

# **Meeker-McLeod-Sibley Community Health Services**

## **Workforce Development Plan 2015**

### **Mission**

Lead efforts to protect and promote the health of the people in Meeker-McLeod-Sibley counties through education, empowerment and provision of essential public health services.



**Public Health**  
Prevent. Promote. Protect.

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**Meeker McLeod Sibley**  
Community Health Services

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Meeker-McLeod-Sibley Community Health Workforce Development Plan was approved and adopted on April 9th, 2015 by the MMS Community Health Board.



MMS Community Health Board, Chair

This document will be reviewed annually at a MMS CHS Board Meeting.

Reviewed:

Date	Reviewed	Staff Initial	CHB approved	Board Chair Signature

## **Purpose**

This document provides a comprehensive workforce development plan for Meeker-McLeod-Sibley Community Health Service. This workforce development plan will serve as MMS CHS's tool for planning of employee training, assurance of implementation of these trainings and development core competencies for the CHS's workforce.

One of our Vision Statements in our MMS CHS Strategic Plan is a Strong Public Health Workforce to meet community health needs. MMS CHS will encompass an agency culture which empowers staff to become creative leaders who can work autonomously within a team. MMS CHS will provide opportunities for continuous learning in order to respond to the complex needs of our community.

A top priority in our Strategic Plan was to Integrate Performance Management encompassing Integrating Trending Technologies which lays the foundation for supporting a strong Public Health workforce.

## **Future workforce**

As the public health workforce ages, it is anticipated that numerous senior staff will be retiring, thus leading to a potential shortage in highly skilled public health professionals and a loss of institutional knowledge. As with the nationwide trend as baby boomers are looking at retirement Meeker-McLeod-Sibley Community Health Services (MMS CHS) is giving urgency to succession planning and training for future departmental leaders.

Succession planning is needed to develop the skills, knowledge, and talent needed for leadership continuity. Multiple potential candidates need to be identified for specific leadership positions well before positions are vacant.

Historically, MMS CHS has had a difficult time attracting a diverse work pool, particularly in the area of Public Health Nursing (PHN). This could be possibly due to the lack of diverse Public Health Nurses in the rural area and the requirements of the degree. The CHS will work to continue to train students in regards to local public health agencies. The CHS will also work with local officials on retaining staff and address competitive wages for PHN staff. Further action is needed to address additional options as the lack of a diverse workforce can result in customer dissatisfaction.

Another consideration for future workforce in MMS is the need to hire staff that are fluent in the languages spoken in the community, particularly, Spanish. If appropriate applicants do not apply, the CHS will consider training existing staff. New and current staff will be provided cultural competency training to better serve the diverse population of Meeker, McLeod and Sibley Counties.

## Gaps and Strategies

1. Staff turnover: The CHS has recently experienced a higher than usual level of staff turnover. This may lead to new staff not having the same level of training and development, as they have not been on staff long enough to receive the necessary training. To reduce this effect, training may be offered multiple times a year. Also, online trainings, available at any time, will be made a priority and staff will be encouraged to complete them at their earliest opportunity.
2. Time: With much of the work at the CHS funded through grants, appropriating staff time towards general or specific training has been a challenge. Requiring certain trainings as part of agency policy and a regular requirement of an employee's position may help to prioritize trainings in staff time tables.
3. Funding: While appropriate and effective training is a priority at the CHS, funding does not always exist to hire contractors, pay for travel or cover other expenses. To maintain consistent training availability despite sometimes inconsistent funding, the CHS will focus on low or no-cost trainings, whether online or offered as part of technical assistance through the Minnesota Department of Health.
4. Identification of training: While trainings are available which fit the CHS's budget, identifying those with the appropriate content and value is a time consuming process that requires a large commitment from responsible management staff. Systems such as MN TRAIN and the Public Health Training Center can help to alleviate this burden through their categorization of trainings by core competency domain. Additional investigation into resolving this barrier may evolve through regular evaluation of selected trainings regarding their value to agency priorities.

