



Barren River
District Health Department

Workforce Development Plan

**Healthy Community.
Happy Families.**

2019-2021

Purpose & Introduction

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

This document provides a comprehensive workforce development plan for the Barren River District Health Department (BRDHD). It illustrates BRDHD's workforce needs assessment findings, planning for employee training, implementation of those plans, and the identification of a set of core competencies applicable for all staff. This workforce development plan was created using direction provided by both the Public Health Accreditation Board (PHAB) and the National Association of City and County Health Officials' Project Public Health Ready (PPHR).

Through guidance provided by resources offered by the two national accrediting bodies, the BRDHD developed the succeeding plan to ensure conformity to requirements set forth by PHAB and PPHR. Additionally, this plan will address workforce development needs identified by staff and management through a comprehensive workforce needs assessment process that was conducted in late 2018. As a result, this plan should adequately address PHAB and PPHR workforce development accreditation requirements while providing learning opportunities of interest and relevance for all BRDHD staff. Specifically, the following standards and measures will be addressed by the BRDHD Workforce Development Plan:

Public Health Accreditation Board Measures



Measure 8.1: The health department's workforce has the multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives.

Project Public Health Ready Measures



Measure 2.2. Conduct of Regular Training Needs Assessments.

Measure 2.3. Completion and maintenance of a Workforce Development Plan and Staff Competencies

Table of Contents

Topic	See Page
Community Profile	3
Agency Profile	3-4
Workforce Profile	4-7
Competencies & Education Requirements	7-9
Staff Training	9-12
Goals, Objectives, & Implementation Plan	13-14
Evaluation & Tracking	14-15
Conclusion/Other Considerations	15
Appendices	17
Appendix A - Organizational Chart	
Appendix B - Workforce Development Survey	
Appendix C - Workforce Development Survey Results	
Appendix D - Emergency Preparedness Training	
Appendix E - Goal Tracking	

Questions:

For questions about this plan, please contact:

Kim Fora, BS
Human Resources Manager
270-781-8039 ext. 117
Kim.Flora@barrenriverhealth.org

Community Profile

BRDHD is comprised of eight-member counties in south central Kentucky. They are listed here, with each county seat in parentheses: Barren County (Glasgow) Butler County (Morgantown) Edmonson County (Brownsville) Hart County (Munfordville) Logan County (Russellville)



Metcalfe County (Edmonton) Simpson County (Franklin) Warren County (Bowling Green) According to the 2017 US Census, the 8-county service area is home to 271,735 people and is primarily rural in nature.

Our Community –BRDHD’s service area falls within Kentucky’s Barren River Area Development District (BRADD). BRADD is the regional economic development district that proudly serves 10 adjacent counties in South Central Kentucky. Nine of the 10 BRADD counties are considered rural, four of which are also designated Appalachian counties. The median income of the counties within the BRADD’s service area is \$37,521, considerably lower than Kentucky’s median income of \$43,307 and significantly lower than the national number.

Agency Profile

Mission: Our Mission is to serve our community with a commitment to excellence in quality service by protecting and improving the environment and health of people through prevention, surveillance, education and partnerships.

Vision: Creating a healthy community for all people to live, learn, work & play.

Tagline: Healthy Communities. Healthy Families.

Organizational Structure: BRDHD has developed an organizational structure to clarify the operational branches of the agency. The structure establishes avenues for understanding supervision, operations and areas of responsibility. Additionally, it establishes a visual representation to assist with recognizing lines of communication. It does not, however, establish an organization locked into frozen or static lines for communication. The structure is not intended to prevent communication, but to encourage improved working relationships among all who serve. *An organizational chart is included in Appendix A.*

BRDHD OPERATIONAL BRANCHES:

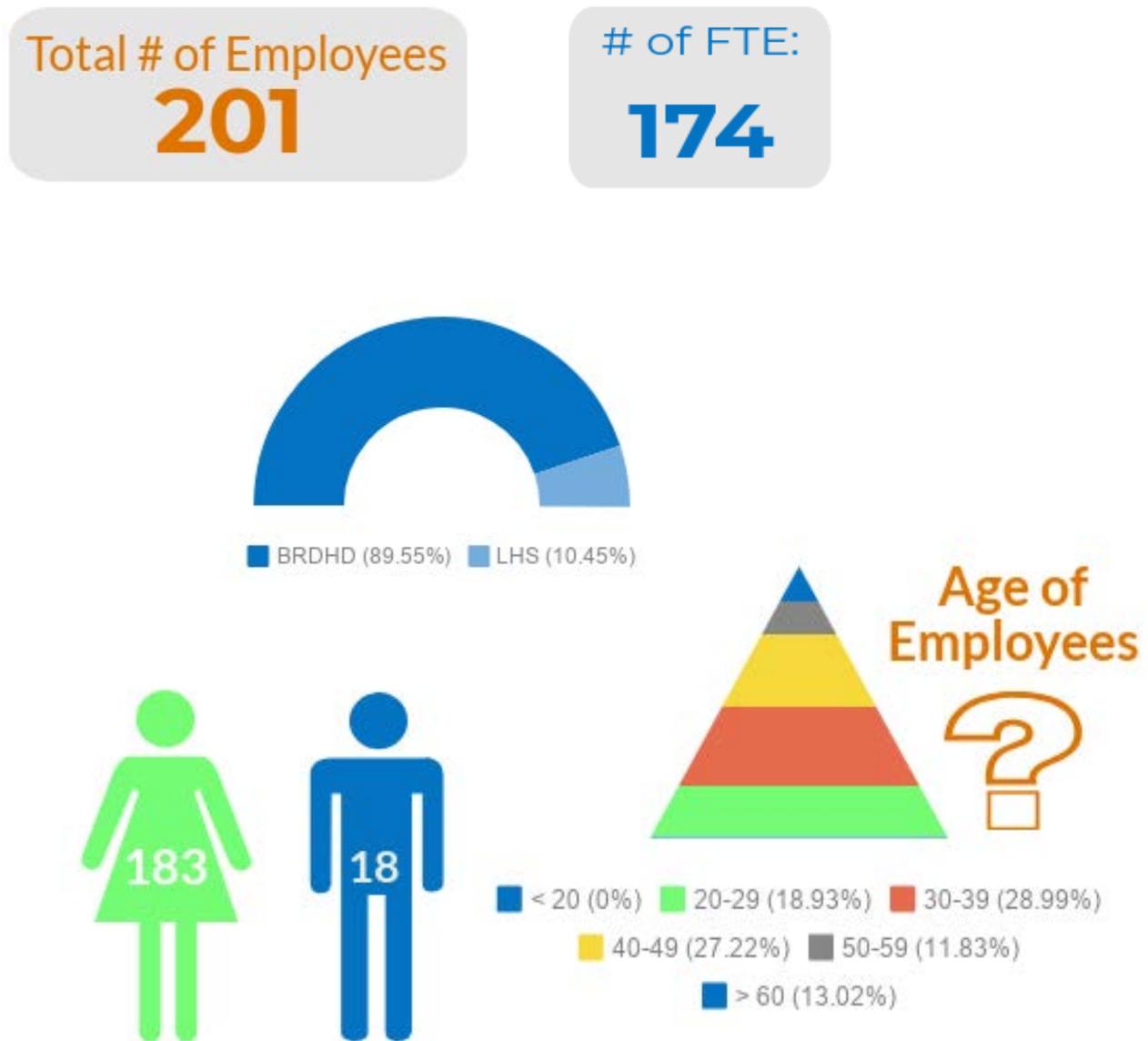
- *Clinical Services
- *Community Health Promotion
- *Disaster Preparedness
- *Finance
- *Community Health Improvement
- *Dental Health Services
- *Environmental Health
- *Human Resources

The agency provides a wide array of public health services through health department facilities in each county seat. Services include preventive nursing, environmental health, epidemiology, group and individual health education, nutrition counseling, health planning, school nursing, coordinated school health, home visiting, and community health promotion.

Workforce Profile

Introduction - This section provides a description of the BRDHD's current and anticipated future workforce needs.

Current Workforce Demographics (January 2019) - To address agency needs that focus on faster recruitment and longer retention, the current workforce is comprised of both Kentucky Retirement Systems personnel and LifeHealth Services (LHS) contract personnel.



Category	#Total Number of Employees in the KRS System; (#) Total Number of LHS Contracted Employees
# of Employees:	180 (21)
# of FTE:	153 (21)
Gender:	Female: 162 (21) Male: 18
Race:	Hispanic: 7 Non-Hispanic: 173 (21) Asian: 3 African American: 9 Caucasian: 161 (21)
Age:	< 20: 0 20 – 29: 23 (9) 30 – 39: 42 (7) 40 – 49: 51 (3) 50 – 59: 42 (1) >60: 22 (1)
Primary Professional Disciplines/Credentials:	Leadership/Administration: 10 Supervisors: 33 (1) Nurse: 63 (7) Registered Sanitarian/Environmental Health: 12 (1) Specialist: 0 (1) Epidemiologist: 9 (3) Health Educator: 4 Dietitian: 4 Social Workers: 4 Dental Hygienists: 3
Employees ≤ 5 Years from retirement:	Management: 4 Non-Management: 15
Employee ≥ age 60 (est. 5 years from retirement):	Management: 1 Non-Management: 21 (1)

Based on the demographics of the current workforce, the following areas of concern and/or improvement have been identified:

- **Diversity:** There is low ethnic, racial and cultural diversity with the current staff and very few with bilingual capabilities. BRDHD will continue its efforts to ensure the demographic composition of current Health Department staff reflects that of those seeking and receiving services.
- **Employee Recruitment and Retention:** BRDHD has experienced difficulty in recruiting and retaining employees. Our primary professional discipline within our current workforce is registered nurses. There are three (3) hospitals in the BRDHD service area that offer higher salary rates for their registered nurses which creates competition for a competent workforce. BRDHD has joined forces with a staffing company, LHS, in September of 2018 to assist in recruitment and retention of new employees. This transition has allowed for increased hourly rates and more desirable benefits.
- **Kentucky Retirement Systems (KRS) Pension/Retirement:** The instability of the state's underfunded pension has caused some anxiety in our employees. In 2018, legislation was being considered to change the benefits of current employees that participate in KRS. During that same year, BRDHD experienced a large turnover. BRDHD has nineteen (19) tier one (1) KRS employees who are eligible to retire within the next 5 years. These particular employees will be much more likely to retire or retire early based on the pension changes. BRDHD strives to stay abreast of the legislative changes and communicate those changes to our employees.



