseases / Immunizations | <input type="checkbox"/> Pest / Vector Control |
| <input type="checkbox"/> Computer Skills/Training | <input type="checkbox"/> Informatics / Technology | <input type="checkbox"/> Physical Activity / Obesity |
| <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Injury / Violence / Trauma | <input type="checkbox"/> Policy / Planning |
| <input type="checkbox"/> Disability | <input type="checkbox"/> International Health | <input type="checkbox"/> Prevention / Promotion |
| <input type="checkbox"/> Education/Training/Exercises/Drills | <input type="checkbox"/> Investigations/Inspections/Enforcement | <input type="checkbox"/> Procurement |
| <input type="checkbox"/> Emergency Management | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Environmental / Industrial Health | <input type="checkbox"/> Legal / Ethical | <input type="checkbox"/> Public Works |
| <input type="checkbox"/> Epidemiology / Biostatistics | <input type="checkbox"/> Management /Leadership | <input type="checkbox"/> Research Methods |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sexually Transmitted Diseases |
| <input type="checkbox"/> Family Planning / Reproductive Health | <input type="checkbox"/> Mass Prophylaxis | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Finance / Grants | <input type="checkbox"/> Maternal / Child Health | <input type="checkbox"/> Surveillance |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Terrorism / Emergency Readiness |
| <input type="checkbox"/> General Public Health | <input type="checkbox"/> Minority Health / Health Disparities | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Genetics | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Workforce Development |
| <input type="checkbox"/> Hazmat | <input type="checkbox"/> Occupational Health and Safety | <input type="checkbox"/> Other |

17. Course addresses the following competency domain (check up to 6 boxes from the list below):

The Core Competencies for Public Health Professionals are a consensus set of competencies for the broad practice of public health in any setting and they reflect skills that may be desirable for professionals who deliver the Essential Public Health Services. They are presented in three tiers, which reflect stages of public health career development. The individual competencies within the tiers build upon each other, describing desired skills for professionals at progressive stages of their careers.

- **Tier 1 – Entry Level.** Includes public health professionals who carry out day-to-day tasks of the public health organization and are not in management positions.
- **Tier 2 – Program Management/Supervisory Level.** Includes professionals with program management and/or supervisory responsibilities as well as program development/implementation/evaluation, maintaining community relations, managing timelines and work plans, and recommending public health policies.
- **Tier 3 – Senior Management/Executive Level.** Focuses on individuals in senior management or leadership positions. This level includes responsibility for program functions, organizational strategy and vision, and establishing/maintaining the organization's professional culture.

Competency Domain

Rhode Island Department of Health

1. Analytical Assessment Skills

	Tier 1	Tier 2	Tier 3
Identifies/assesses/reviews the health status of populations and their related determinants of health and illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the characteristics of a population-based problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses/generates/evaluates variables that measure public health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses/critiques methods and instruments for collecting valid and reliable quantitative and qualitative data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies/references/expands access to public health data and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes/examines/evaluates the integrity and comparability of data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies/rectifies gaps in data sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres/employs/ensures the application of ethical principles in the collection, maintenance, use and dissemination of data and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/interprets/integrates findings from the quantitative and qualitative data into organizational operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collects quantitative and qualitative community data/makes community specific inferences from quantitative and qualitative data/determines community specific trends from quantitative and qualitative data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses information technology to collect, store, and retrieve data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/uses/incorporates data into resolution of scientific, political, ethical and social public health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify resources to meet community health needs	—	—	<input type="checkbox"/>

2. Policy Development/Program Planning Skills

	Tier 1	Tier 2	Tier 3
Gathers/analyzes/evaluates information relevant to specific public health policy issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes how policy options can influence public health programs/analyzes policy options for public health programs/decides policy options for the public health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explains/determines/critiques the expected outcomes of policy options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gathers information to inform policy decisions/describes implication of policy options/critiques selected policy options using data and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes public health laws and regulations governing public health programs/manages public health programs consistent with public health laws and regulations/ensures public health programs are consistent with public health laws and regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in program planning process/develops plans to implement policy and programs/implements plans and programs consistent with policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates policies and procedures into program planning and structure/develops policies for organizational plans, structures, and programs/determines policies for the organization with guidance from a governing body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies, develops and critiques mechanisms to monitor and evaluate programs for their effectiveness and quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates/incorporates/oversees public health informatics practices and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies strategies for continuous quality improvement/develops strategies for continuing quality improvement/implements organizational and system-wide strategies for continuous quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses/critiques decision analysis for policy development and program planning	—	<input type="checkbox"/>	<input type="checkbox"/>
Integrates emerging trends into strategic planning	—	—	<input type="checkbox"/>
Ensures consistency of policy integration	—	—	<input type="checkbox"/>

