

Meeker-McLeod-Sibley Community Health Services

Workforce Development Plan 2019

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.

Meeker McLeod Sibley
Community Health Services

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Meeker-McLeod-Sibley Community Health Workforce Development Plan was approved and adopted March 2020 by the MMS Community Health Board.



MMS Community Health Board, Chair

This document will be reviewed annually by the MMS PET team and every 3 years shall be approved by the CHS Board.

Reviewed:

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Reviewed:

Date	Reviewed by the PET Team	Staff Initial	CHB approval

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.

What is Workforce Development?

Workforce Development in public health is an attempt to improve health outcomes (i.e., healthier people) by enhancing the training, skills, and performance of public health workers. A well-prepared public health workforce is the foundation of a healthy community.

A competent workforce is one of the key components of the nation's public health infrastructure: a workforce that has the basic knowledge, skills, abilities and attitudes that allow for delivery of essential public health services in all program areas, in a way that is culturally competent and effective. Some workers come to public health practice with prior preparation in a health profession, or in public health itself and they are challenged to apply this knowledge appropriately. Others are hired for a specific task or skill that is not unique to public health, and must learn about the public health world view in order to be most effective. The skills of all employees need continuous updating as the science on which public health practice is based evolves and our understanding of the needed knowledge base expands.

Why Do We Need Workforce Development?

Public health professionals across the country strive to make a difference in their communities by protecting and promoting the health of the population. As the Institute of Medicine noted in its 2003 report, *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*, "[m]any achievements in reducing mortality and morbidity during the past century can be traced directly to public health initiatives. The extent to which we are able to make additional improvements in the health of the public depends, in large part, upon the quality and preparedness of the public health workforce, which is, in turn, dependent upon the relevance and quality of its education and training." Public health employees need resources, tools, and trainings so they are better positioned to deliver the 10 essential services and meet national and state performance standards.

Though it is imperative that current and future public health workers be prepared to combat new, evolving, and emerging public health threats, with money and time tight, workforce development is often put on the back burner. Workforce development plans are an essential component of Public Health Accreditation Board (PHAB) accreditation primarily through Domain 8, Standard 8.2: A health department Workforce Development Plan can help ensure that staff development is addressed, coordinated and appropriate for the health department's needs.

Agency Profile

Mission and Vision

Our mission is to 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.

We have a vision of healthier people with enhanced quality of life living in Meeker, McLeod and Sibley Counties.

Strategic Priorities

- Ensure a competent and engaged workforce for MMS CHS and County Public Health Staff.
- Ensure a supportive and actively engaged Community Health Board.
- Enhance the existing Performance Management System within the CHS and County Public Health departments.
- Increase the visibility and recognition of the value that public health services and programs provide.

Location and Population Served

Meeker, McLeod and Sibley Counties are rural counties, with agriculture being the major business of the three counties. Meeker County, Minnesota, is located approximately 1 hour west of Minneapolis and covers 610 square miles. It is made up of seventeen and one-half townships and lays almost square. It has Trunk Highways No. 7, 12 and 55 crossing it east and west, and No. 15, 22, 24 and 4 north and south. It has about one hundred lakes of various sizes for fishing and recreation. McLeod County today has an area of 311,388 acres and contains 503 square miles, having 460 miles of township roads, 405 miles of county roads and 95 miles of state trunk highways. It is comprised of 14 townships and 9 cities. Sibley County is part of the Minneapolis-St. Paul-Bloomington, MN-WI Metropolitan Statistical Area. It has seven cities and covers about 601 square miles.

The total population of the three counties is 72,342. The three counties are predominately Caucasian. Residents of Hispanic/Latino ethnicity make up an average of 5.4% of the three county populations. About 6.1% of the communities' population speaks a language other than English. 11.1% of residents have a disability. About 8.8% of people who live in these counties have income that is below poverty. 5.8% of residents live without health care insurance.

Sources: <https://www.mncompass.org/> and county websites.