Future Workforce



BRDHD will strive to hire a competent future workforce that is focused, motivated and prepared in public health practice. Through increased training and staff development, BRDHD staff will better understand implementation and evaluation of evidence-based public health practices to improve public health outcomes throughout the service area. BRDHD is committed to a culture of learning and development, and creating those opportunities for all staff. Through implementation of this plan, BRDHD is committed to supporting our employees in becoming a stronger public health workforce. BRDHD continues to enhance efforts to adapt

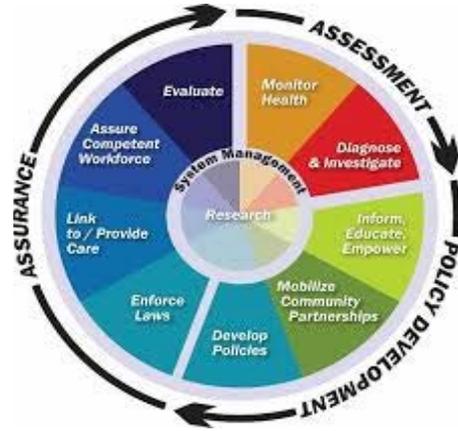
to the changing public health landscape by strengthening its ability to showcase a workforce that collaboratively improves policy, systems and environment to combat chronic disease and other public health concerns. BRDHD's workforce continually builds its capacity to promote disease prevention practices and adapt public health strategies based on the needs from our community and stakeholders.

BRDHD has enjoyed strong partnerships with local colleges and universities to provide internships for upcoming public health, nursing, information technology and health care administration students. These internships help to prepare the students for current public health practice. Students gain knowledge from a variety of experiences in shadowing and observing our public health employees. They are offered an opportunity to apply their public health knowledge and training, while being monitored by our public health professionals. These internships also have secured relationships with the

professors and department heads to help steer the education of what is needed in the current public health profession. Often times, these interns become employed at BRDHD, which provides our agency with an employee that has rich foundational knowledge of our agency's mission and vision.

BRDHD continues to stress the importance of our future workforce educational needs to be focused around the following four areas:

- The ten (10) Essential Public Health Services; to have a basic understanding of the different services that are needed for a successful public health system
- The Kentucky Council on Linkages' eight (8) public health Core Competencies; to have the basic skills to be competent in each area; to be willing to learn and grow in each competency
- Quality and Performance Improvement-to work in a culture of constant quality and performance improvement; identify areas of improvement, perform the Plan-Do-Study-Act model and then implement those improved methods
- Data Driven Decisions and Evidence Based Practices; to collect, analyze and interpret data to make informed decisions and evaluate programs and performance; identify evidence based practices so that public health issues can be addressed efficiently and effectively.



Competencies & Education Requirements

This workforce development plan will incorporate the core competency model developed by the Kentucky Council on Linkages between Academia and Public Health Practice. These Core Competencies reflect skills that may be desirable by BRDHD staff who deliver essential public health services and they exist as part of foundation for public health practice. The core competencies have eight domains or topical areas of knowledge and skills which are:

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

These Core Competencies are presented in three tiers, which reflect stages of public health career development:

- Tier 1 – Professionals and Support Staff
- Tier 2 – Managers and Supervisor
- Tier 3 – Directors and Senior Leaders

A 2018 assessment survey was conducted by BRDHD. It was designed to review the core competencies of staff within the eight domains listed above. *BRDHD 2018 Workforce Development Survey: Appendix B*

Continuing Education (CE) Requirements by Discipline

Multiple public health-related disciplines require continuing education for ongoing licensing/practice.

Discipline	KY CE Requirements (as of January 2019)
Registered Nurse	<ol style="list-style-type: none"> 1. 14 approved contact hours, OR 2. A national certification or recertification related to the nurse's practice role (in effect during the entire period or initially earned during the period), OR 3. Completion of a nursing research project as principal investigator, co-investigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings; OR 4. Publication of a nursing related article; OR 5. A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering; OR 6. Participation as a preceptor for at least one nursing student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor); OR 7. Proof of earning 7 approved contact hours, PLUS a nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included), and cover at least 6 months of the earning period. 8. Certain college courses may be used to meet the CE requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences such as Psychology, Biology, and Sociology will count toward CE hours.
Licensed Practical Nurse	14 contract hours per year
Advanced Practice Registered Nurse	See above registered nurse requirements. APRNs are also required to earn five contact hours of pharmacology education each licensure period. APRNs with a CAPA-CS are required to earn 1.5 approved CE contact hours on the use of KASPER, pain management, or addiction disorders.
KY Licensed Diabetes Educator (LDE)	15 CEUs per year
Certified Diabetes Educator	75 CEUs every 5 years
Registered Sanitarian	10 contact hours annually (fiscal year)
Physician	60 CMEs every 3 years, 2 in HIV/AIDS every 10 years
Social Worker (LSW, LISW, MSW, etc.)	15 hours every 3 years, 3 in ethics 2 in HIV every 10 years; 1.5 in Pediatric Abusive Head Trauma every 6 years
Dietitian (RDN)	15 CPEUs per year (75 CPEUs every 5 years)
Dietitian (LD)	15 CPEU per year
Certified Medical Assistant	60 recertification points every 60 months
Registered Medical Assistant	30 recertification points every 3 years
Dental Hygienist	30 CEUs every 2 years, 2 in HIV/AIDS every 10 years; Current CPR/First Aid Certification
Epi Rapid Response Team	4 contact hours every year
Certified Lactation Counselor	18 CEUs every 3 years
Certified Lactation Consultant	75 CERPs every 5 years

Staff Training

Training Needs

BRDHD identified training needs through an agency wide survey that included a core competency self-assessment, a training preferences survey, and an organizational climate survey. Results from this assessment helped the Workforce Development Team determine staff skills, knowledge, interest, and development opportunities. All BRDHD staff were invited to participate in the Workforce Development Survey in the fall of 2018 with the purpose of the survey being to establish a baseline of core competencies, to assess staff preferences for training topics, and assess organizational climate. BRDHD had a 76% response rate, with a total of 146 respondents completing the survey out of 192 total employees. Of the respondents 56% self-identified as Public Health Professionals, 24% as Support Staff, 16% as Manager/Supervisors, and 4% as Senior Leaders/Directors. The complete survey results can be found in *Appendix C: BRDHD Workforce Development Survey: Overview and Findings*.

The table highlights results for staff confidence in public health core competencies by tier:

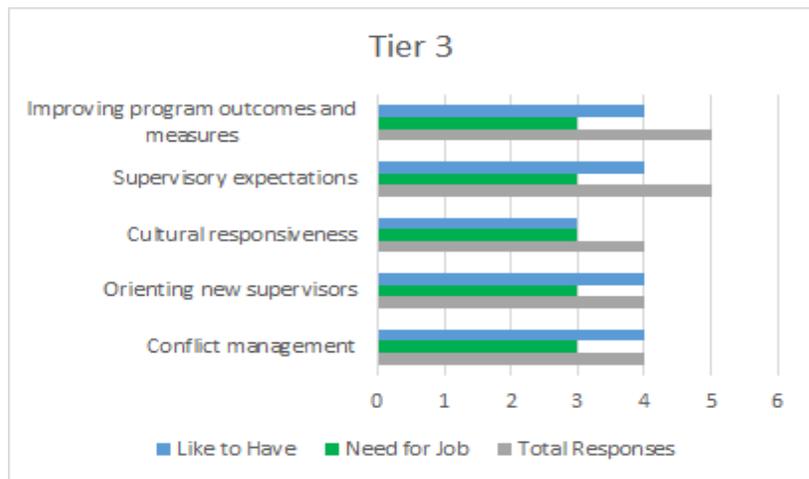
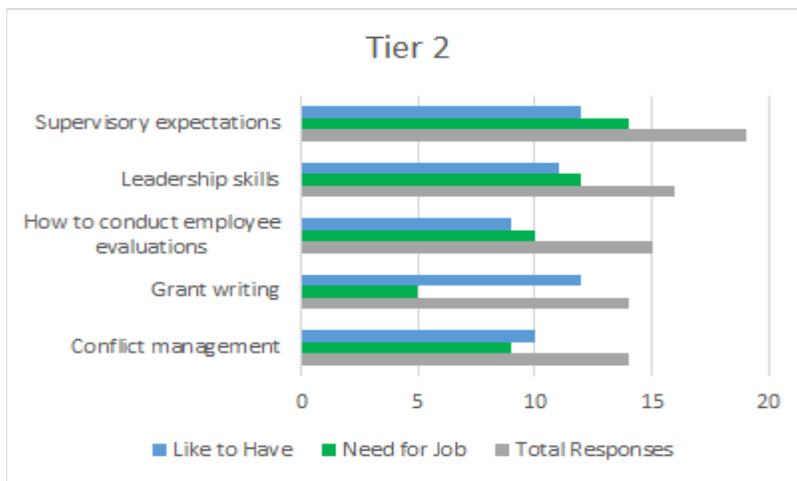
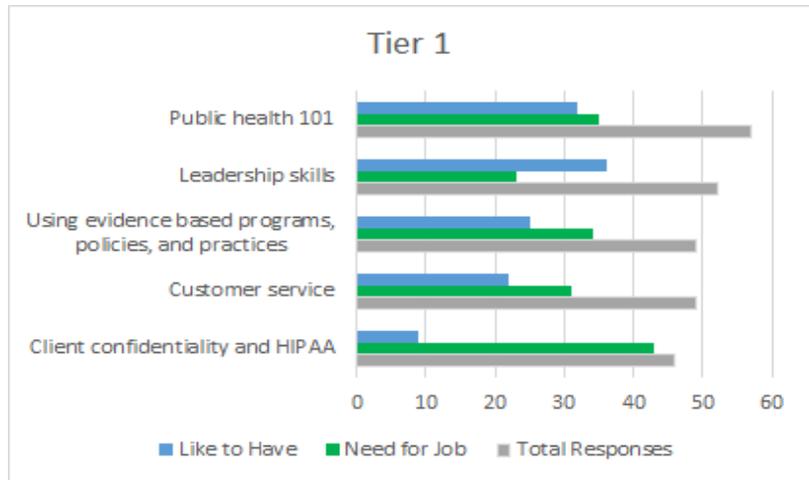
	Tier 1	Tier 2	Tier 3
Strongest Competency	<ol style="list-style-type: none"> 1. Communication 2. Cultural Competency 3. Community Dimension of Practice 	<ol style="list-style-type: none"> 1. Communication 2. Cultural Competency 3. Community Dimension of Practice 	<ol style="list-style-type: none"> 1. Communication 2. Community Dimension of Practice 3. Leadership & Systems Thinking
Weakest Competency	<ol style="list-style-type: none"> 1. Policy Development/ Program Planning 2. Public Health Sciences 3. Financial Planning & Management 	<ol style="list-style-type: none"> 1. Policy Development/ Program Planning AND Analytical/Assessment Skills 2. Public Health Sciences 3. Financial Planning & Management 	<ol style="list-style-type: none"> 1. Cultural Competency 2. Public Health Sciences 3. Analytical/Assessment Skills

Training Needs Assessment Results

In addition to the trainings mandated by BRDHD, the Workforce Development team identified several key training areas that would enhance organizational competencies, based on qualitative feedback and survey results. The agency-wide priorities and opportunities identified were:

- ✓ Leadership
- ✓ Conflict Management
- ✓ Quality Improvement
- ✓ Communication
- ✓ Cultural Competency
- ✓ Staff Recognition

Staff were given a list of 47 training topics and were asked to select if it was a training that they would like to have and/or a training they needed for their job. The following graphs show the top five (5) trainings with the most responses for each tier.