## Questions

For questions about this plan please contact:

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## **Learning culture**

MMS CHS has recently increased efforts to improve individual and team performance within our agency as part of strategic plan. These efforts will be enhanced through this Workforce Development Plan as it works to promote a culture of continued learning, quality/performance improvement, and build on the skills and strengths of the CHS's workforce.

MMS CHS administration encourages development of the core competencies within our workforce by providing opportunities for learning. Employee development is an ongoing process which includes a variety of planned, purposeful activities and experiences designed to improve and/or increase the skills, knowledge and abilities of employees. Typical activities include: team assignments, on-the-job training, cross training, orientation, classroom instruction, independent study, quarterly team building trainings, webinars, ITV's, and online modules and courses.

## **Workforce policies**

MMS CHS general workforce policies related to employee recruitment, retention and performance are located in the MMS CHS Personnel Policy Manual and each individual county personnel policy, distributed to each employee at hire. MMS CHS initiated a process for review and adoption of workforce development and training policies.

## **Core competencies for agency**

In 2012, MMS CHS adopted the *Council on Linkages Core Competencies for Public Health Professionals*. These competencies represent MMS CHS's expectations of competent performance in public health and will be used to guide professional development and training in its workforce.

Arranged in three tiers to reflect progressive levels of responsibility), the Core Competencies are categorized by eight areas of practice:

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

The *Council on Linkages Core Competencies for Public Health Professionals* is described in detail here: [http://www.phf.org/resourcestools/pages/core\\_public\\_health\\_competencies.aspx](http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx) Our initial Core Competencies assessment revealed in Tier I and II that we need to address Public Health Sciences and Analytical/Assessment Skills. Assessment and prioritization analysis were conducted according to guidance from the Council on Linkages. Detailed methods and results of the assessment are described in the Staff Training Needs Assessment (Appendix A). These results have assisted the CHS's planning process for employee training in relation core competencies. Core Competencies assessments will be administered every three years to assess progress and to adjust training schedules as needed.

## **Training Needs**

Training needs are identified through various methods such as employee evaluations, program or grant requirements, and employee requests.

Training needs, other than core competencies, are identified through various methods. Additional training needs includes but are not limited to: employer mandated trainings, trainings related to licensure, program specific trainings, quality improvement and performance management trainings, leadership training, cultural competency training, informatics, communications and technology related trainings.

Please see Appendix B for current training curricula and schedule.

## **Implementation Plan**

The first step for implementation of the MMS CHS Workforce Development Plan is adoption by the Meeker-McLeod-Sibley Community Health Board in April of 2015.

To provide assurance of implementation, each county public health department will develop and implement a tracking system regarding their employees training attendance. The actual system may vary per county.

The Workforce Development Plan will be reviewed annually by the MMS CHS PET Team with consideration of the most recent Core Competencies Assessment results.

## Workforce Development Appendix A

### Staff Training Needs Assessment Meeker McLeod Sibley Community Health Services (MMS CHS)

#### Purpose

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The purpose of this assessment is to determine the training needs for MMS CHS Public Health staff and leadership. The assessment is composed of two key collection parts, a staff core competency assessment and a competency prioritization process conducted by agency leadership. It is the combination of these two assessments which determines the overall training needs of MMS CHS Public Health employees.

#### Background

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In 2012, MMS CHS chose the *Council on Linkages Core Competencies for Public Health Professionals*, as those most needed for the success as a public health agency. These competencies represent MMS CHS's expectations of competent performance in public health and will be used to guide professional development and training in its workforce.

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

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

The *Council on Linkages Core Competencies for Public Health Professionals* is described in detail here:

[http://www.phf.org/resourcestools/pages/core\\_public\\_health\\_competencies.aspx](http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)

#### Methods

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In 2012, in collaboration with the Minnesota Department of Health (MDH) Office of Performance Improvement (OPI), all staff were asked to complete the Council on Linkages Core Competencies for Public Health Professionals assessments. These assessments varied by tier, with front-line staff completing the tier 1 assessment, grant coordinators and program supervisors completing tier 2 and program managers and Administrators



completing tier 3. While this structure differs somewhat from other agency's administration of the assessments, the tier distribution was determined adequate for MMS CHS due to the CHS's smaller size comparative to the Core Competencies intended design. Core Competencies are assessed on a 4 point scale of self-reported competency in the area, 4 being the highest level. Aggregate results of this assessment by tier and overall are in this document.