Governance

Under Minnesota Statute 145 A, Community Health Boards have the authority and responsibility to provide public health services. These services include the core public health functions found within the six areas of public health responsibility. Meeker-McLeod -Sibley Community Health Services (MMS CHS) is the governing entity for public health services under Minnesota Statute 145A. A Joint Powers Agreement was formed in 1980. The governing entity for MMS CHS is the Community Health Board (CHB) and consists of two commissioners from each of the three counties for a total of six commissioners. The CHS Organizational Chart is included in Appendix A.

Organizational Structure

Approximately 62 employees provide direct services, program administration, technical assistance, planning, implementation and program evaluation across department service areas. The department is comprised of a Community Health Services Director, the Management team that consists of the three Public Health Directors/Supervisors and staff in the following key programs:

1. Assure an adequate local public health infrastructure.
2. Promote healthy communities and healthy behaviors.
3. Prevent the spread of infectious disease.
4. Protect against environmental health hazards.
5. Prepare for and respond to disasters, and assist communities in recovery.
6. Assure the quality and accessibility of health services.

This set of essential activities should be available to Minnesota residents, no matter where in the state they live. The essential local activities are the “what” all local health departments do.

Learning culture

MMS CHS has recently increased efforts to improve individual and team performance within our agency as part of the strategic plan. These efforts will be enhanced through the 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.

Link to other agency plans

The Workforce Development Plan is part of the MMS CHS Strategic plan. The Strategic Plan is also used to guide prioritization of the public health core competencies as well as recommends a regional approach, a realignment of department programs and resources, and collective action with community residents, agencies, and organizations. This plan is also linked to the MMS CHS Community Health Improvement plan which has a focus on health equity and the disparities that health inequities cause. The plan's link to the Workforce Development Plan is evident in objectives meant to ensure access to culturally and linguistically appropriate, customer friendly, and quality health services. There is a strong connection between performance management and workforce development as well in regards to training for staff and how it relates to the core competencies.

WORKFORCE PROFILE

Future workforce

Most local public health departments, if not all, are concerned about building a public health nursing workforce. Baby boomers are aging and retiring, and departments are seeing a shortage of nurses. As our seasoned public health nurses retire, they may leave a gap in knowledge and expertise. To address this gap, MMS CHS must strengthen partnerships with nursing programs. Nursing students, including RN-to-BSN nurses look for opportunities to shadow and intern in the public health field. Having students see what a public health nurse does on a day-to-day basis is the best way for a student to get an idea of what the public health nursing profession encompasses.

Retaining current public health nurses is another important way to build your workforce. The CHS will also work with local officials on retaining staff and address competitive wages for Public Health Nursing staff.

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. MMS CHS has worked toward hiring Community Health Workers to help reflect the ethnic, language and cultural aspects of the population being served. 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.

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.

Workforce Barriers and Solutions

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. The workforce development subcommittee will facilitate planning of CHS all staff trainings and will monitor the workforce development plan training schedule to keep it up to date. 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.

What are Public Health Workforce Competencies?

The Core Competencies for Public Health Professionals detail a set of skills desirable for the practice of public health, reflecting the characteristics that staff of public health organizations should possess as they work to protect and promote health in the community.

The Core Competencies will be used by MMS CHS to begin understanding levels of management and supervisory staff competence, identifying gaps in competence, and formulating action steps that meet training needs. The Core Competencies are the only nationally adopted set of competencies for public health practitioners. They are specifically