Priority & Mandatory Training

The table below lists training required by the agency and/or by state or federal mandate:

Training Title Provider	Target Audience	Frequency
BRDHD Orientation Training <i>BRDHD Staff In Person</i>	All New Employees	First Day of Employment
GHS Safety Data <i>ky.train.org (Module #1047204)</i>	All New Employees	Within 60 days after employment
GHS Labeling <i>ky.train.org (Module #1047206)</i>	All New Employees	Within 60 days after employment
Civil Rights <i>ky.train.org (Module #1020093)</i>	All New Employees	Within 60 days after employment
Limited English Proficient <i>ky.train.org (Module #1020091)</i>	All New Employees	Within 60 days after employment
Serving Diverse Communities: Building Cultural Competence and Humility into the Workplace (3 modules) <i>kytrain.org (Module #1080416)</i>	All New Employees	Within 60 days after employment
Public Health 101 Series <i>kytrain.org (Module #1059661)</i>	All New Employees	Within 60 days after employment
Quality Improvement 101 <i>kytrain.org (Module #1067632)</i>	All New Employees	Within 60 days after employment
Bloodborne Pathogen <i>ky.train.org (Module #1071998, 1072027,1072126)</i>	All New Employees	Within 60 days after employment; annually thereafter
TB <i>ky.train.org (Module #1072156 & 1072163)</i>	All New Employees	Within 60 days after employment; annually thereafter
HIPAA <i>ky.train.org (Module #1020107)</i>	All New Employees	Within 60 days after employment; annually thereafter

Hazard Communication Training	All New Employees	Annually
Civil Rights and LEP Training	All WIC staff	Annually
Nuts and Bolts <i>ky.train.org (Module #1054996)</i>	All New Employees	Available On-line When Needed
Disaster Preparedness Employee Orientation <i>BRDHD Staff In Person</i>	All New Employees	Within 1 year after employment
ICS-700	New Employees: ICS-700 should be completed prior to the Disaster Preparedness Orientation	Within 6 months after employment
ICS-100	New Employees	60 days of completing ICS-700
ICS-200	All Supervisory staff-newly promoted	Within 60-90 days of the promotion
ICS-800	All Supervisory staff-newly promoted	Within 60-90 days of the promotion
ICS-300, ICS-400, FAN Awareness and WebEOC Tutorial <i>ky.train.org (Module #1029788)</i>	Tier 3, Tier 4 and Preparedness Staff	Available On-line When Needed
Healthcare Provider CPR and First Aid Training and Certification <i>BRDHD Staff In Person</i>	Nursing staff	Annually
ICS 930 (on-line)	Preparedness Staff	Available On-line When Needed
Needed Core Competency Trainings based on employee assessment-provided by Western Kentucky University Public Health faculty and staff	All employees	Rotation of yearly, every 6 months or as needed

Goals, Objectives and Implementation Plan

Introduction: This section provides information regarding training goals and objectives of the Barren River District Health Department as well as resources, roles, and responsibilities related to the implementation of the plan.

Who	Roles and Responsibilities
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
District Director	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Human Resources	Provide assistance to the District Director regarding workforce development and in creating a culture that is conducive and supportive of learning. Works with Branch Managers to find appropriate training/development opportunities for staff. Provide guidance to the Branch Managers with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.
Branch Managers	Responsible to the District Director for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of agency succession plan.
Supervisors	Responsible to their Branch Manager and employees to ensure that individual and agency-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (ie. time away from work, coaching, opportunities for application). 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.

Training Goals and Objectives

Below is a list of the Health Department's workforce development goals and objectives. A work plan depicting implementation of strategies to achieve the listed goals and objectives can be found in Appendix E, as laid out in VMSG (Vision, Mission, Services and Goals) BRDHD's performance management program.

Overall Goal: Reinforce a competent and sustainable public health workforce that has the capacity to accomplish BRDHD's mission. (Strategic Plan Goal 3)

Goal 1: All staff will have organizational awareness to effectively cross-promote or refer programs when interacting with community members. (Strategic Plan 3.2)

- Obj. 1.1 Implement new employee orientation manual and process by March 2019.*
- Obj. 1.2 Assure current staff are informed and trained for organization updates and/or changes.*

Goal 2: All staff will improve competency in key public health and emergency preparedness topics. (Strategic Plan 3.3)

- Obj. 2.1 Staff will report increased competency in public health core competencies by December 2020.*
- Obj. 2.2 During 2019, there will be 14 trainings and drills conducted for staff to improve key emergency preparedness knowledge.*

Goal 3: BRDHD will have an organizational culture that provides employees a positive work environment that assists and supports achieving job satisfaction.

- Obj. 3.1 Establish baseline data for the current work environment and culture by January 2019.*
- Obj. 3.2 Develop and plan trainings or programs to address the needs of our current employees by June 2019.*
- Obj. 3.3 To gauge job satisfaction and address concerns with new employees a “pulse check” program will be developed and in place by Feb. 2019.*

Communication Plan: This Workforce Development plan will be stored on the BRDHD staff intranet, accessible to all BRDHD staff. All staff will be notified of the plan’s location by the monthly newsletter when it is approved and updated. This plan will be a part of the New Employee Orientation Day and a resource for all new employees. Staff are also able to access the Workforce Development plan in VMSG to monitor implementation.

Evaluation and Tracking

Introduction: Evaluation of trainings will provide BRDHD with useful feedback regarding content, delivery and effectiveness. Accurate evaluation tracking is necessary for quality improvement. This section describes how evaluation and tracking of training will be conducted.

Evaluation: All trainings offered by BRDHD staff will be evaluated using post tests on main content and/or a course evaluation survey. Needs assessments on the Priority and Mandatory trainings (listed on page 11-12) will be utilized by Survey Monkey to test and survey employee knowledge. Once the assessments are completed, trainings will be updated and



offered again to employees, if the need exists. These needs assessments will be issued every 2 (two) years. Required staff training will be tracked with the goal that 100% of staff will complete the trainings.

In light of the Health Department's commitment to quality improvement, BRDHD will collect data from staff to ensure staffs' satisfaction with training offerings. Data will also be collected to determine whether BRDHD's workforce development strategy is meeting the training needs identified by staff, to identify areas for process improvement, and other critical feedback as needed. The agency's QI team, ACT, will be utilized when areas for improvement are identified based on the collected data.

Tracking: The trainings within the *TRAIN My Training Plan* will be tracked during this fiscal year. As needed training are identified, they will be added to the listing of *Priority and Mandatory Trainings*. Many trainings are offered on-line through TRAIN and are required annually by all employees to ensure knowledgeable staff.

Supervisors are responsible for tracking their staffs' trainings. All staff must provide documentation of training to their supervisor. At an employee's annual evaluation, the supervisor will assess the required trainings to address any gaps or missed trainings. The evaluations and annual training documentation will be kept in the employee's personnel file.

Documentation must include date, location, and title of training received, and certificate or transcripts. If the training is offered by BRDHD, the trainer will be responsible of keeping a record of attendees.

As it relates to the workforce development goal and objectives, the activities will be tracked using VMSG BRDHD's performance management program.

Conclusion/Other Considerations

Other agency documents and plans: This Workforce Development Plan supports other BRDHD plans and initiatives.

Strategic Plan and Quality Improvement Plan: Training will be planned to meet the goals of the Strategic Plan and the Quality Improvement Plan as identified by management staff and authorized by the District Director.

Review of Plan: The Workforce Development Plan will be reviewed and revised every two years. The

Human Resource Manager will be responsible for maintaining the plan, with the assistance of the Exchange Leadership Team and District Director.



Dennis R. Chaney
Public Health Director

Drafted	3/2013 kf
Reviewed and updated	4/2013 exchange team
Reviewed and updated	3/2017 exchange team
Reviewed and updated	10/2017 HR Manager
Reviewed and updated	1/2019 HR Manager and Accreditation Coordinator

Appendix A: BRDHD Organizational Chart



District Board of Health
26 members/ 8 counties

District Director
Dennis Chaney



Clinical Services
Julia Davidson – branch leader
County Health Centers
WIC
Family Planning/Pregnancy Testing
Immunizations
Communicable Disease Control
STD/HIV Testing/Harm Reduction
Cancer Screening
Cardiovascular Disease Screening
Blood Borne Pathogens
Well Child
EPSDT Outreach
School Health/Clinics
Vital Statistics
Medical Records
Medical services billing

Environmental Health
Tom Buchanan – branch leader
Inspections:
*Food Services *Schools *Hotels and Motels *Youth Camps
*Public Swimming Pools and Spas *Mobile Home & Recreational
Parks *Tattoo, Body & Ear Piercing Studios *Septic Tank
Cleaning Vehicles & Disposal Sites *Onsite Sewage Disposal
Systems
Plan Review of Regulated Facilities and Non-Regulated Public Facilities
Tanning Beds Registration
Lead Risk Assessments
Private Water Supply Testing
Public Health Nuisance Investigations
Rabies Program
Methamphetamine Lab Notifications
Education:
*Food Manager Certification & Recertification Training *Certified
Onsite Sewage Disposal System Installer Training *Provide
information on mold and radon