At the same time that the Core Competency Assessment was conducted, and also through collaboration with MDH – OPI, program managers completed a prioritization of the 8 domains included in the Core Competency framework. The results of the staff competency assessments and domain prioritizations were combined to determine the training needs of the CHS as a whole. Assessment and prioritization analysis were conducted according to guidance from the Council on Linkages to form a Core Competency High Yield Analysis.

Detailed information on methods of analysis is provided by the Public Health Foundation and Council on Linkages further in this document.

## **Result**

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### **Core Competency Assessment Results:**

The analysis of the competency assessment and prioritization process differed by Tier and so will be assessed here by each tier. Competency assessment results are also displayed further in this document

#### **Tier 1:**

Tier 1 results represent frontline staff. Forty six staff completed the survey. From highest competency to lowest competency, the results are as follows:

Domain (average competency rating)

1. Cultural Competency Skills (2.46)
2. Leadership and Systems Thinking Skills (2.32)
3. Community Dimensions of Practice Skills (2.25)
4. Communication Skills (2.24)
5. Analytical Assessment Skills (2.18)
6. Policy Development/Program Planning Skills (2.08)
7. Financial Planning and Management Skills (2.07)
8. Public Health Science Skills (2.03)

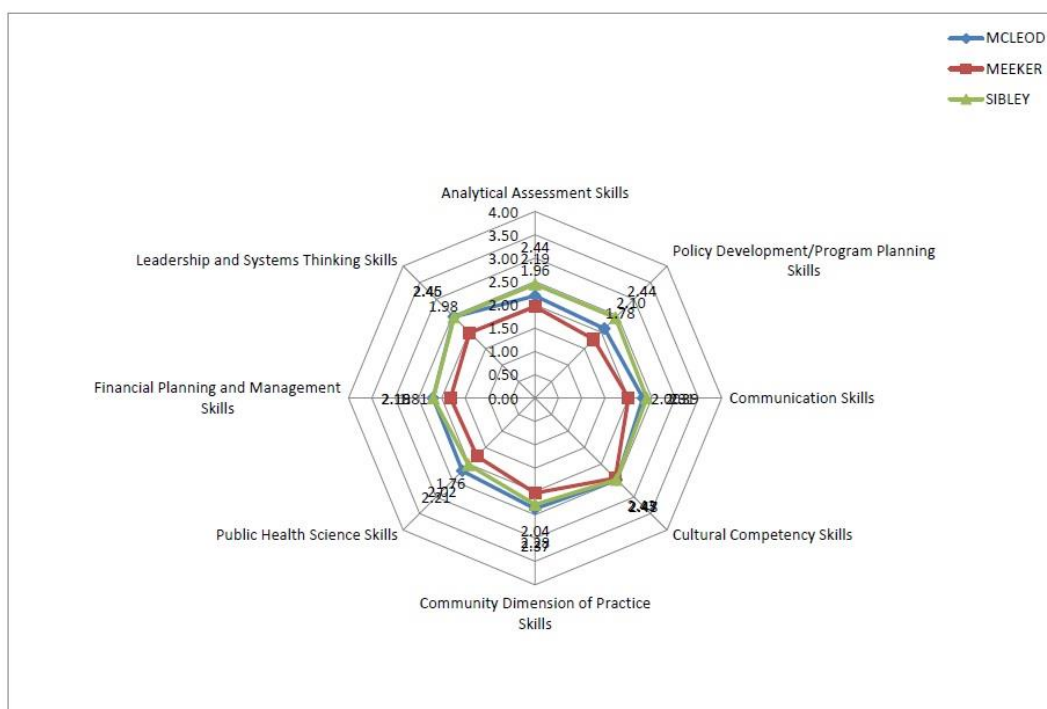
Higher Competency Domains	Lower Competency Domains
Cultural Competency Skills	Analytical And Assessment Skills
Leadership Skills	Policy Development Program Planning
Community Dimension of Practice	Financial Skills
Communication Skills	Public Health Science Skills