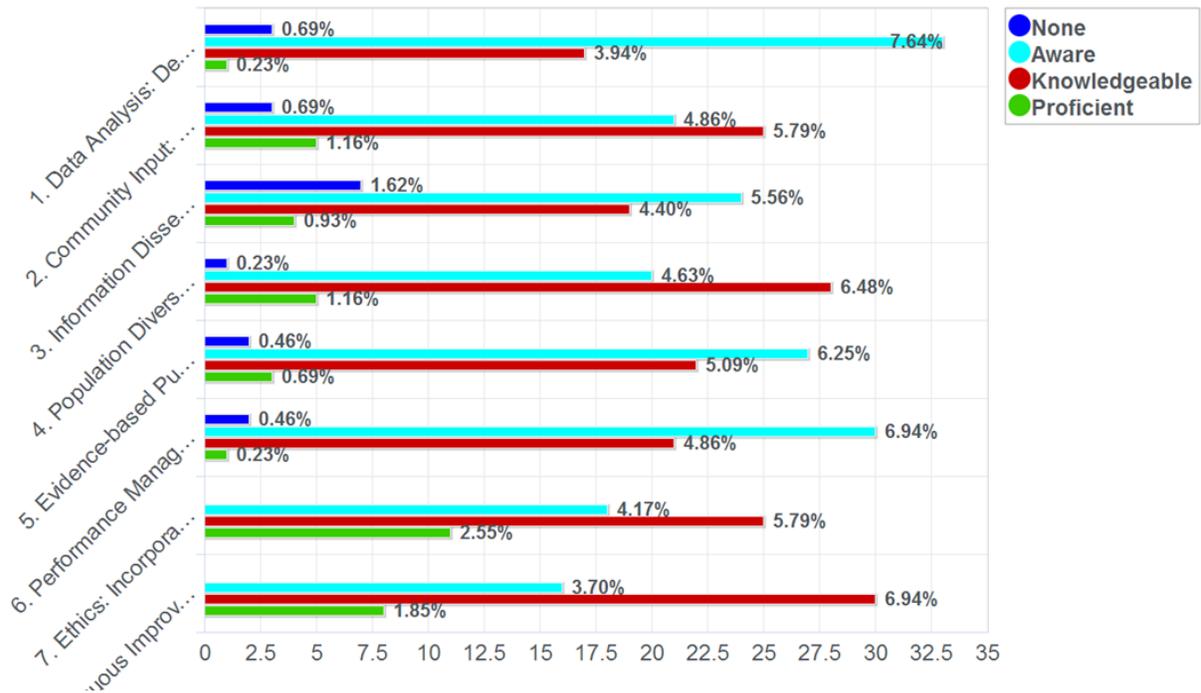
named within PHAB Standard 8.2, Infrastructure objectives of Healthy People 2020, and are being used by health departments across the country.

The MMS CHS workforce development plan is based on the Core Competency Assessment and Prioritization process facilitated by the Minnesota Department of Health. Regarding what core competency areas, the staff would be assessed on were based off of changes in external environment such as the change in the Minnesota Department of Health’s Public Health Framework, the increased emphasis on health equity and the need to keep building up the cultural competencies of the CHS. MMS CHS staff were assessed on the following Core Competencies:

- Data Analysis
- Community Input
- Information Dissemination
- Population Diversity
- Evidence-based Public Health
- Performance Management
- Ethics
- Continuous Improvement

Assessment Results:

In the comprehensive report produced by the Minnesota Department of Health, 54 employees of MMS CHS completed the assessment. The graph below shows awareness, knowledge and proficiency of the core competencies that staff were assessed on.



Strategies to address current and anticipated gaps in capacities and capabilities:

The MMS Workforce Development Team along with the Performance Excellence Team (PET) analyzed the data and chose to focus on the following competencies in 2020:

- Performance Management
- Continuous Improvement
- Health Equity

These topics align with areas of growth and opportunity that were suggested by the Public Health Accreditation Board upon reviewing our annual report in 2018.

Multiple strategies will be developed to help staff increase their skill set around the top three topics chosen for 2020. The Workforce Development Team is the lead team in regards to the CHS All Staff meetings which happen five to six times a year. This half-day or all-day meeting is used to work on building staff capacity and capabilities. Meeker McLeod Sibley Community Health Services leadership works toward bringing quality trainings to the staff through Minnesota Department of Health, University of Minnesota Extension, Minnesota Counties Intergovernmental Trust, Ridgewater College and other private agencies. LinkedIn Learning, Convene, MN Train, Region V Public Health Training Center and other reputable sources are used for online educational public health resources that can provide trainings, webinars or educational materials to improve their skills.

The Workforce Development Team will address additional core competencies over the next five years.