3. Communication Skills

	Tier 1	Tier 2	Tier 3
Identifies the health literacy of populations served/assesses health literacy of populations served/ensures that health literacy of populations served is considered throughout all communications strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates in writing and orally; in person & through electronic means, with linguistic & cultural proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solicits community-based input from individuals and organizations/ensures that public health organizations seek input from other organizations and individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conveys public health information using a variety of approaches/uses a variety of approaches to disseminate public health information/ensures a variety of approaches are considered and used to disseminate public health information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in the development of demographic, statistical, programmatic and scientific presentations/presents demographics, statistical, programming, and scientific presentations for professional and lay audiences/interprets demographics, statistics, and scientific presentations for use by professional and lay audiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Applies communication and group dynamic strategies in interactions with individuals and groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates the role of public health within the overall health system	—	—	<input type="checkbox"/>

4. Cultural Competency Skills

	Tier 1	Tier 2	Tier 3
Incorporates strategies for interacting with persons from diverse backgrounds/ensures that there are strategies for interacting with persons from diverse backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes/considers the role of cultural, social, and behavioral factors in the accessibility, availability and delivery of public health services/ensures the consideration of the role of cultural, social and behavioral factors in accessibility, availability, acceptability and delivery of public health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds to diverse needs that are the result of cultural differences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/explains/assesses the dynamic forces that contribute to cultural diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/assesses the need for a diverse public health workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in the assessment of the cultural competence of the public health organization/assesses public health programs for their cultural competency/assesses the public health organization for its cultural competency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures the public health organization's cultural competency	—	—	<input type="checkbox"/>

5. Community Dimensions of Practice Skills

	Tier 1	Tier 2	Tier 3
Recognizes/assesses/evaluates community linkages and relationships among multiple factors (or determinants) affecting health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies/establishes linkages with key stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborates with community partners to promote the health of the population/facilitates collaborations and partnerships to ensure participation of key stakeholders/ensures collaboration of key stakeholders through the development of formal and informal agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains partnerships with key stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses group processes to advance community involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/distinguishes/integrates the role of governmental and non-governmental organizations in the delivery of community health service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies community assets and resources/negotiates for the use of community assets and resources through Memorandum of Understanding and informal agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gathers input from the community to inform the development of public health policy and programs/uses ensures community input when developing public health policies and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Informs the public about policies, programs, and resources/promotes public health policies, programs and resources/defends public health policies/programs and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluates the effectiveness of community engagement strategies	—	—	<input type="checkbox"/>

6. Public Health Sciences Skills

	Tier 1	Tier 2	Tier 3
Describes/discusses/critiques the scientific foundation of the field of public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies/distinguishes prominent events in the history of the public health profession/explains lessons to be learned from prominent events in the history of public health professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health/incorporates the Core Public Health Functions and Ten Essential services of public health into the practice of public health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies the basic public health sciences/applies the basic public health sciences to policies and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/conducts/integrates review of scientific evidence related to a public health issue, concern, or intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retrieves scientific evidence from a variety of text and electronic sources/synthesizes scientific evidence from a variety of text and electronic sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discusses/determines/critiques the limitations of research findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/determines the laws, regulations, policies and procedures for the ethical conduct of research/advises on laws, regulations, policies and procedures for ethical conduct of research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners with other public health professionals in building the scientific basis of public health/contributes to building the scientific base of public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishes partnerships with academic and other organizations to expand public health science base and disseminate research findings	—	—	<input type="checkbox"/>

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7. Financial Planning and Management Skills

	Tier 1	Tier 2	Tier 3
Describes the local, state and federal public health and health care systems/interprets/leverages interrelationships among government public health and health care systems for public health program management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/interprets/leverages the organizational structures, functions, and authorities of local, state and federal public health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adheres to organization's policies and procedures/develops partnerships with agencies with authority over public health situations or issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in the development of a programmatic budget/implements/manages the implementations of judicial and operational procedures of the body/unity that oversees public health organization operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates programs within current and forecasted budget constraints/develops a programmatic budget/defends programmatic and organizational budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies strategies for determining budget priorities based on federal, state and local financial contributions/manages programs within current and forecasted budget constraints/ensures programs are managed within constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reports program performance/develops/critiques strategies for determining budget priorities based on federal, state, and local financial contributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Translates evaluation report information into program performance improvement action steps/evaluates program performance/determines budgetary priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to the preparation of proposals for funding from external sources/uses evaluation results to improve performance/evaluates program performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts/uses evaluation results to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates/applies public health informatics skills to improve program and business operations/approves proposals for external funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in the development of contracts and other agreements for the provision of services/negotiates contracts and other agreements for providing services/applies basic human relations skills to internal collaborations, motivation of colleagues and conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes/uses/includes the use of cost effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incorporates data and information to improve organizational processes and performances	—	—	<input type="checkbox"/>
Establishes performance management systems	—	—	<input type="checkbox"/>

8. Leadership and Systems Thinking Skills

	Tier 1	Tier 2	Tier 3
Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes how public health operates within a larger system/incorporates/integrates systems thinking into public health practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies/analyzes/resolves internal and external problems that may affect the delivery of Essential Public Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses individual, team and organizational learning opportunities for personal and professional development/promotes individual, team and organizational learning opportunities/advocates for individual, team and organizational learning opportunities within the organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in mentoring and peer review or coaching opportunities/establishes individual, team, organizational and other learning opportunities for the public health workforce, promotes mentoring, peer advising, coaching and other personal development opportunities for the public health workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates/contributes in the measuring, reporting and continuous improvement of organizational performance/ensures the measuring, reporting and continuous improvement of organizational performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes the impact of changes in public health systems and larger social, political, and economic environment on organizational practice/modify organizational practices in consideration of changes in the public health systems and the larger social, political and economic environment on the organizational practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensures the management of organizational changes	—	—	<input type="checkbox"/>