Planning, Quality & Communication
Dennis Chaney – branch leader
Marketing & Media
Data Collection/Analysis
Website Development/Social media
Health Planning/Community Health Assessments (i.e. MAPP)
Epidemiology/EPI Rapid Response
Strategic Planning
Program Evaluation
Public Health Accreditation
Performance Management/Quality Improvement
Grant Development/Consultation
Special Projects (i.e. GIS)
Research

Community Health Promotion
Ashley Lillard – branch leader
Tobacco Prevention/Cessation
Physical Activity Promotion
Dental Education
ASAP
Injury Prevention
HIV Linkage Navigator Program
Community Health Education
Child Care Health Consultation
Healthy & Safe Aging
Go 365 Biometric Screenings for KEHP Members
Coordinated School Health
Nutrition Education
HIV testing/counseling
STD/Birth Control Education
HIV CEU
CPR/First Aid
Bloodborne Pathogens
Worksite Wellness
Harm Reduction Program

Community Health Improvement
Diane Sprowl – branch leader
HANDS
Chronic Disease Management Program
Diabetes Prevention and Control
Nutrition Education
Breastfeeding Promotion and Support
Medical Nutrition Therapy (MNT)
Community-Clinical Linkages
Community Health Workers
Heart Disease and Stroke Prevention
Maternal and Child Coordination

Finance Oversight
Ryan Wigginton – branch leader
Payroll
Budget
Purchasing
Accounts Receivable/Payable
Travel Reimbursement
Finance Reporting
Audit/Compliance Review

Dental Health Services
Stacy Barrick – branch leader
Dental Exams/Screenings/Oral Hygiene
Cleanings & Sealants
Fluoride Treatments
X-Rays
Simple extractions

Disaster Response
Janarae Conway – branch leader
Public Health Planning and Emergency Response
Community Disaster Preparedness
Project Public Health Ready (PPHR)
Medical Reserve Corps (MRC)
Citizens Corps/Community Emergency Response Team (CERT)
WebEOC
ReadyOp
Healthcare Emergency Area 4 Response Team (HEART)

Information Systems
Joey Rich – branch leader
Network Management
Telephone System Support
Information Technology
Video Conference Support
PC/End Users Support

Human Resource Services
Kim Flora – branch leader
Personnel/Benefits/Policies
New Employee Orientation
Workforce Development
Building/Vehicle Maintenance
Intern/Volunteer Coordination

Appendix B: Workforce Development Survey

The following pages contain the survey that BRDHD employees were asked to participate in.



Welcome to My Survey

The pooled results from this survey will be used to update the Workforce Development Plan, assess staff needs, plan training, and understand the organizational culture at BRDHD. Responses are confidential and no one individual's answers will be singled out.

The survey is split into three sections and should take approximately 30-45 minutes to complete.



Section 1: Training Preferences

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

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

Benefit to You: The results of this section will be used to help identify future training opportunities for the BRDHD staff.

1. Please select the degrees/certifications you currently hold from the list below. Check all that apply.

- AA
- AS
- BA
- BS
- CNM
- DrPH
- DVM
- M Ed
- MA
- MBA
- MD
- MHA
- MHS
- MPA
- MPH
- MPP
- MS
- MSW
- NP
- PA
- PharmD
- PhD
- RD
- REHS/RS
- RN
- NONE
- Other; please list which other degree/certification you hold:

2. Please list any additional credentials you hold below, (for example CHES)

3. Please select which of the following best describes your current job. If your job responsibilities are split between multiple roles, select the category that best fits your job responsibilities.

- Support Staff:** Front line staff including receptionists, call-center and support staff who interact with the public but who do not provide direct public health programming or services. Responsibilities may include referring callers to appropriate services or departments and scheduling or checking in clients for appointments.
- Public Health Professionals:** Individuals who carry out the day-to-day tasks of public health organizations and are not in supervisor positions. Responsibilities of these public health professionals may include basic data collection and analysis, clinical services, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.
- Business and Operational Professionals:** Individuals who carry out the day to day tasks of the agency's operational or business functions (for example, human resources, information technology, and financial services) and are not in supervisor positions.
- Managers and Supervisors:** Individuals with program management and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc.
- Directors and Senior Leaders:** 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.

4. Below is a list of training topics, please put a check next to the topics you would be interested in and/or would be important for your job. Select as many as you would like.

	Trainings I would like to have	Trainings I need for my job
Public health 101	<input type="checkbox"/>	<input type="checkbox"/>
Planning public health programs	<input type="checkbox"/>	<input type="checkbox"/>
Community mobilization & engagement	<input type="checkbox"/>	<input type="checkbox"/>
Social and economic determinants of health	<input type="checkbox"/>	<input type="checkbox"/>
Community assessment	<input type="checkbox"/>	<input type="checkbox"/>
How to access and interpret web-based data	<input type="checkbox"/>	<input type="checkbox"/>
Using policy/systems/environmental approaches in public health	<input type="checkbox"/>	<input type="checkbox"/>
Using evidence based programs, policies, and practices	<input type="checkbox"/>	<input type="checkbox"/>
Improving program outcomes and measures	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting health data for program quality	<input type="checkbox"/>	<input type="checkbox"/>

	Trainings I would like to have	Trainings I need for my job
Introduction to evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Public health accreditation	<input type="checkbox"/>	<input type="checkbox"/>
Advanced topics in evaluation (e.g. Logic models, Evaluation design, Data collection methods, Analysis)	<input type="checkbox"/>	<input type="checkbox"/>
Procurement procedures (all) and writing scopes of work	<input type="checkbox"/>	<input type="checkbox"/>
Program budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Effective project management	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>
Public health preparedness expectations	<input type="checkbox"/>	<input type="checkbox"/>
Client confidentiality and HIPAA	<input type="checkbox"/>	<input type="checkbox"/>
Cultural responsiveness	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>
Managing through an ever- changing environment	<input type="checkbox"/>	<input type="checkbox"/>
Systems thinking	<input type="checkbox"/>	<input type="checkbox"/>
Organizational behavior and awareness	<input type="checkbox"/>	<input type="checkbox"/>
Supervisory expectations	<input type="checkbox"/>	<input type="checkbox"/>
Train the trainer program development	<input type="checkbox"/>	<input type="checkbox"/>
Financial decision making	<input type="checkbox"/>	<input type="checkbox"/>
Media relations/Public information	<input type="checkbox"/>	<input type="checkbox"/>
How to summarize information effectively; Mastering the art of the one- page summary	<input type="checkbox"/>	<input type="checkbox"/>
Developing marketing materials	<input type="checkbox"/>	<input type="checkbox"/>
Grant writing	<input type="checkbox"/>	<input type="checkbox"/>
Working with policy makers	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy versus lobbying	<input type="checkbox"/>	<input type="checkbox"/>
Working with stakeholders	<input type="checkbox"/>	<input type="checkbox"/>

Trainings I would like to have

Trainings I need for my job

Coaching and discipline

How to conduct employee evaluations

Discrimination and sexual harassment

How to avoid favoritism

Orienting new supervisors

Conflict management

Intern/volunteer procedures

Social media:
Personal/private versus public

Safe and humane animal handling

De-escalation training

Dealing with compassion fatigue

Performance Management

Other (please specify training you would like)

5. Below is a list of technology based training topics, please put a check next to the topics you would be interested in and/or would be important for your job. Select as many as you would like.

	Trainings of Personal Interest	Trainings Important to My Job
Managing references, e.g. EndNote, Reference Manager	<input type="checkbox"/>	<input type="checkbox"/>
Literature reviews and web searches 101	<input type="checkbox"/>	<input type="checkbox"/>
Social media programs (Facebook, Twitter, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Share Point	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Powerpoint	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Publisher	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Outlook	<input type="checkbox"/>	<input type="checkbox"/>
Google Forms	<input type="checkbox"/>	<input type="checkbox"/>
GIS (Geographic Information System)	<input type="checkbox"/>	<input type="checkbox"/>
SPSS, SAS, and STATA (Statistical Analysis Systems)	<input type="checkbox"/>	<input type="checkbox"/>
Survey Monkey	<input type="checkbox"/>	<input type="checkbox"/>
Prezi	<input type="checkbox"/>	<input type="checkbox"/>
Epi Info 7	<input type="checkbox"/>	<input type="checkbox"/>
VMSG (Vision, Mission, Services, Goals; BRDHD Performance Management System)	<input type="checkbox"/>	<input type="checkbox"/>



6. Only complete the following question if you are a supervisor or manager (if your job does not include supervising staff please skip to the next question). Please indicate which of the following training topics would be most helpful for your staff. This can include current and anticipated training needs. Select as many as are appropriate.

Staff Training Needs

Public health 101	<input type="radio"/>
Planning public health programs	<input type="radio"/>
Community mobilization & engagement	<input type="radio"/>
Social and economic determinants of health	<input type="radio"/>
Community assessment	<input type="radio"/>
How to access and interpret web-based data	<input type="radio"/>
Using policy/systems/environmental approaches in public health	<input type="radio"/>
Using evidence based programs, policies, and practices	<input type="radio"/>
Improving program outcomes and measures	<input type="radio"/>
Quality improvement	<input type="radio"/>
Interpreting health data for program quality	<input type="radio"/>
Introduction to evaluation	<input type="radio"/>
Public health accreditation	<input type="radio"/>
Advanced topics in evaluation (e.g. Logic models, Evaluation design, Data collection methods, Analysis)	<input type="radio"/>
Procurement procedures (all) and writing scopes of work	<input type="radio"/>

Staff Training Needs

- | | |
|---|-----------------------|
| Program budgeting | <input type="radio"/> |
| Effective project management | <input type="radio"/> |
| Customer service | <input type="radio"/> |
| Public health preparedness expectations | <input type="radio"/> |
| Client confidentiality and HIPAA | <input type="radio"/> |
| Cultural responsiveness | <input type="radio"/> |
| Leadership skills | <input type="radio"/> |
| Managing through an ever-changing environment | <input type="radio"/> |
| Systems thinking | <input type="radio"/> |
| Organizational behavior and awareness | <input type="radio"/> |
| Supervisory expectations | <input type="radio"/> |
| Train the trainer program development | <input type="radio"/> |
| Financial decision making | <input type="radio"/> |
| Media relations/Public information | <input type="radio"/> |
| How to summarize information effectively; Mastering the art of the one-page summary | <input type="radio"/> |
| Developing marketing materials | <input type="radio"/> |
| Grant writing | <input type="radio"/> |
| Working with policy makers | <input type="radio"/> |
| Advocacy versus lobbying | <input type="radio"/> |
| Working with stakeholders | <input type="radio"/> |
| Coaching and discipline | <input type="radio"/> |
| How to conduct employee evaluations | <input type="radio"/> |
| Discrimination and sexual harassment | <input type="radio"/> |
| How to avoid favoritism | <input type="radio"/> |
| Orienting new supervisors | <input type="radio"/> |

Staff Training Needs

Conflict management

Intern/volunteer procedures

Social media:
Personal/private versus public

De-escalation training

Dealing with compassion
fatigue

Other (please specify training you think staff needs)

7. Only complete the following question if you are a supervisor or manager (if your job does not include supervising staff please skip to the next question). Please indicate which of the following technology based training topics would be most helpful for your staff. This can include current and anticipated training needs. Select as many as are appropriate.