TRAINING NEEDS and PLAN IMPLEMENTATION

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

Appendix B focuses on the required staff training for new and current employees, with a time frame from upon hire, annually or every 2 years. Mandatory training focuses on general training, cultural competency, health equity, performance management and emergency preparedness.

Additional training needs include 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, communications and technology related trainings. Multiple public health-related jobs require training for licensure and certification and may require continuing education (CEU) for ongoing licensing/practice.

Implementation and Monitoring

The first step for implementation of the MMS CHS Workforce Development Plan was adoption by the Meeker-McLeod-Sibley Community Health Board in April 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 and brought to the Community Health Board every 3 years for approval. Core Competencies were completed in Fall 2019, the plan was revised and brought to the Community Health Services Board in May 2020. PET will review this plan again in May 2021.

Communication

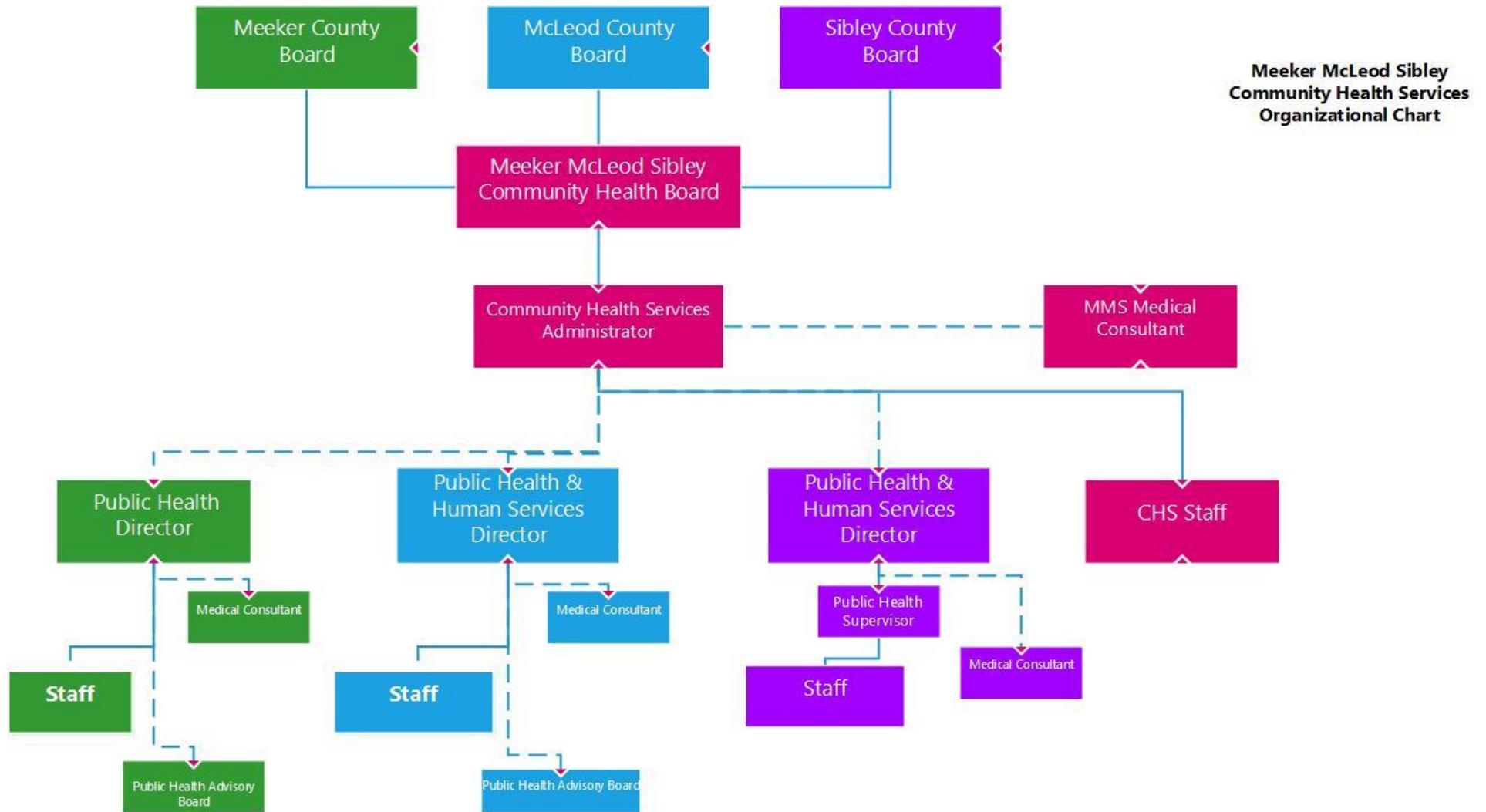
This plan will be available to the management team and staff on the CHS website once the current plan is approved by the Community Health Service Board. Any updates to the plan will be communicated to staff via a CHS newsletter or an All Staff meeting. As noted above, communication across the department, among the teams, and between Public Health leadership and staff will be critical components for implementation and monitoring.