18. Is this training applicable to Emergency Preparedness competencies?

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Yes [Check up to 6 boxes from the list below]

No [End form here]

Emergency Preparedness

1. Model Leadership

- Solve problems under emergency conditions
- Manage behaviors associated with emotional responses in self and others
- Facilitate collaboration with internal and external emergency response partners
- Maintain situational awareness
- Act within the scope of one's legal authority
- Demonstrate respect for all persons and cultures

2. Communicate and Manage Information

- Manage Information related to an emergency
- Use principles of crisis and risk communications
- Report information potentially relevant to the identification & control of an emergency through the chain of command
- Collect data according to protocol
- Manage the recording and/or transcription of data to protocol

3. Plan for and Improve Practice

- Contribute expertise to a community hazard vulnerability analysis (HVA)
- Contribute expertise to the development of emergency plans
- Participate in improving the organizational capacities (e.g., programs, plans, policies, laws and workforce training)
- Refer matters outside of one's scope of legal authority through the chain of command

4. Protect Worker Health and Safety

- Maintain personal/family emergency preparedness plans
- Employ protective behaviors according to changing conditions, personal limitations and threats
- Report unresolved threats to physical and mental health through the chain of command

*****THANKS FOR COMPLETING THIS FORM! SEND IT BACK TO THE PERSON WHO GAVE IT TO YOU*****

Appendix 5: Training Needs Assessment Executive Summary and Respondents' Demographics

**Rhode Island Department of Health:
Workforce Training Needs Assessment
Consultant Report – August 2012**

Executive Summary

The Connecticut-Rhode Island Public Health Training Center (CT-RI PHTC) conducted a self-assessment survey of workforce training needs for the Rhode Island Department of Health (HEALTH) in October and November, 2011. Following initial analysis of the data by CT-RI PHTC, HEALTH requested additional analysis and consultation on workforce training needs and opportunities. This report and recommendations are the result of this consultation.

There were 323 respondents, 78.8% of the eligible workforce at HEALTH. Analysis of the responses shows that department leadership is well-prepared in the eight core competency domains for public health practice and in the five competency domains of emergency preparedness. The second tier of public health workers (professionals with program management and/or supervisory responsibilities including developing, implementing or evaluating programs, maintaining community relations, managing timelines and work plans, and recommending public health policies) is generally well-prepared in the five domains of emergency-preparedness and in most domains for public health practice. Notably, half the second tier workers report they are underprepared in Domain 6, Public Health Science. The third tier of public health workers (those who carry out day-to-day tasks of the health department and are not in management roles) report more variable skill levels and the greatest needs for training.

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Key Findings Tier 1 -- Entry Level (45.9% of respondents)

EMERGENCY PREPAREDNESS

- 19% lack of confidence in their ability to respond to an emergency incident
- 33% rate themselves on the low end for communicating and managing information
- 46% rate themselves on the low end in protecting worker health and safety
- 58% rate themselves low in planning for and improving practice in emergency incidents
- 20% describe themselves as “able to teach” skills in the domains except planning for and improving practice

PUBLIC HEALTH COMPETENCY

- 50% rate themselves as proficient or able to teach Cultural Competence skills
- About one-third rank themselves as unskilled in domains 1 – 3, 5 and 8
- 43% rate themselves as unskilled in Domain 7, Financial Planning and Management
- 68% rate themselves as unskilled or limited knowledge or skill in Domain 6, Public Health Science

Key Findings Tier 2 – Program/ Management Level (43.1%)

EMERGENCY PREPAREDNESS

- 8% lack confidence in their ability to respond to an emergency incident
- 31% rate themselves on the low end for communicating and managing information
- 22% rate themselves on the low end in protecting worker health and safety
- 47% rate themselves low in planning for and improving practice in emergency incidents
- More than 25% describe themselves as “able to teach” skills in all domains except planning for and improving practice

PUBLIC HEALTH COMPETENCY

- 70% rate themselves as proficient or able to teach Analytical and Assessment Skills
- Only 10% rate themselves as unaware or having very little knowledge in one or more of domains 1-5, 7 and 8
- 49% rate themselves as below proficiency in Domain 6, Public Health Science

Key Findings Tier 3 -- Leadership Level (10.8%)

EMERGENCY PREPAREDNESS

- 3% lack of confidence in their ability to respond to an emergency incident
- 27% report less than proficient skill and knowledge for the Domain of Planning for and Improving Practice

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- 26% report less than proficient skill and knowledge for Protecting Worker Health and Safety

PUBLIC HEALTH COMPETENCY

- No one rates themselves as unaware or having very little knowledge in a public health domain
- 23% rate themselves as having limited knowledge of Domain 4 (Cultural Competence)
- 22% rate themselves as having limited knowledge of Domain 6 (Public Health Science)