Higher Priority Domains	Lower Priority Domains
Communication Skills	Community Dimensions of Practice
Public Health Science Skills	Policy Development
Cultural Competency	Leadership Skills
Analytical Assessment Skills	Financial Skills

Meeker McLeod Sibley Priority Matrix Tier 1

Tier 1	1	2	3	4	5	6	7	8	Score	Rank
1. Analytical/Assessment Skills		10.00	0.10	5.00	1.00	1.00	5.00	5.00	27.10	4
2. Policy Development/Program Planning Skills	0.10		0.10	0.20	0.20	0.20	5.00	5.00	10.80	6
3. Communication Skills	10.00	10.00		1.00	1.00	5.00	10.00	5.00	42.00	1
4. Cultural Competency Skills	5.00	5.00	1.00		1.00	0.20	10.00	5.00	27.20	3
5. Community Dimensions of Practice Skills	1.00	5.00	1.00	1.00		1.00	10.00	5.00	24.00	5
6. Public Health Sciences Skills	1.00	5.00	0.20	0.10	1		10.00	10.00	27.30	2
7. Financial Planning and Management Skills	0.20	0.20	0.10	0.10	0.10	0.10		0.20	1.00	8
8. Leadership and Systems Thinking Skills	0.20	0.20	0.20	0.20	0.20	0.10	5.00		6.10	7

## MEEKER-MCLEOD-SIBLEY Tier 1 Core Competency Assessment



Respondents were asked to grade themselves on a scale of 1 through 4.

### Tier 2:

Tier 2 results represent coordinators and supervisors. Twelve staff completed the survey and one individual partially completed the survey. From highest competency to lowest competency, the results are as follows:

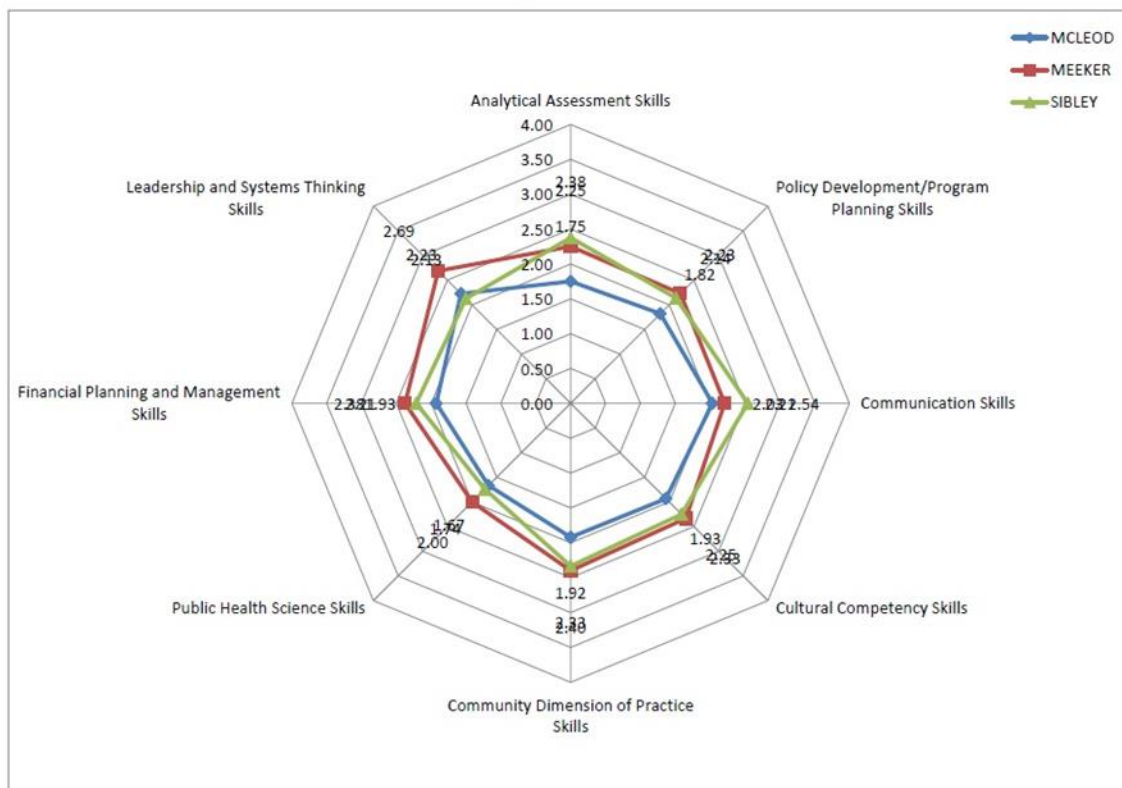
Domain (average competency rating)