Workforce Development Plan

Appendices

Community Health Services Organizational Chart

APPENDIX A



Training Schedule

APPENDIX B

Introduction This section describes the training schedule for MMS CHS.

	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
General	New Hire Orientation	Introduction to agency, goals, strategic priorities and directions, organizational policies and procedures, org chart, new hire paperwork, etc. CHS employees to follow the orientation process of the county their office is located in.	All staff	Financial Planning and Management Skills	Within 6 months of hire	Varies	New Employee Orientation Checklist	
	Public Health Practice Training	These presentations provide local public health staff with an overview of public health practice in Minnesota.	All staff	*Cultural Competency Skills *Community Dimensions of Practice Skills	Within 3 months of hire	1.5 hours	Part 1: Overview of the Minnesota Public Health System (34 minutes) Part 2: Public Health Nursing: Passion, Politics and Power (53 minutes)	
	HIPAA Compliance	MMS CHS had 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.	All staff		Within 3 months of hire and annually	15 minutes	Complete the 'Protected Health Information' module here: https://data-securitytraining.dhs.mn.gov	

	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
General	Cultural Diversity Training	Explain why understanding Cultural differences affect employees. Define culture and culture 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.	All staff	Cultural Competence Skills	Within 6 months of hire	Varies	http://www.culturecareconnecton.org/ <ul style="list-style-type: none"> • Complete “Navigating Cultural Competence” sections 1-4 • Subscribe to the Culture Care Connection Newsletter • Take the Implicit Bias in Health Care Quiz <p>Additional Cultural Diversity resources on MDH website here:</p> <ul style="list-style-type: none"> • https://www.health.state.mn.us/communities/rih/topics/cultcomp.html 	
	Mandated Reporting & Vulnerable Adult Training		All staff		Within 3 months of hire and annually	Varies	Mandated Reporter Training Overview (8:28) Mandated Reporter Training-Types of Maltreatment (14:45) Mandated Reporter Training-Child Protection Response (10:26) Vulnerable Adults Mandated Reporting	

	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
General	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 services as a primer for illustrating the root cause that shape health and health disparities. In addition to describing the complex interplay of social conditions associated with the 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	Within 6 months of hire	1 hour	YouTube video: https://www.youtube.com/watch?v=2k5XPbEB4H0 Additional Health Equity resources on MDH website here: https://www.health.state.mn.us/communities/practice/resources/equitylibrary/index.html	
	CPR Training	To learn the skills of CPR for all victims.	Required for all nurses; but encouraged for all other staff		Every 2 years	3 hours		
Safety	Bloodborne Pathogen/ Universal Precaution Training	Educate staff on types of bloodborne pathogens, as well as prevention measures and steps for post exposure follow up. Each county also offers annual A Workplace Accident and Injury Reduction (AWAIR) program training.	All staff		Within 3 months of hire and annually	1 hour		