In summary, the data and the key informant process all point to a need to focus on enhancing the knowledge and skills of the frontline workforce, encompassing basic knowledge of public health science and specific job-related skills in other domains. Training for Tier 2 and Tier 3 workers can be focused on updating general public health skills and supporting specific job-related updates. Currently, HEALTH relies on an informal process for managing workforce training and development. There are a number of opportunities for enhancing skills and knowledge within the department and in the community, but tracking participation and evaluating needs and successful completion is limited. This training needs assessment provides evidence that a more systematic approach to workforce training has potential to enhance effective public health practice and improve service delivery. Expanding the use of RI TRAIN to all departmental training management needs, not limiting it to emergency preparedness will help meet the training monitoring needs of HEALTH

CT-RI PHTC offers the following recommendations, and is prepared to work with HEALTH on developing training opportunities and managing RI TRAIN, the training management system.

1 Initiate a Health Department orientation to be completed in the first year of employment in the department

- Include self-directed learning components related to the division and the specific job assignment of new employees
- Include a “public health in Rhode Island 101” that introduces the competencies themselves,

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- Use seminars and problem-based learning to cut across organizational divisions and employee tiers and build a sense of belonging to the enterprise of public health in Rhode Island

2 Invest in competency-based training for tier 1 workers

- Develop and use a job-based training plan in annual employee performance reviews
- Include core public health competencies in all training plans, with adaptation based upon primary work
- Focus on Public Health Science with application to specific job responsibilities and organizational unit/office
- Address Analysis and Assessment on a job-related basis and connect analysis skills to unit functions: consider problem-based learning

3 Train supervisors on the core competencies of public health, on using the core competencies in evaluating employee performance, and on setting training goals based on core competencies required for the worker's job assignment

- Gain support from the Human Resources Department at the Office of Health and Human Services
- Apply experiences from Emergency Preparedness Training
- Use a formal training management system such as TRAIN

4 Address public health science competency through a training program building on the strong interest in the social determinants of health, with tier 2 employees as the primary audience

- Address the needs of professionals without a public health degree
- Provide refreshers to longer term professionals and involve them in problem-based teaching
- Consider problem-based learning and reviews of evidence on current departmental issues, formalizing what is often done informally

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Table A.1. 1: RI Department of Health Sample, Workforce Assessment Survey, 2011

		Sample (N=323)	Percent
Sex	Male	102	31.58
	Female	221	68.42
Tier level	Tier 1 (Entry Level)	146	45.91
	Tier 2 (Management Level)	137	43.08
	Tier 3 (Leadership Level)	35	11.01
Employment status	Full time	319	98.76
	Part time	4	1.24
Education level	High school	7	2.17
	Some college	46	14.29
	Associate/Technical/Vocational training/LPN	30	9.32
	Bachelor's degree or equivalent	96	29.81
	Graduate degree	143	44.41
Office affiliation	Director's Office	24	7.48
	Environmental Health/Regulation	93	28.97
	Community, Family Health and Equity	88	27.41
	State Medical Examiner's Office	9	2.80
	Public Health Laboratories	40	12.46
	Infectious Disease and Epidemiology	22	6.85
	Public Health Information	45	14.02
Area of public health practice	Administration and Management	28	8.70
	Chronic Disease	11	3.42
	Communication and Reportable Diseases	13	4.04
	Communication, Printing and Info Svcs	7	2.17
	Emergency Preparedness and Response	10	3.11
	Environmental Health	39	12.11
	Epidemiology, data, statistics, analysis	22	6.83
	Health Promotion and Education	19	5.90
	Information Technology and Informatics	10	3.11
	Laboratory Science and Svcs	39	12.11
	Maternal and Child Health	13	4.04
	Nursing	2	0.62
	Performance Management	2	0.62
	Project Management or Supervisor	19	5.90
	Regulation	50	15.53
	Support to all areas and branches	7	2.17
	Other	31	9.63
Job Category	Administrator	33	10.28
	Professional/para-professional	111	34.57
	Program Manager/Supervisor	88	27.41
	Technician	27	8.41
	Administrative Support	37	11.53
	Other	25	7.79
Yrs worked in public health	1-4 years	62	19.50
	5-9 years	61	19.18
	10+ years	195	61.32
Yrs worked at HEALTH	1-4 years	87	27.27
	5-9 years	65	20.38
	10+ years	167	52.35
Yrs worked in current position	1-4 years	174	55.24
	5-9 years	80	25.40
	10+ years	61	19.37

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Table A.1. 2: RI Department of Health, Tier 1 Sample, Workforce Assessment Survey, 2011