Staff Training Needs

Managing references,
e.g. EndNote, Reference
Manager

Literature reviews and
web searches 101

Social media programs
(Facebook, Twitter, etc.)

Share Point

Microsoft Excel

Microsoft Powepoint

Microsoft Publisher

Microsoft Access

Microsoft Outlook

Google Forms

GIS

SPSS, SAS, and STATA

Survey Monkey

Prezi

Epi Info 7

VMSG



8. Please indicate your level of interest in pursuing training/education offered in the following formats.

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

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

- | | |
|--|--|
| <input type="checkbox"/> Academic Credits | <input type="checkbox"/> Nursing credit hours |
| <input type="checkbox"/> Act 48 Continuing Education Units | <input type="checkbox"/> Physical Therapists credit hours |
| <input type="checkbox"/> Certified Health Education Specialist (CHES) credit hours | <input type="checkbox"/> Occupational Therapist credit hours |
| <input type="checkbox"/> Continuing Education Unit (CEU) | <input type="checkbox"/> Public Health Credit Hours |
| <input type="checkbox"/> Health Department Continuing Education credit hours | <input type="checkbox"/> Registered Dietitians credit hours |
| <input type="checkbox"/> National Environmental Health Association (NEHA) Continuing Education Hours | <input type="checkbox"/> I don't require CE's |
| <input type="checkbox"/> Other credit hours (please specify) | |



Section 2: Public Health Core Competency Self-assessment

Purpose: Core Competencies were developed to identify skills important for the practice of public health. The Core Competencies serve as a starting point for organizations to understand, assess, and meet the training and workforce needs.

Time to Complete: This section should take between 15 and 20 minutes to complete.

Benefit to You: To help you reflect on your level of competence on key dimensions of public health practice. This will allow you to identify professional growth opportunities and what training opportunities would be most valuable to you in the future and allows BRDHD to identify areas of need.

Use the following scale to rate your level of proficiency in each area. Answer each question to the best of your ability.

None/Very Little: You have never heard of this skill or have little knowledge or ability of the skill.

Beginner/Aware: You have basic knowledge and limited ability to apply the skill on a daily basis.

Competent: You are comfortable with this knowledge or skill. You can apply the skill when needed in your job with little or no consultation on a daily basis.

Proficient: You are very comfortable using this knowledge or skill on a daily basis. You have developed this skill to a higher degree than average.

Expert: You are highly knowledgeable and skilled. This means your proficiency is very high on a daily basis. You might even feel comfortable teaching it to others.

10. Communication -- Rate your competence to...

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Communicate orally	<input type="radio"/>				
Communicate in writing in print and through electronic means	<input type="radio"/>				
Ask for and gather input and feedback from individuals and organizations in the community	<input type="radio"/>				
Convey public health information using a variety of approaches (e.g., social networks, media, newsletters, blogs, etc.)	<input type="radio"/>				
Help develop presentations for professional and lay audiences, using a variety of presentation styles	<input type="radio"/>				
Apply communication and group dynamics strategies (e.g., negotiation, conflict resolution, active listening, dialogue, etc.) in interactions with individuals and groups	<input type="radio"/>				
Identify the health literacy of populations served by your organization	<input type="radio"/>				

11. Community Dimensions of Practice -- Rate your competence to...

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Recognize how different individual, social and environmental factors interact to affect health in the community	<input type="radio"/>				

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Demonstrate the ability to work in community research efforts where the community participates in carrying out the research (e.g., community-based participatory research, etc.)	<input type="radio"/>				
Identify the people and organizations in the community who have a stake in various public health issues.	<input type="radio"/>				
Collaborate with community partners to promote the health of the population	<input type="radio"/>				
Maintain partnerships with key stakeholders	<input type="radio"/>				
Apply principles of group dynamics and group processes to facilitate community involvement in planning and programs	<input type="radio"/>				
Describe the role of governmental organizations in the delivery of community health services	<input type="radio"/>				
Describe the role of non-governmental organizations in the delivery of community health services	<input type="radio"/>				
Identify community assets and resources	<input type="radio"/>				
Gather input from the community to inform the development of public health policy and programs	<input type="radio"/>				
Inform the public about policies, programs, and resources	<input type="radio"/>				

12. Cultural Competency -- Rate your competence to...

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Recognize how different individual, social and environmental factors interact Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services in your community	<input type="radio"/>				
Describe the dynamic social, political, and economic forces that contribute to cultural diversity in your community	<input type="radio"/>				
Respond to diverse public health needs that are the result of cultural differences	<input type="radio"/>				
Incorporate strategies into your work for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	<input type="radio"/>				
Describe the need for a diverse public health workforce	<input type="radio"/>				

13. Policy Development/Program Planning -- Rate your competence to...

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Describe how policy options can influence public health programs	<input type="radio"/>				

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Explain the expected outcomes of different policy options (e.g., changes to health, fiscal, administrative, legal, ethical, social, political issues, etc.)	<input type="radio"/>				
Gather information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political information, etc.)	<input type="radio"/>				
Describe the public health laws and regulations governing public health programs	<input type="radio"/>				
Participate in public health program planning processes related to your job	<input type="radio"/>				
Incorporate policies and procedures into public health program plans and organizational structures	<input type="radio"/>				
Identify ways to monitor and evaluate programs for their effectiveness and quality	<input type="radio"/>				
Demonstrate the application of information and computer science technology to public health practice, research, and learning (public health informatics)	<input type="radio"/>				

14. Public Health Sciences -- Rate your competence to...

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Identify the basic characteristics of biostatistics	<input type="radio"/>				
Identify the basic characteristics of epidemiology	<input type="radio"/>				

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Identify the basic characteristics of environmental health science	<input type="radio"/>				
Identify the basic characteristics of health service administration	<input type="radio"/>				
Identify the basic characteristics of social and behavioral sciences	<input type="radio"/>				
Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in the core public health function of Assessment	<input type="radio"/>				
Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in the core public health function of Policy Development	<input type="radio"/>				
Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in core public health function of Assurance	<input type="radio"/>				
Describe the scientific evidence related to a public health issue, concern, or intervention	<input type="radio"/>				
Retrieve scientific evidence from a variety of credible text and electronic sources	<input type="radio"/>				
Discuss the limitations of research findings or other scientific evidence (e.g. limitations of data sources, generalizability, study design, sample size, etc.)	<input type="radio"/>				

None/Very Little Beginner/Aware Competent Proficient Expert

Describe the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, HIPAA, protecting people participating in research, etc.)

Partner with other public health professionals in building the scientific base or evidence base of public health practice

15. Analysis and Assessment -- Rate your competence to...

None/Very Little Beginner/Aware Competent Proficient Expert

Describe the health status of the population you serve and identify the factors that impact or determine health and illness in your community

Describe the characteristics of a population-based health problem, that is, a problem that arises because of social or environmental factors

Make use of data that measure public health conditions in order to improve your public health practice

Use methods and tools to collect valid and reliable quantitative (numerical) community data

Use methods and tools to collect valid and reliable qualitative (narrative) community data

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Find internal and external sources of public health data and information	<input type="radio"/>				
Recognize the integrity and comparability of public health data	<input type="radio"/>				
Identify gaps in data sources; figure out what data are missing that would be useful in your work	<input type="radio"/>				
Adhere to ethical principles in the collection, maintenance, use, and sharing of data and information (e.g., obtain informed consent from the study participants, make participants aware of the true nature and purpose of the study, ensure and maintain confidentiality of the collected information, etc.)	<input type="radio"/>				
Use information technology (computers and software) to collect, store, and retrieve data	<input type="radio"/>				
Describe how quantitative (numerical) data are used to address a broad spectrum of public health issues, including policy	<input type="radio"/>				
Describe how qualitative (narrative) data are used to address a broad spectrum of public health issues, including policy	<input type="radio"/>				
16. Financial Planning and Management -- Rate your competence to...					
	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Describe the local, state, and federal public health systems	<input type="radio"/>				

	None/Very Little	Beginner/Aware	Competent	Proficient	Expert
Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies	<input type="radio"/>				
Describe the local, state, and federal health care systems	<input type="radio"/>				
Adhere to your organization's policies and procedures	<input type="radio"/>				
Understand how a program budget works in order to participate in development of the budget for your area.	<input type="radio"/>				
Adapt programs to operate within current and forecasted budget constraints	<input type="radio"/>				
Identify strategies for determining budget priorities based on local, state and federal financial contributions	<input type="radio"/>				
Report on program performance	<input type="radio"/>				
Contribute to the preparation of proposals for funding from external sources (e.g., provide data, program information, budget guidance, etc.)	<input type="radio"/>				
Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	<input type="radio"/>				
Use information and computer science technologies to improve program and business operations (e.g., performance management and improvement, etc.)	<input type="radio"/>				

None/Very Little Beginner/Aware Competent Proficient Expert

Participate in the development of contracts and other agreements for the provision of services

Describe how the analysis of program cost-effectiveness affects program priorities and decision making. [Note: Cost-effectiveness analysis can be defined as a way of summarizing the health benefits and resources used by health programs so that the policy makers can choose among them. It summarizes all program costs into one number, all program benefits (the effectiveness) into a second number, and it prescribes rules for making decisions based on the relation between the two.]

Describe how the analysis of program cost-benefit affects program priorities and decision making. [Note: Cost-benefit analysis can be defined as an economic evaluation technique that measures all the positive (beneficial) and negative (costly) consequences of an intervention or program in monetary terms. The valuation of all program outcomes in monetary units allows decision makers to directly compare the health outcomes of different types of health interventions.]

None/Very Little Beginner/Aware Competent Proficient Expert

Describe how the analysis of program cost-utility affects program priorities and decision making. [Note: Cost-utility analysis is defined as a methodology of health economics that gives particular attention to the quality or preference of the health outcome produced, often expressed as quality-adjusted life-years.]