Emergency Preparedness	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
	N95 Training	Review of N95 purpose and use, donning and doffing procedures	All staff		Within 3 months of hire and annually	30 minutes	<p>N95 Training document: https://www.chem.purdue.edu/chemsafety/Training/PPETrain/N95Training.pdf</p> <p>MDH resources: https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/ppe/ppen95.html</p>	
	(IS)-100, Introduction to the Incident Command System (ICS)	Enable participants to demonstrate basic knowledge of the Incident Command System.	All staff		Within 6 months of hire	3 hours	<p>Register for a FEMA SID</p> <p>To begin the training, go to the FEMA site and click on the <i>Interactive Web-based Course</i> option. This will take you to the online training and provide instruction on how the tool works.</p> <p><i>Helpful Hint:</i> before starting the course, download the Final Exam Questions and print them. Use this to review and take notes as you come upon the questions during the course.</p> <p>https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c ** Click on Take Final Exam Online</p>	
	IS-200, (ICS) for Single Resources and Initial Action	Describe the ICD organization appropriate to the complexity of the incident or event. Use ICS to manage an incident or event.	All staff		Within 6 months of hire	3 hours	<p>Follow instructions under IS-100 https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b</p>	

Emergency Preparedness	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
	IS-300, Intermediate (ICS)	Describe how the national Incident Management System (NIMS) Command and Management component supports the 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 hours		
	IS-400 Advances (ICS)	Explain how major incidents cause 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 hours		
	IS-700.B, (ICS) An Introduction to the National Incident Management	This course provides an overview of the National Incident Management System (NIMS). Describe and identify the key concepts, principles, scope, and applicability underlying NIMS.	All staff		Within 6 months of hire	3 hours	Follow instructions under IS-700.B https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b	
	PODS (Points of Dispensing): Public Health Training for Staff and Volunteers	This training is designed to provide an overview and orientation to the general operations of a POD. It is intended to complement just-in-time training provided at the time of deployment.	All staff and volunteers		Within 6 months of hire	30 minutes	https://www.train.org/mn/course/1037506/	

	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
Performance Management	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 and supervisory staff		Within 1 year of hire	7 hours	Public Health Financial Management: https://www.train.org/mn/courses/1012722/ Local Public Health Finance (MDH): https://www.health.state.mn.us/communities/practice/resources/training/1610-lphgrant.html	
	Customer Focus	Customer focus addresses how an organization listens to the voice of its customers, builds customer relationships, determines their satisfaction, and uses customer information to improve and identify opportunities for innovation or improvement.	All staff		Within 3 months of hire	30 minutes	YouTube video: https://www.youtube.com/watch?v=ojOqUjbGsgQ Customer Focus MDH resources: https://www.health.state.mn.us/communities/practice/qi/customerfocus/index.html	
	Introduction to Performance Management	Performance management is a systematic process of using data for decision-making by identifying outcomes and standards; measuring, monitoring, and communicating progress; and engaging in quality improvement activities in order to achieve desired outcomes.	All staff	Leadership and Systems Thinking Skills Financial Planning and Management Skills	Within 1 year of hire		Review handouts available here: https://www.health.state.mn.us/communities/practice/resources/training/1610-performancemgmt.html	

	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
Performance Management	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	Within 1 year of hire		Accountability Requirements	
	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	Within 1 year of hire	1 hour	https://phtc-online.org/learning/?courseId=44 Additional QI resources on MDH website here: https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/index.html	

	Topic	Description	Target Audience	Competencies Addressed	Schedule	Length	Links	Date Completed & Initials
Other	Adverse Childhood Experiences (ACES) Study	The Center for Disease Control and Prevention has launched an online training to help prevent adverse childhood experiences (ACEs). It includes information about the risk and protective factors and outcomes associated with ACEs, and evidence-based prevention strategies.	Optional, but highly recommended for family health staff				Link to ACES training (Complete Modules 1 & 2)	
Helpful Resources		Youth Intervention Program Associated (YIPA) https://yipa.org/exceptional-trainings/ MN Train https://www.train.org/mn/welcome Conduent Resource Center (PH Doc) http://resource.cgss.conduent.com/ MNCCC http://www.mnccc.org/rsvp Public Health Learning Network: https://nnphi.org/phln/ EdX https://www.edx.org/						

Employee Signature: _____

Turn completed form in to supervisor.