		Sample (n=146)	Percent
Sex	Male	36	24.66
	Female	110	75.34
Employment status	Full time	144	98.63
	Part time	2	1.37
Education level	High school	5	3.42
	Some college	33	22.60
	Associate/Technical/Vocational training/LPN	24	16.44
	Bachelor's degree or equivalent	49	33.56
	Graduate degree	35	23.56
Office affiliation	Director's Office	10	6.94
	Environmental Health/Regulation	41	28.47
	Community, Family Health and Equity	30	20.83
	State Medical Examiner's Office	3	2.08
	Public Health Laboratories	22	15.28
	Infectious Disease and Epidemiology	13	9.03
	Public Health Information	25	17.36
Area of public health practice	Administration and Management	11	7.53
	Chronic Disease	2	1.37
	Communication and Reportable Diseases	9	6.16
	Communication, Printing and Info Svcs	3	2.05
	Emergency Preparedness and Response	4	2.74
	Environmental Health	21	14.38
	Epidemiology, data, statistics, analysis	10	6.85
	Health Promotion and Education	9	6.16
	Information Technology and Informatics	7	4.49
	Laboratory Science and Svcs	18	12.33
	Maternal and Child Health	3	2.05
	Nursing	1	0.68
	Performance Management	0	0.00
	Project Management or Supervisor	1	0.68
	Regulation	24	16.44
	Support to all areas and branches	3	2.05
	Other	20	13.70
Job Category	Administrator	3	2.05
	Professional/para-professional	64	43.84
	Program Manager/Supervisor	6	4.11
	Technician	21	14.38
	Administrative Support	31	21.23
	Other	21	14.38
Yrs worked in public health	1-4 years	42	29.17
	5-9 years	38	26.39
	10+ years	64	44.44
Yrs worked at HEALTH	1-4 years	57	39.31
	5-9 years	36	24.83
	10+ years	52	35.86
Yrs worked in current position	1-4 years	88	61.11
	5-9 years	36	25.00
	10+ years	20	13.89

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Table A.1. 3: RI Department of Health, Tier 2 Sample, Workforce Assessment Survey, 2011

		Sample (n=137)	Percent
Sex	Male	53	38.69
	Female	84	61.31
Employment status	Full time	136	99.27
	Part time	1	0.73
Education level	High school	2	1.47
	Some college	10	7.35
	Associate/Technical/Vocational training/LPN	6	4.41
	Bachelor's degree or equivalent	41	30.15
	Graduate degree	77	56.62
Office affiliation	Director's Office	9	6.57
	Environmental Health/Regulation	44	32.12
	Community, Family Health and Equity	44	32.12
	State Medical Examiner's Office	4	2.92
	Public Health Laboratories	14	10.22
	Infectious Disease and Epidemiology	5	3.65
	Public Health Information	17	12.41
Area of public health practice	Administration and Management	11	8.09
	Chronic Disease	8	5.88
	Communication and Reportable Diseases	2	1.47
	Communication, Printing and Info Svcs	3	2.21
	Emergency Preparedness and Response	5	3.68
	Environmental Health	15	11.03
	Epidemiology, data, statistics, analysis	10	7.35
	Health Promotion and Education	9	6.62
	Information Technology and Informatics	3	2.21
	Laboratory Science and Svcs	15	11.03
	Maternal and Child Health	8	5.88
	Nursing	1	0.72
	Performance Management	1	0.74
	Project Management or Supervisor	16	11.76
	Regulation	21	15.44
	Support to all areas and branches	1	0.74
	Other	7	5.15
Job Category	Administrator	14	10.29
	Professional/Para-professional	38	27.94
	Program Manager/Supervisor	74	54.41
	Technician	5	3.68
	Administrative Support	3	2.21
	Other	2	1.47
Yrs worked in public health	1-4 years	19	14.07
	5-9 years	19	14.07
	10+ years	97	71.85
Yrs worked at HEALTH	1-4 years	28	20.74
	5-9 years	24	17.78
	10+ years	83	61.48
Yrs worked in current position	1-4 years	71	53.38
	5-9 years	30	22.56
	10+ years	32	24.06

Appendix 6. Limitations of the RI Training needs assessment survey (Report Excerpt)

1. The data presented in this report are from a self-assessment survey. Respondents were asked to rate their knowledge and skill to carry out the full range of public health work, while their own job may be concentrated in one or two domains. Employees without direct experience in a particular domain may under- or over- estimate their competence, or may skip questions they do not find relevant to their work assignment. One cannot assume that assessing one's competence low translates into a statement of incompetence in one's assigned job.

2. The data used in this report are anonymous, and cannot be attached to specific job assignments. HEALTH wanted to maximize the response rate and felt strongly that anonymity would accomplish that. The data lead support conclusions about the priorities for training across the department. Individual training plans building job-related competencies are clearly needed. However, the large themes which emerge, such as a widespread concern about knowledge of public health sciences and lack of comfort in analysis of community health data point to important opportunities to improve skills that enable most employees to function as "ambassadors for public health".

3. Workforce training needs assessments are not frequently done by all-employee surveys. The current methods are more commonly market surveys assessing training interests, key-informant interviews of human resources managers, or focus groups selected around particular topics or domains. There is very little comparative data available. Published work in the field focuses on maximizing responses, and tends to address training needs rather than self-assessed proficiency. As state agencies seek accreditation, more comparable data sets may be available.

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Appendix 7. HEALTH's Quality Improvement Plan, 2013

RHODE ISLAND'S QUALITY IMPROVEMENT PLAN WAS
COMPLETED IN JUNE 2013 AND CONTAINS 33 PAGES. THE FULL
DOCUMENT IS AVAILABLE TO ALL STAFF IN THE DEPARTMENT'S
INTRANET, AND CAN BE MADE AVAILABLE TO NON-STAFF
MEMBERS BY CONTACTING
MAGALY.ANGELONI@HEALTH.RI.GOV.