1. Leadership and Systems Thinking Skills (2.35)
2. Communication Skills (2.24)
3. Community Dimensions of Practice Skills (2.18)
4. Cultural Competency Skills (2.15)
5. Financial Planning and Management Skills (2.15)
6. Analytical Assessment Skills (2.10)
7. Policy Development/Program Planning Skills (2.04)
8. Public Health Science Skills (1.80)

### Meeker McLeod Sibley Priority Matrix Tier 2

Tier 2	1	2	3	4	5	6	7	8	Score	Rank
1. Analytical/Assessment Skills		1	0.20	1.00	1.00	0.20	1.00	1	5.40	6
2. Policy Development/Program Planning Skills	1		0.20	5.00	0.20	0.20	5	1	12.60	5
3. Communication Skills	5	5		5	1	5	5	1	27.00	1
4. Cultural Competency Skills	1	0.20	0.20		0.20	1	1.00	0.20	3.80	7
5. Community Dimensions of Practice Skills	1	5	1	5		1	5	1	19.00	2
6. Public Health Sciences Skills	5	5	0.20	1	1		1	0.20	13.40	4
7. Financial Planning and Management Skills	1	0.20	0.20	1	0.20	1		0.20	3.80	7
8. Leadership and Systems Thinking Skills	1	1	1.00	5	1	5	5		19.00	2

### Core Competency Assessment



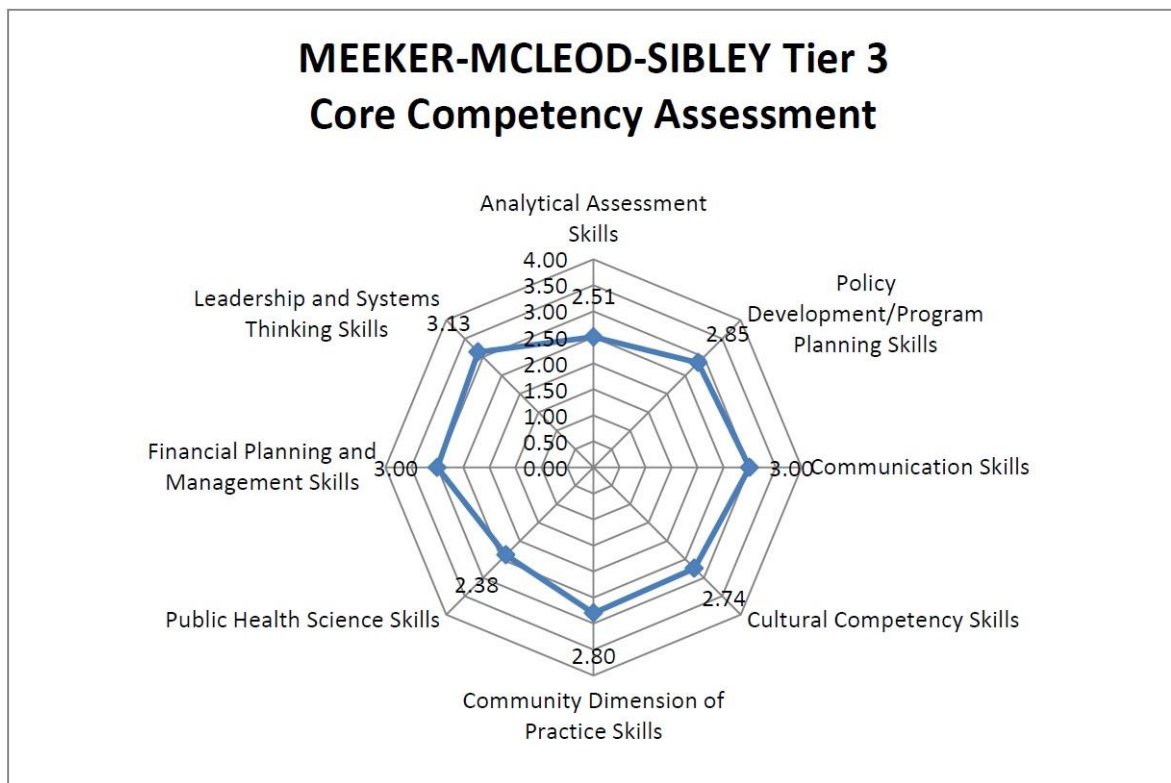
Respondents were asked to grade themselves on a scale of 1 through 4.