17. Leadership and Systems Thinking -- Rate your competence to...

None/Very Little Beginner/Aware Competent Proficient Expert

Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities

Describe how public health agencies operate within a larger system

Participate with community leaders and other stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action

Identify internal and external factors that may affect the delivery of the 10 Essential Public Health Services in your community

Use individual, team and organizational learning opportunities for personal and professional development

None/Very Little Beginner/Aware Competent Proficient Expert

Participate in measurement, reporting and continuous improvement of organizational performance

Describe the impact of changes in the public health system on organizational practices of your agency

Describe the impact of changes in the social, political, and economic environments on organizational practices in your agency



Section 3: Organizational Climate

Purpose: This survey is to help senior management understand how managers and staff in your organization think and feel about organizational performance.

Time to Complete: This section should take 10-15 minutes to complete

Benefit to You: With an accurate picture of their attitudes, senior management will be able to create an action plan with specific solutions that address any areas of concern or in need of improvement. These results are shared with management and staff to ensure we meet the needs of the organization.

For the following topics, please let us know if you Agree, are Neutral, or Disagree with the statements given.

18. Organization Design

	Disagree	Neutral	Agree
The organization's goals and objectives are clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees have a shared understanding of what the organization is supposed to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roles and responsibilities within the group are understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clear reporting structures have been established.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees at this organization have the right skill sets to perform their job functions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Individual Job characteristics

	Disagree	Neutral	Agree
I gain satisfaction from my current job responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My skills and abilities are fully utilized in my current job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the opportunity to further develop my skills and abilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find that I am challenged in my current job role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work adds value to the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Co-Worker Relations

	Disagree	Neutral	Agree
I feel my input is valued by my peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and information sharing is a group norm across the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees consult each other when they need support.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Individuals appreciate the personal contributions of their peers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When disagreements occur, they are addressed promptly in order to resolve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Culture/Work Environment

	Disagree	Neutral	Agree
I feel valued as an employee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I enjoy being a part of this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees have a good balance between work and personal life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Morale is high across the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees speak highly about this organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Senior Management

	Disagree	Neutral	Agree
Senior management sets high standards of excellence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior management encourages collaboration across the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior management treats employees fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the information I receive from senior management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe senior management appreciates the work I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Direct Supervisor

	Disagree	Neutral	Agree
My direct supervisor makes sure I have clear goals to achieve.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My direct supervisor gives me helpful feedback on how to be more effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My direct supervisor listens to my ideas and concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My direct supervisor serves as a positive role model for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe my direct supervisor appreciates the work I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Work Processes

	Disagree	Neutral	Agree
I am clear on how to best perform my work tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyone here takes responsibility for their actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work tasks are completed on-time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My work group operates effectively as a unit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We use efficient work processes when performing our jobs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Communications

	Disagree	Neutral	Agree
I receive the information I need to perform my job well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am clear on how my job supports the department's overall objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need help, I can ask others in my work group for suggestions or ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal communication and relationships contribute to organizational performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our face-to-face meetings are productive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Technology

	Disagree	Neutral	Agree
My department has adequate tools and technologies to perform our work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The technology we use supports our business processes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The technology we use helps me get my job done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The tools and technologies that I use help me to be efficient in completing my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our technology is reliable and works when we need it to work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Customer Satisfaction

	Disagree	Neutral	Agree
We understand the specific needs of our customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are focused on delivering high-quality products/services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We deliver our products/services on-time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our products/services meet our customers' expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Customers regularly tell us that we are doing a great job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Please provide any suggestions or recommendations you have to improve performance across the organization.



Workforce Demographics

29. What is your gender?

- Male
- Female
- Other
- Prefer not to answer

30. What is your age?

- Under 29 yrs.
- 30 yrs.-44 yrs.
- 45 yrs.-59 yrs.
- Over 60 yrs.
- Prefer not to answer

31. How long have you been with BRDHD? (please indicate 0 if less than 1 yr.)

Years

To keep this anonymous your vendor number will be used to identify who hasn't done the survey and who wins the XXXX. This keeps you anonymous since the person with the survey results doesn't have names to vendor numbers and the person with that list doesn't have access to survey results. This will not be used to identify any individual responses.

32. Please enter your vendor number (can be found on employee ID)

Appendix C: 2018 BRDHD Public Health Workforce Development Survey: Overview and Findings

Survey Introduction and Background

This report summarizes the responses received from Barren River District Health Department (BRDHD) staff when using the Arizona Public Health Training Center's (AzPHTC) Public Health Training Preferences Survey and Core Competency Self-assessment, with an added Organizational Climate survey. This summary provides a background discussion of the survey's purpose followed by a brief summary of the methodology used to develop, implement and analyze the survey. Findings from all three sections are then provided.

Identifying the training needs of the public health workforce is essential for 1) To provide training because the public health setting is changing at a rapid pace and the workforce needs to keep abreast of current methods used to safeguard communities 2) Many professionals in the public health workforce were not formally trained to work in this sector and they need a way to better utilize their knowledge and skills to support their agency's activities 3) Over the next several years, the public health workforce will have a large turnover due to retirements and continuing education opportunities need to be consistently present for those entering this field.

A common framework for continuing education is to address public health based competencies that are based on the "Council on Linkages between Academia and Public Health Practice's Core Competencies for Public Health Professionals" (www.phf.org/programs/corecompetencies), from here on referred to as the core competencies. The core competencies represent a set of skills desirable for the broad practice of public health that professionals need to possess as they work to protect and improve the nation's health. The core competencies are designed to serve as a starting point for academic and practice organizations to understand, assess, and meet training and workforce needs. Public health staff are put into three different tiers when looking at the core competencies:

Front Line Staff/Entry Level - Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.

Program Management/Supervisory Level - Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.

Senior Management/Executive Level - Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of

the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

For the purposes of this needs assessment the existing tiers are labeled as Tier 1, 2, 3 respectively. Results from the survey discussed in the current report will help BRDHD identify training needs.

Methodology

The following section of the report provides a description of all three surveys completed by the BRDHD staff, the survey implementation process and the analysis and reporting process. The survey was distributed in the fall of 2018 to all 192 BRDHD staff. The survey, providing a description and instructions to respondents can be found in *Appendix B*. At the beginning of the survey all respondents were asked questions about their educational background and their job description.

For each of the three surveys, staff when given the purpose of the survey and the benefit to them.

Training Preference Survey

Purpose: The purpose of this section is to identify your training interests and preferences. **Benefit to You:** The results of this section will be used to help identify future training opportunities for the BRDHD staff.

Public Health Core Competency Self-Assessment

Purpose: Core Competencies were developed to identify skills important for the practice of public health. The Core Competencies serve as a starting point for organizations to understand, assess, and meet the training and workforce needs.

Benefit to You: To help you reflect on your level of competence on key dimensions of public health practice. This will allow you to identify professional growth opportunities and what training opportunities would be most valuable to you in the future and allows BRDHD to identify areas of need.

Organizational Climate

Purpose: This survey is to help senior management understand how managers and staff in your organization think and feel about organizational performance.

Benefit to You: With an accurate picture of attitudes, senior management will be able to create an action plan with specific solutions that address any areas of concern or in need of improvement. These results are shared with management and staff to ensure we meet the needs of the organization.

Results

The following table shows the degrees held by staff. Most commonly degrees held include AS, BS, and RN degrees. Responses to “Other” included various certifications and other degrees. Thirty-five respondents also listed additional credentials including; LSW, RD, CLC, and others.

Degree	Frequency	Percent
AA	7	4.14%
AS	37	21.89%
BA	9	5.33%
BS	62	36.69%
CNM	0	0.00%
DrPH	0	0.00%
DVM	0	0.00%
M Ed	1	0.59%
MA	0	0.00%
MBA	0	0.00%
MD	0	0.00%
MHA	0	0.00%
MHS	0	0.00%
MPA	1	0.59%
MPH	5	2.96%
MPP	0	0.00%
MS	3	1.78%
MSW	0	0.00%
NP	1	0.59%
PA	0	0.00%
PharmD	0	0.00%
PhD	2	1.18%
RD	1	0.59%

REHS/RS	4	2.37%
RN	50	29.59%
NONE	29	17.16%
Other	19	11.24%

Training Preferences Survey

This section summarizes the finding from the Training Preferences Section of the survey. BRDHD respondents were asked to select from 47 potential training topics any that “trainings important to my job” and “trainings of personal interest”.

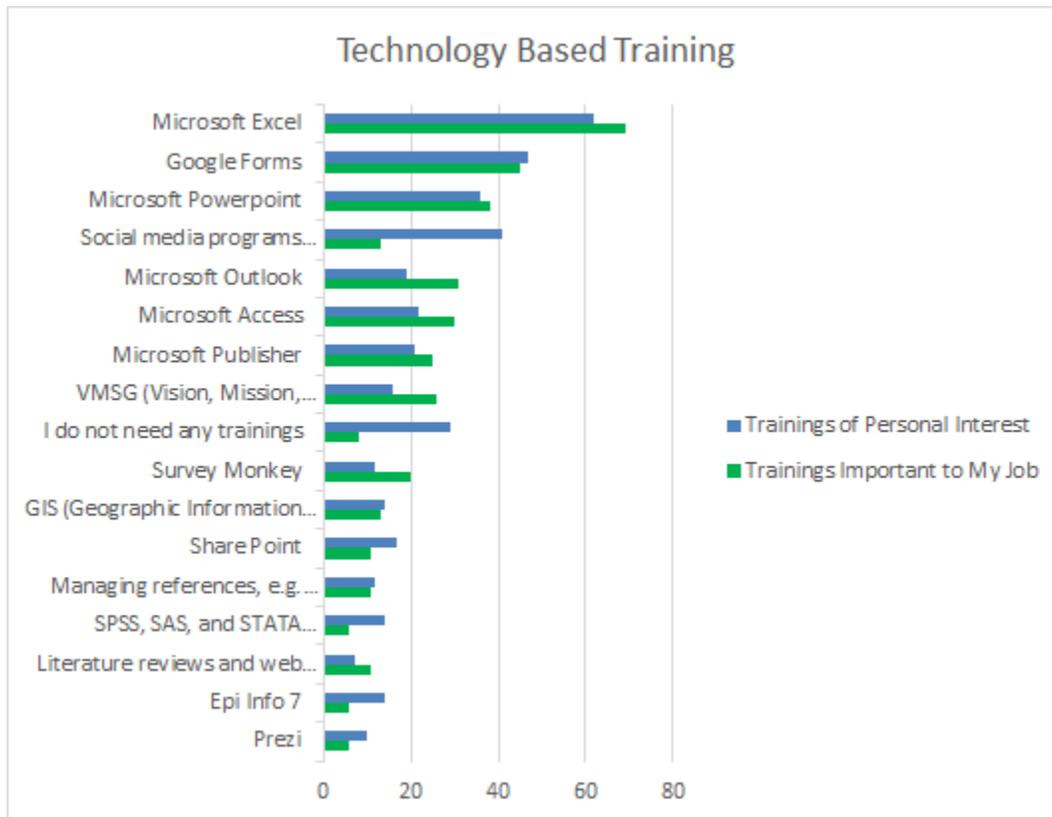
The following chart shows the top twenty ranked trainings as at least one topic was selected by the most respondents.