Appendix 8. Proposed Standard Training Evaluation

Rhode Island Training Evaluation

Thank you for providing feedback about your experience in training sponsored by the Rhode Island Department of Health (HEALTH). The information from these questions will be used to inform HEALTH about trainees' opinions and reactions toward different training courses and to improve the quality of our training programs.

The evaluation results will be anonymous.

1. To what extent were the course's learning objectives clearly defined?
Not at all []
A little []
Somewhat..... []
Very much..... []
Don't know..... []

2. To what extent did the content match the learning objectives?
Not at all []
A little []
Somewhat..... []
Very much..... []
Don't know..... []

3. To what extent was the content easy to understand?
Not at all []
A little []
Somewhat..... []
Very much..... []
Don't know..... []

4. Would you say the level of the training was:
Too basic []
Somewhat basic []
Appropriate []
Somewhat advanced..... []
Too advanced..... []

5. Are you aware of the Public Health core competencies the course was related to?
No []
Yes..... []

6. If materials were distributed during the training, how useful were they?
Not at all []
A little []
Somewhat..... []
Very much..... []
No materials were distributed []

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7. How applicable was the course content to your current job?
- Not at all []
A little []
Somewhat []
Very much []
Don't know []
8. To what extent will you have the opportunity to apply what you learned in your current job?
- Not at all []
A little []
Somewhat []
Very much []
Don't know []
9. To what extent will you have the support to apply what you learned in your current job?
- Not at all []
A little []
Somewhat []
Very much []
Don't know []
10. To what extent will you have the tools to apply what you learned in your current job?
- Not at all []
A little []
Somewhat []
Very much []
Don't know []
11. How do you plan to use what you learned in this training?
- _____
12. Was the training area conducive to learning?
- No []
Yes []
13. Would you consider the training student-centered?
- No []
Yes []
14. Was the training respectful of cultural diversity?
- No []
Yes []
Not applicable to this training []

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15. To what extent was there **sufficient time** to cover the training content?
- Not at all []
A little []
Somewhat []
Very much []
Don't know []
16. To what extent was there **sufficient time for questions** about the training content?
- Not at all []
A little []
Somewhat []
Very much []
Don't know []
17. If anything, what could this training have included to be **better structured**?
-
18. Did the trainer display a clear understanding/knowledge of the subject matter?
- No []
Yes []
19. How effective was the training content presented?
- Ineffective []
Somewhat effective []
Effective []
Very effective []
19. The level of **interaction between the presenter** and other attendees was:
- Too little []
Somewhat []
Appropriate []
Too much []
20. What were the **interactive techniques** used by the trainer? *Mark all that apply*
- None []
Brainstorming []
Case study []
Demonstration []
Discussion panel []
Games []
Group discussion (small/large) []
Problem-solving exercises (individual/group) []
Role-play for skill practice []
Technology (media/video) []
Question/Answer session []
Other []
21. If you chose "other" above, what interactive technique(s) was used by the trainer?
-

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22. Was the **trainer responsive** to participants?
- No []
Yes []
23. What worked?

24. What worked but could have been better?

25. What didn't work?

26. What was missing?

27. How would you describe the ease of **registration** on the TRAIN Learning management system?
- Very good []
Good []
Poor []
Very poor []
28. How would you describe the ease of **navigating** through TRAIN?
- Very good []
Good []
Poor []
Very poor []
29. How would you describe the accessibility of **assistance** with TRAIN?
- Very good []
Good []
Poor []
Very poor []
Did not require assistance []
30. Please share any additional comments/suggestions you have about this training

Thank you for your honest input!
The evaluation is finished.

Appendix 9. Proposed Archived WEBINAR Training Evaluation

Archived Webinar Training Evaluation

Thank you for providing feedback about your experience in training sponsored by the Rhode Island Department of Health (HEALTH). The information from these questions will be used to inform HEALTH about trainees' opinions and reactions toward different webinars and to improve the quality of our training programs.

The evaluation results will be anonymous.

1. To what extent were the course's **learning objectives clearly** defined?
Not at all.....[]
A little.....[]
Somewhat.....[]
Very much.....[]
Don't know[]
2. To what extent did the **content match** the learning objectives?
Not at all.....[]
A little.....[]
Somewhat.....[]
Very much.....[]
Don't know[]
3. To what extent was the content **easy to understand**?
Not at all.....[]
A little.....[]
Somewhat.....[]
Very much.....[]
Don't know[]
4. Would you say the level of the training was:
Too basic.....[]
Somewhat basic.....[]
Appropriate.....[]
Somewhat advanced[]
Too advanced[]
5. Are you aware of the Public Health **core competencies** the course was related to?
No.....[]
Yes[]
Not applicable[]
6. If **materials** were available during the training, how useful were they?
Not at all.....[]
A little.....[]
Somewhat.....[]
Very much.....[]
No materials were available[]