### Tier 3:

Tier 3 results represent program managers and administrators. This tier had a response rate of 100%. From highest competency to lowest competency, the results are as follows:

Domain (average competency rating)

1. Leadership and Systems Thinking Skills (3.13)
2. Communication Skills (3.00)
3. Financial Planning and Management Skills (3.00)
4. Policy Development/ Program Planning Skills (2.85)
5. Community Dimensions of Practice Skills (2.80)
6. Cultural Competency Skills (2.74)
7. Analytical Assessment Skills (2.51)
8. Public Health Science Skills (2.38)





Meeker McLeod Sibley Priority Matrix Tier 3

Tier 3	1	2	3	4	5	6	7	8	Score	Rank
1. Analytical/Assessment Skills		5	1	5	0.10	5	0.10	0.10	16.30	4
2. Policy Development/Program Planning Skills	0.20		0.20	5	0.20	5	0.20	0.10	10.90	5
3. Communication Skills	1	5		10	1	10	5	0.20	32.20	3
4. Cultural Competency Skills	0.20	0.20	0.10		0.10	1	0.10	0.10	1.80	7
5. Community Dimensions of Practice Skills	10	5	1	10.00		5	1	1	33.00	2
6. Public Health Sciences Skills	0.20	0.20	0.10	1	0.20		0.20	0.10	2.00	6
7. Financial Planning and Management Skills	10	5	0.20	10	1	5		1	32.20	3
8. Leadership and Systems Thinking Skills	10	10	5	10	1	10	1		47.00	1

#### Tiers Average:

The following results represent the average competency rating of all three tiers. From highest competency to lowest competency, the results are as follows:

Domain (average competency rating)

1. Leadership and Thinking Skills (2.60)
2. Communication Skills (2.49)
3. Cultural Competency Skills (2.45)
4. Financial Planning and Management Skills (2.41)
5. Community Dimensions of Practice (2.41)
6. Policy Development/Program Planning (2.32)
7. Analytical Assessment Skills (2.26)
8. Public Health Science Skills (2.07)

## **Domain Prioritization Results:**

The following domain prioritizations were determined through a systematic process by program managers and administrators. From highest priority to lowest priority, the results are as follows:

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

## **Conclusions**

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Staff training plans will be developed based on the final result of the Core Competency High Yield analysis. As such, priorities for training will focus on those resources that will best develop higher priority areas where competency is relatively low and leverage higher priority areas where competency is relatively high. For staff at all tiers these areas include trainings focused on the following areas:

- Development of Financial Planning and Management skills
- Leveraging of Cultural Competency, Leadership and Systems Thinking and Communication Skills.

Other areas determined by the high-yield analysis to be either maintained or de-emphasized include those trainings focused on the following areas:

Community Dimensions of Thinking, Public Health Sciences, and Policy Development/Program Planning and Analytical Assessment skill.