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7. How **applicable** was the course content to **your current job**?
- Not at all..... []
A little..... []
Somewhat..... []
Very much..... []
Don't know []
8. To what extent will you have the **opportunity** to apply what you learned in your current job?
- Not at all..... []
A little..... []
Somewhat..... []
Very much..... []
Don't know []
9. To what extent will you have the **support** to apply what you learned in your current job?
- Not at all..... []
A little..... []
Somewhat..... []
Very much..... []
Don't know []
10. To what extent will you have the **tools** to apply what you learned in your current job?
- Not at all..... []
A little..... []
Somewhat..... []
Very much..... []
Don't know []
11. How do you plan to use what you learned in this training?
-
12. Would you consider the training **student-centered**?
- No..... []
Yes []
13. Was the training respectful of **cultural diversity**?
- No..... []
Yes []
Not applicable to this training []
14. To what extent was there **sufficient time** to cover the training content?
- Not at all..... []
A little..... []
Somewhat..... []
Very much..... []
Don't know []

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15. Were resources/contact information provided to address additional questions about the training?
No.....[]
Yes[]
16. If anything, what could this training have included to be better structured?

17. Did the trainer display a clear understanding/knowledge of the subject matter?
No.....[]
Yes[]
18. How effective was the training content presented?
Ineffective[]
Somewhat effective.....[]
Effective[]
Very effective.....[]
19. How would you describe the ease of registration on the TRAIN Learning management system?
Very good[]
Good.....[]
Poor.....[]
Very poor.....[]
Not applicable[]
20. How would you describe the ease of navigating through TRAIN?
Very good[]
Good.....[]
Poor.....[]
Very poor.....[]
Not applicable[]
21. How would you describe the accessibility of assistance with TRAIN?
Very good[]
Good.....[]
Poor.....[]
Very poor.....[]
Did not require assistance[]
Not applicable[]
22. Please share any additional comments/suggestions you have about this training

Thank you for your honest input! The evaluation is finished.

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Appendix 10. DRAFT New Employee Checklist to pilot in 2014

New Employee Information					
Employee Name:		Start Date:			
Program:		Phone Number:			
Job Title:		Supervisor Name:			
Room:		Onboarding Facilitator (OF) Name:			
Union Affiliate (if applicable):		Key Administrator Name:			
Union Representative Name (if applicable):		TRAIN Point of Contact Name:			
Before First Day					
Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Send Welcome Packet to new employee <small>Packet includes: welcome letter, org chart, dress code policy, start time/work schedule, phone list, state calendar, information on how to obtain a badge, department & job descriptions, name of supervisor Onboarding Facilitator, point of contact & location for the first day, directions to HEALTH & parking instructions.</small>	Supervisor				
Office of Health and Human Service/Human Resource Paperwork completed (FTE) (HR Paperwork (benefits, retirement, steps, insurance, probation, wages, hours & working conditions))	Human Resources				
Complete user request form/security approvals: computer, Intranet, Internet and phone line access set up (2-4 weeks prior to start date)	Supervisor				
Develop a work plan for employee's first week					
Receive ID badge					
Ask any questions before first day					
Ensure the set up of work station is ready					
Arrange for office supplies					
Arrange for keys, pass code, or access cards (if applicable)					

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First Day					
Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Meet supervisor and Onboarding Facilitator	Supervisor				
Complete any remaining paperwork					
Review office hours, attendance, break policies, flextime, working hours, working weeks, non-standard, non-exempt employee, etc.					
Review leave/call out process					
Sign-in/Out sheet or board (if applicable)					
View/complete set up of office/desk/workstation <small>(computer, phone, necessary supplies, W.B. Mason ordering procedures, TRAIN account)</small>					
Receive HEALTH handbook (Intranet): <small>(Confidentiality Policy, Emergency Procedures/Safety Plan, Capitol Police, Special Preparedness, Adverse Weather Policy, Internet/Telephone Use Policies, Smoking Policy, Drug Policy, Security Policy, Healthy Food Policy, AV use)</small>					
Sign policy for use of mobile devices <small>(cell phones, laptops, pagers, GPS) (if applicable)</small>					
Receive a tour of the Department to include: Meet staff in neighboring offices, Fire extinguishers, exits, and alarms, locations of supplies/supply closet, Training room, secured storage area for personal items, location of restrooms, break areas, location & care of office equipment (copier & fax machine), name & phone number of building maintenance and Capitol police, Department bulletin boards, Rules regarding food/coffee (per team's discretion), individual mailboxes, mailroom (incoming and outgoing), print shop, distribution center, snack bar, Cafeteria at DOA, Information Line, Lab/Medical examiner, Cannon Building, Automated External Defibrillator (AED) location		Onboarding Facilitator			
Review GroupWise tutorial/ IT support procedures					
Review how to request IT assistance <small>(Do It Service Desk)</small>					
Set up voicemail/passwords					
Review how to answer telephone/take messages					

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First Week					
Task	Responsible Contact:			Employee Initials	Date
	Title	Name	Initials		
Meet with supervisor to ask questions, address concerns, and discuss goals/objectives (e.g. SMART goals/objectives)	Supervisor				
Create an orientation calendar with division/program meetings					
Receive essential job skill training and reference guide					
Review phone and contact list of contacts to be aware of who to address questions, provide list of acronyms used by the department					
Order business cards/name plate/any additional needed supplies/review WB Mason orders (if applicable)					
Review departmental structure, key staff, & staff roles: Department org chart, Office of Health and Human Services org chart, Office of Training and Development, Lab, Division(s) org chart/Centers, Team(s) org chart, Executive Committee	Chief of Staff				
Review incentive credit, Office of Training and Development classes	Supervisor				
Continue with Tour of HEALTH (if needed)					
Review Directors Weekly Report					
Review iFolder/Shared Drive	Onboarding Facilitator				
Learn how to navigate the Intranet					
Review purchasing policies/process	Key Administrator (or designee)				
Review travel policies and request procedures					
Review in-state mileage reimbursement process					
Request employee ID number					
Review payroll/time sheets	Supervisor/ Key Administrator				
Set up TRAIN account and review expected trainings: ICS 100, 200, 546, 700, 800, Accreditation webinar, Performance management (supervisor/manager), Quality Improvement webinar, Integration/collaboration webinar, Watch 8 Core Competency videos (DCFHE), Watch cultural competency video, Watch sexual harassment refresher video, Program Specific Trainings	TRAIN Point of Contact				
Meet with Union Representative: Contract, Dues/Fees, Tuition Reimbursement	Union Representative				

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First Month

Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Meet with supervisor to ask questions/address concerns (weekly or biweekly)	Supervisor				
Additional training as needed for essential job skills. Prepare and draft a personal training plan.					
Dr. Fine meet and greet (if applicable)	Chief of Staff				
Develop and discuss new employee's work plan, goals, objectives (e.g. SMART goals/objectives), time-frames.	Supervisor				
Review all training opportunities, resources, contacts and ask any questions as needed	TRAIN Point of Contact				

First 2 Months

Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Discuss new employee's work plan, goals, objectives (e.g. SMART goals/objectives), time-frames.	Supervisor				
Meet with Supervisor to ask questions/address concerns					
Reminder to complete and submit the 2 month review form					

First 4 Months

Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Discuss new employee's work plan, goals, objectives (e.g. SMART goals/objectives), time-frames.	Supervisor				
Meet with Supervisor to ask questions/address concerns					
Reminder to complete and submit the 4 month review form					
Review all training opportunities, resources, contacts and ask any questions as needed	TRAIN Point of Contact				

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First 6 Months

Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Discuss new employee's work plan, goals, objectives (e.g. SMART goals/objectives), time-frames.	Supervisor				
Meet with Supervisor to ask questions/address concerns					
Reminder to complete and submit the 6 month review form					
Review all training opportunities, resources, contacts and ask any questions as needed	TRAIN Point of Contact				

First Year

Task	Responsible Contact			Employee Initials	Date
	Title	Name	Initials		
Discuss new employee's work plan, goals, objectives (e.g. SMART goals/objectives), time-frames.	Supervisor				
Meet with Supervisor to ask questions/address concerns					
Celebrate one year mark of job					
Participate in new employee survey of the orientation process	Onboarding Facilitator				
Attend Operations Management trainings	Management Services	TBD			
Attend division/center orientation trainings					
Complete IS 100b, 200b, 546, 700a, 800b, ICS at HEALTH online courses	TRAIN Point of Contact				
Complete/attend all other required department/division/center trainings as indicated on the Department's training plan					

Signatures: _____
Employee **Date**

Signatures: _____
Employee's Supervisor **Date**

Be sure to set SMART goals...

Specific, clear and understandable

- **The goal should state the exact level of performance expected. Goal objectives should address the five Ws... who, what, when, where, and why. Make sure the goal specifies what needs to be done with a timeframe for completion.**

Measurable, verifiable and result-oriented

- **To achieve objectives, people must be able to observe and measure their progress.**

Attainable, yet sufficiently challenging

- Goals should challenge people to do their best, but they need also be achievable.

Relevant to TCW's mission

- Goals need to pertain directly to the performance challenge being managed.

Time-bound with a schedule and specific milestones

- Deadlines help people to work harder to get a task completed.



X. ENDNOTES

ⁱ For more information http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx.

ⁱⁱ http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx.

ⁱⁱⁱ http://www.phf.org/programs/preparednessresponse/Pages/Public_Health_Preparedness_and_Response_Core_Competencies.aspx

^{iv} The competencies are listed as they are officially called by their creators, the Council on Linkages between Academia and Public Health Practice. In this table, some examples of training that relates to each competency are listed for a practical illustration, but the list is not meant to be all inclusive, as many other training topics do relate to the competencies.

^v a) I'm unaware, or have very little knowledge of the skill; b) I have heard of it; limited knowledge and/or ability to apply the skill; c) I am comfortable with knowledge or ability to apply the skill; d) I am very comfortable, an expert; could teach this to others.

^{vi} From the "Getting on Board", a model for integrating and engaging new employees, Partnership for Public Service, May 2008.

^{vii} http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

^{viii} <http://www.cdc.gov/stltpublichealth/nphii/about.html>

^{ix} Definition from "Getting on Board, a model for integrating and engaging new employees", issued by the Partnership for Public Service, May 2008.

^x <http://www.cdc.gov/stltpublichealth/aboutstlts/>