## APPENDIX B

**Introduction** This section describes the curricula and training schedule for MMS CHS

Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Resources
New Hire Orientation	Introduction to agency, goals, strategic priorities and directions, organizational policies and procedures, org chart, new hire paperwork, etc.	Mandatory for all staff	Financial Planning and Management Skills	Upon hiring	3.0 hours	New Employee Orientation Checklist
Public Health 101	Online self-study course introducing participants to the history, mission, achievements, structure, challenges and opportunities for public health.	Mandatory for all staff	*Cultural Competency Skills *Community Dimensions of Practice Skills	Upon hiring	4.0 hours	<a href="http://www.publichealthtrainingcenters.org/details.cfm?CourseID=174">http://www.publichealthtrainingcenters.org/details.cfm?CourseID=174</a>
Cultural Diversity Training	Explain why understanding Cultural differences affect employees. Define culture and cultural diversity. Provide a framework/ description of various cultures. Provides employees with some tools to address the needs of clients and their families from multiple cultures.	Mandatory for all staff	Cultural Competence Skills	Upon hiring	Varies	See Stratis project Communicating Across Cultures <a href="http://lms.southcentralpartnership.org/scphp/course/viewguest.php?id=187">http://lms.southcentralpartnership.org/scphp/course/viewguest.php?id=187</a> <a href="https://www.thinkculturalhealth.hhs.gov/">https://www.thinkculturalhealth.hhs.gov/</a> <a href="http://www.hrsa.gov/culturalcompetence/index.html">http://www.hrsa.gov/culturalcompetence/index.html</a> Access UofM annual Health Disparities Roundtable presentations at <a href="http://www.sph.umn.edu/ce/roundtable/Roundtable_042310.asp">http://www.sph.umn.edu/ce/roundtable/Roundtable_042310.asp</a>
Cultural Diversity	"Exploring Cross-Cultural Communication" is a web- based course that invites learners to spend time thinking about and developing their own responses to a variety of ideas and situations about culture, communication and public health. Learners will explore the meaning of culture, methods of communication, and strategies for communicating more effectively by taking part in "virtual" group conferences, reading and responding to simulated e- mails, and utilizing resource documents	Public health professionals including nurses, physicians, health educators.	Cultural Competence Skills  Communication Skills	Upon hiring	3 hours	<a href="http://www.phtc-online.org/learning/pages/catalog/cc/">http://www.phtc-online.org/learning/pages/catalog/cc/</a>



Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Resources
Health Equity: A Public Health Essential	Disparities in health among income, racial, and ethnic groups in the U.S. are significant and, by many measures, expanding. This course serves as a primer for illustrating the root causes that shape health and health disparities. In addition to describing the complex interplay of social conditions associated with health disparities, it also provides a framework for exploring public and community health frameworks for addressing health equity.	All staff	Program Planning Skills Cultural Competency Skills Community Dimensions of Practice Skills Public Health Science Skills	Upon hiring	1.5 hours	<a href="http://www.phtc-online.org/learning/pages/catalog/equity/default.cfm">http://www.phtc-online.org/learning/pages/catalog/equity/default.cfm</a>
CPR Training	To learn the skills of CPR for all victims.	Mandatory for PHNs, Dieticians; optional for all other staff		Every two years	3.0 hours	Allina Heart Safe Communities Project
Bloodborne Pathogen/ Universal Precaution Training	Educate staff on types of bloodborne pathogens, as well as prevention measures and steps for post exposure follow up.	Mandatory for PHNs		Upon hiring and annually	1.0 hours	
N95 Training	Review of N95 purpose and use, donning and doffing procedures.	Mandatory for all staff		Upon hiring and annually	.5 hours	<a href="http://Youtu.be/rs7PSTKBiHc">http://Youtu.be/rs7PSTKBiHc</a>
HIPAA Compliance	MMS CHS has adopted this Privacy Policy to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as other federal and state laws protecting the confidentiality of individually identifiable health information. The HIPAA Privacy Rule provides national regulations for the use/disclosure of an individual's health information. Reviewed annually.	Mandatory for PHNs and other staff		Upon hiring and annually		

Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Resources
(IS) -100, Introduction to the Incident Command System (ICS)	Enable participants to demonstrate basic knowledge of the Incident Command System.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	<a href="http://training.fema.gov/emiweb/is/is100b.asp">http://training.fema.gov/emiweb/is/is100b.asp</a>
IS-200, (ICS) for Single Resources and Initial Action	Describe the ICS organization appropriate to the complexity of the incident or event. Use ICS to manage an incident or event.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	<a href="http://training.fema.gov/EMIWeb/IS/IS200b.asp">http://training.fema.gov/EMIWeb/IS/IS200b.asp</a>
IS-700, National Incident Management System (NIMS), An Introduction	Describe the key concepts and principles underlying NIMS. Identify the benefits of using NIMS as a national response model.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	<a href="http://training.fema.gov/EMIWeb/IS/is700a.asp">http://training.fema.gov/EMIWeb/IS/is700a.asp</a>
IS-300 Intermediate (ICS)	Describe how the National Incident Management System (NIMS) Command and Management component supports the management of expanding incidents. Describe the incident/ event management process for supervisors and expanding incidents as prescribed by ICS. Implement the incident management process on a simulated Type 3 incident. Develop an Incident Action Plan for a simulated incident.	Mandatory for anyone in leadership position in ICS Chart		As soon as available Prereq: ICS 100, 200, 700	24.0 hours	Ulrie Seal - In person when available
IS-400 Advanced (ICS)	Explain how major incidents engender special management challenges. Describe the circumstances in which an Area Command is established. Describe the circumstances in which multiagency coordination systems are established.	Mandatory for anyone in leadership position in ICS Chart			16.0 hours	Ulrie Seal - In person when available
Public Health Financial Management	This course provides an overview of the principles of finance, discussions regarding finance issues related to public health, and understanding of financial management of public health programs and activities.	Management Team			7.0 hours	<a href="http://lms.southcentralpartnership.org/scphp/course/viewguest.php?id=77">http://lms.southcentralpartnership.org/scphp/course/viewguest.php?id=77</a>

Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Resources
Basics of Quality Improvement for Public Health Practitioners	This tutorial provides the basics of Quality Improvement and how it fits into the Performance Management Framework.	All Staff	Leadership and Systems Thinking Skills		1.0 hour	<a href="http://www.phtc-online.org/learning/pages/catalog/pm-QI-basics/default.cfm">http://www.phtc-online.org/learning/pages/catalog/pm-QI-basics/default.cfm</a>
Introduction to Performance Management	Module is designed to be one part of a comprehensive approach to integrate QI into the culture of the CHS. Performance Management can be defined in many different ways, and can pertain to both organizational and individual performance. For the purposes of this tutorial, we will be describing a Performance Management Framework (PMF) that has been used to improve the efficiency and effectiveness of organizations in both the public and private sector.	All Staff	Leadership and Systems Thinking Skills  Financial Planning and Management Skills		20-30 minutes	<a href="http://www.phtc-online.org/learning/pages/catalog/pm-intro/default.cfm">http://www.phtc-online.org/learning/pages/catalog/pm-intro/default.cfm</a>
Performance Measurement	Performance Measurement is one part of the Performance Management Series and provides a basic overview of Capacity, Process and Outcome Measures in developing an effective performance measurement process	All Staff	Financial Planning and Management Skills		1.0 hour	<a href="http://www.phtc-online.org/learning/pages/catalog/pm-cpom/">http://www.phtc-online.org/learning/pages/catalog/pm-cpom/</a>
Program Evaluation	The primary focus of the course is to explore the six steps and the four standard groups in the Center for Disease Control's Framework for Program Evaluation. This framework represents all of the activities prescribed by the CDC in Program Evaluation, along with sensible guidance under the standards to aid in good decision-making.	All Staff	Financial Planning and Management Skills		1.0 hours	<a href="http://www.phtc-online.org/learning/pages/catalog/ev/">http://www.phtc-online.org/learning/pages/catalog/ev/</a>