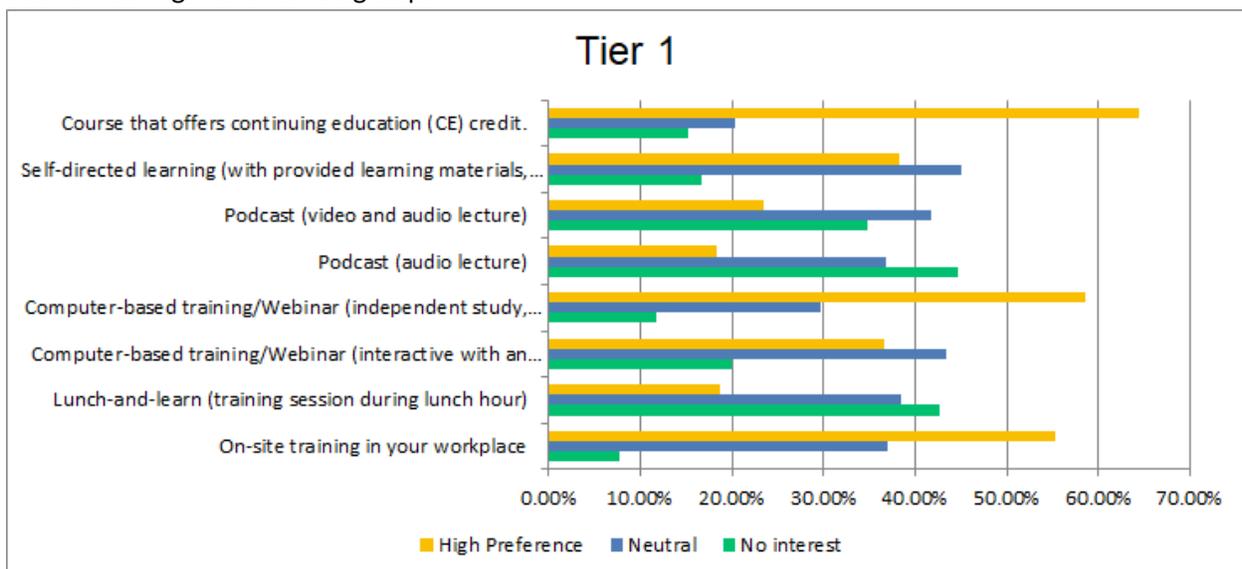
Supervisors were also asked to rate the same 47 training topics that thought were important for staff. The top 20 topics are shown in the following chart with the lowest ranked topic of the 47 being Financial Decision Making.



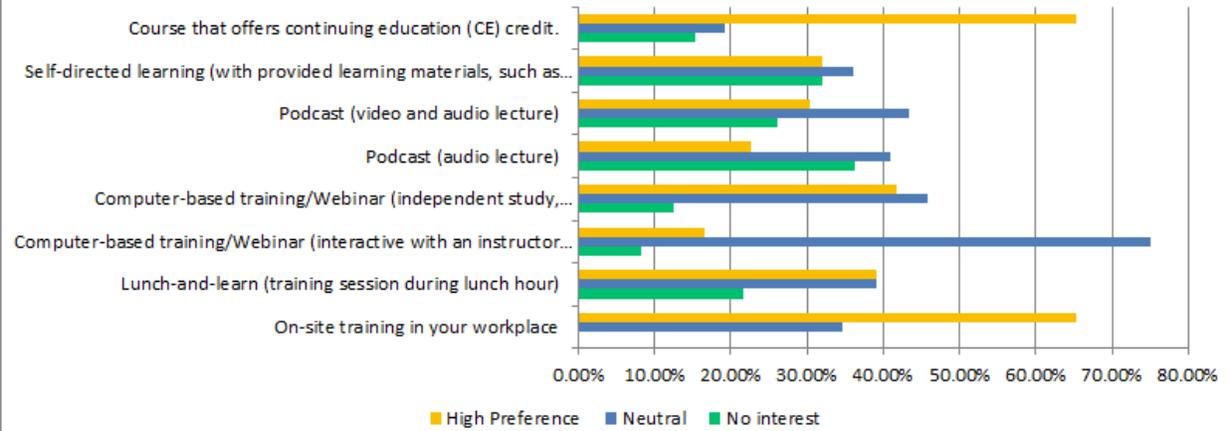
Staff were also given a list of 17 technology based programs used at BRDHD. Staff were asked to select training topics any that “trainings important to my job” and “trainings of personal interest”. The chart below shows how these ranked for all staff.



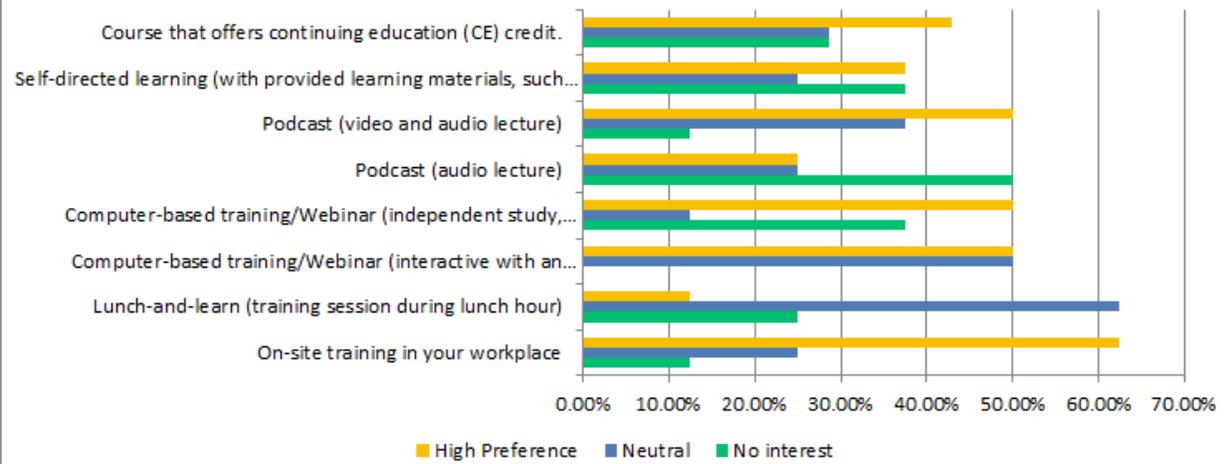
Staff were asked about preferences for the training formats. Both tier1 and tier 2 staff had highest preference for “course that offers continuing education (CE) credit”. “On-site training in your workplace” also ranked high for all three groups.



Tier 2

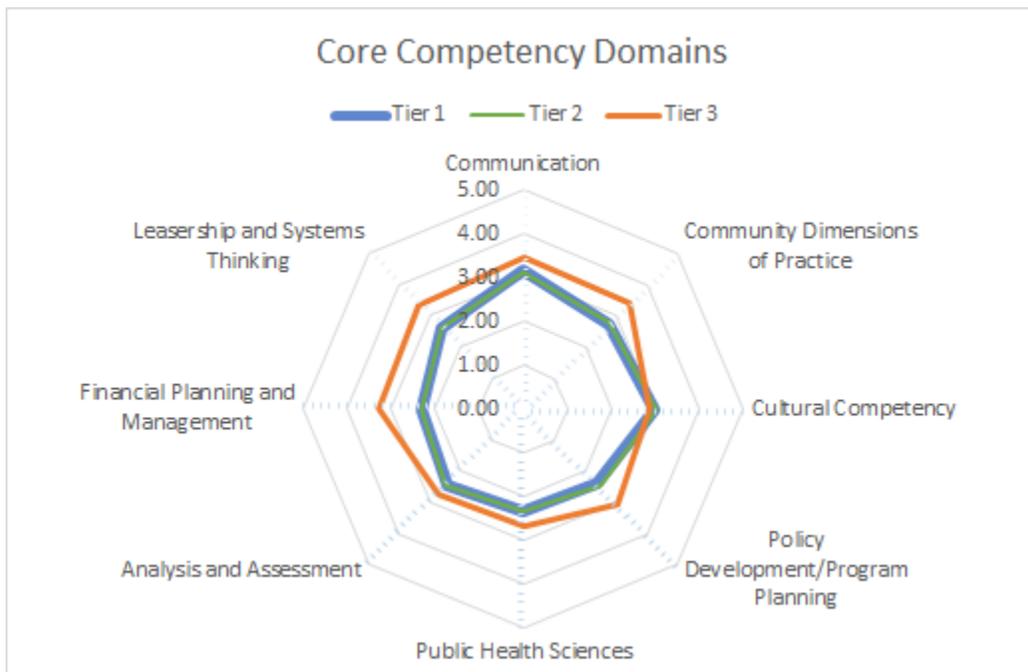


Tier 3



Core Competency Skills Self-Assessment

Core Competency Domain	Tier 1	Tier 2	Tier 3
Communication	3.16	3.12	3.45
Community Dimensions of Practice	2.73	2.78	3.43
Cultural Competency	2.98	3.04	2.86
Policy Development/Program Planning	2.37	2.47	3.06
Public Health Sciences	2.32	2.31	2.69
Analysis and Assessment	2.46	2.47	2.73
Financial Planning and Management	2.3	2.33	3.3
Leadership and Systems Thinking	2.61	2.6	3.36



In the assessment, for each of the eight core competencies, five to eleven sub-questions were asked to assess proficiency with each measure. A score of 1 for “none/very little competence”, 2 for “beginner/aware competence”, 3 for “competent”, 4 for “proficient”, and 5 for "expert" was calculated. For each question, “N/A” was also an option. The N/A option was not scored. It was selected most often in the core competency area of financial planning. Below you’ll find the highest and lowest two weighted averages for proficiency for each core competency. Each table has been color coded:

Green = overlap in greatest competency between tiers

Red = overlap in least competency between tiers

Orange = overlap with a greatest or least competency in another tiers

Communication Skills				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Communicate orally	3.87	Help develop presentations for professional and lay audiences, using a variety of presentation styles	2.8
	Communicate in writing in print and through electronic means	3.73	Identify the health literacy of populations served by your organization	2.71
Tier 2	Communicate orally	3.76	Identify the health literacy of populations served by your organization	2.71
	Communicate in writing in print and through electronic means	3.56	Convey public health information using a variety of approaches (e.g., social networks, media, newsletters, blogs, etc.)	2.68
Tier 3	Communicate orally	4	Ask for and gather input and feedback from individuals and organizations in the community AND Apply communication and group dynamics strategies (e.g., negotiation, conflict resolution, active listening, dialogue, etc.) in interactions with individuals and groups	3.25
	Communicate in writing in print and through electronic means	4	Identify the health literacy of populations served by your organization	2.88

Community Dimensions of Practice				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Recognize how different individual, social and environmental factors interact to affect health in the community	3.14	Describe the role of non-governmental organizations in the delivery of community health services	2.56
	Inform the public about policies, programs, and resources	2.95	Gather input from the community to inform the development of public health policy and programs	2.52
Tier 2	Maintain partnerships with key stakeholders	3.17	Gather input from the community to inform the development of public health policy and programs	2.42
	Collaborate with community partners to promote the health of the population	3.13	Demonstrate the ability to work in community research efforts where the community participates in carrying out the research (e.g., community-based participatory research, etc.)	2.32
Tier 3	Maintain partnerships with key stakeholders	3.88	Recognize how different individual, social and environmental factors interact to affect health in the community	2.86
	Collaborate with community partners to promote the health of the population	3.86	Demonstrate the ability to work in community research efforts where the community participates in carrying out the research (e.g., community-based participatory research, etc.)	2.71

Cultural Competency				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Describe the need for a diverse public health workforce	3.11	Respond to diverse public health needs that are the result of cultural differences	2.85
	Incorporate strategies into your work for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	3.08	Describe the dynamic social, political, and economic forces that contribute to cultural diversity in your community	2.8
Tier 2	Recognize how different individual, social and environmental factors interact. Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services in your community	3.17	Describe the need for a diverse public health workforce	3
	Incorporate strategies into your work for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	3.13	Describe the dynamic social, political, and economic forces that contribute to cultural diversity in your community	2.83
Tier 3	Describe the need for a diverse public health workforce	3.13	Respond to diverse public health needs that are the result of cultural differences	2.71
	Describe the dynamic social, political, and economic forces that contribute to cultural diversity in your community	3	Incorporate strategies into your work for interacting with persons from diverse backgrounds (e.g., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	2.63

Policy Development/Program Planning				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Participate in public health program planning processes related to your job	2.55	Explain the expected outcomes of different policy options (e.g., changes to health, fiscal, administrative, legal, ethical, social, political issues, etc.) AND Describe the public health laws and regulations governing public health programs	2.27
	Identify ways to monitor and evaluate programs for their effectiveness and quality	2.44	Demonstrate the application of information and computer science technology to public health practice, research, and learning (public health informatics)	2.26
Tier 2	Identify ways to monitor and evaluate programs for their effectiveness and quality	2.78	Explain the expected outcomes of different policy options (e.g., changes to health, fiscal, administrative, legal, ethical, social, political issues, etc.)	2.3
	Incorporate policies and procedures into public health program plans and organizational structures	2.65	Demonstrate the application of information and computer science technology to public health practice, research, and learning (public health informatics)	2.22
Tier 3	Participate in public health program planning processes related to your job	3.38	Explain the expected outcomes of different policy options (e.g., changes to health, fiscal, administrative, legal, ethical, social, political issues, etc.)	2.88
	Describe how policy options can influence public health programs AND Incorporate policies and procedures into public health program plans and organizational structures	3.25	Gather information that will inform policy decisions (e.g., health, fiscal, administrative, legal, ethical, social, political information, etc.)	2.75

Public Health Sciences				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Describe the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, HIPAA, protecting people participating in research, etc.)	2.66	Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in core public health function of Assurance	2.13
	Retrieve scientific evidence from a variety of credible text and electronic sources	2.48	Identify the basic characteristics of biostatistics	2
Tier 2	Identify the basic characteristics of social and behavioral sciences	2.56	Discuss the limitations of research findings or other scientific evidence (e.g. limitations of data sources, generalizability, study design, sample size, etc.)	2
	Describe the laws, regulations, policies and procedures for the ethical conduct of research (e.g., patient confidentiality, HIPAA, protecting people participating in research, etc.)	2.54	Identify the basic characteristics of biostatistics	1.87
Tier 3	Describe the scientific evidence related to a public health issue, concern, or intervention	3.14	Describe how the public health sciences (e.g., epidemiology, health behavior, biostatistics, etc.) are applied in core public health function of Assurance	2.38
	Retrieve scientific evidence from a variety of credible text and electronic sources	3.14	Identify the basic characteristics of biostatistics	2

Analytic/Assessment Skills				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Describe the health status of the population you serve and identify the factors that impact or determine health and illness in your community	2.82	Describe how quantitative (numerical) data are used to address a broad spectrum of public health issues, including policy	2.22
	Describe the characteristics of a population-based health problem, that is, a problem that arises because of social or environmental factors AND Use information technology (computers and software) to collect, store, and retrieve data	2.69	Describe how qualitative (narrative) data are used to address a broad spectrum of public health issues, including policy	2.21
Tier 2	Describe the health status of the population you serve and identify the factors that impact or determine health and illness in your community	2.92	Identify gaps in data sources; figure out what data are missing that would be useful in your work	2.25
	Describe the characteristics of a population-based health problem, that is, a problem that arises because of social or environmental factors	2.8	Describe how qualitative (narrative) data are used to address a broad spectrum of public health issues, including policy	2.22
Tier 3	Use information technology (computers and software) to collect, store, and retrieve data	3.13	Describe the health status of the population you serve and identify the factors that impact or determine health and illness in your community	2.57
	Make use of data that measure public health conditions in order to improve your public health practice	2.86	Describe the characteristics of a population-based health problem, that is, a problem that arises because of social or environmental factors	

	Describe how quantitative (numerical) data are used to address a broad spectrum of public health issues, including policy		Use methods and tools to collect valid and reliable quantitative (numerical) community data	
			Use methods and tools to collect valid and reliable qualitative (narrative) community data	

Financial Planning and Management				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Adhere to your organization's policies and procedures	3.34	Describe how the analysis of program cost-utility affects program priorities and decision making.	1.94
	Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	2.85	Describe how the analysis of program cost-benefit affects program priorities and decision making.	1.93
Tier 2	Adhere to your organization's policies and procedures	3.04	Describe how the analysis of program cost-benefit affects program priorities and decision making.	1.83
	Report on program performance	2.78	Describe how the analysis of program cost-utility affects program priorities and decision making.	1.83
Tier 3	Adhere to your organization's policies and procedures	4	Describe how the analysis of program cost-effectiveness affects program priorities and decision making.	2.5
	Understand how a program budget works in order to participate in development of the budget for your area.	3.88	Describe how the analysis of program cost-utility affects program priorities and decision making.	2.25

Leadership and Systems Thinking				
	Greatest Competency	Weighted Avg.	Least Competency	Weighted Avg.
Tier 1	Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities	3.1	Describe the impact of changes in the public health system on organizational practices of your agency AND Describe the impact of changes in the social, political, and economic environments on organizational practices in your agency	2.41
	Use individual, team and organizational learning opportunities for personal and professional development	2.83	Identify internal and external factors that may affect the delivery of the 10 Essential Public Health Services in your community	2.39
Tier 2	Use individual, team and organizational learning opportunities for personal and professional development	2.79	Describe the impact of changes in the public health system on organizational practices of your agency	2.48
	Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities	2.76	Describe the impact of changes in the social, political, and economic environments on organizational practices in your agency	2.43
Tier 3	Describe how public health agencies operate within a larger system	3.5	Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities	3.25
	Participate with community leaders and other stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	3.5	Participate in measurement, reporting and continuous improvement of organizational performance AND Describe the impact of changes in the social, political, and economic environments on organizational practices in your agency	

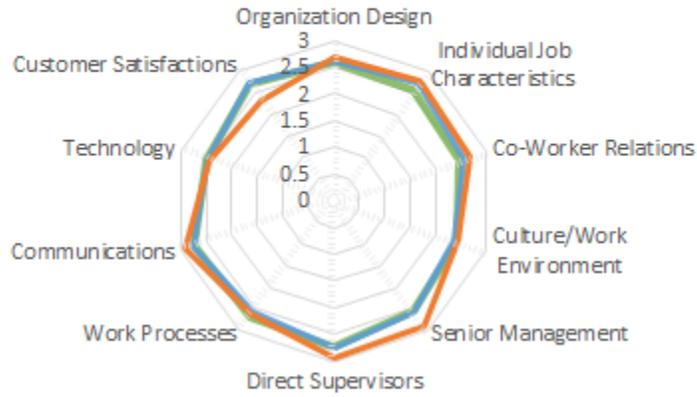
Organizational Climate Survey

This survey was made up of ten areas to assess organizational climate, for each of the ten areas five sub-questions were asked to assess agreement with each measure. A score of 1 for “disagree”, 2 for “neutral”, and 3 for “agree” was used to calculate the weighted average. Across all fifty sub-questions the lowest score for all three tiers was in the Culture/Work Environment topics “Moral is high across the organization” and “Employees speak highly about this organization”. While many sub-topics had matching high scores, the topic “My work adds value to the organization” in the Individual Job Characteristics area was across all three tiers.

Climate Elements	Tier 1	Tier 2	Tier 3
Organization Design	2.59	2.61	2.7
Individual Job Characteristics	2.56	2.71	2.78
Co-Worker Relations	2.45	2.55	2.68
Culture/Work Environment	2.43	2.37	2.43
Senior Management	2.56	2.55	2.9
Direct Supervisor	2.74	2.74	2.93
Work Processes	2.69	2.59	2.6
Communications	2.75	2.77	2.93
Technology	2.51	2.47	2.45
Customer Satisfactions	2.68	2.71	2.33

Organizational Climate

Tier 1 Tier 2 Tier 3



Appendix D: Emergency Preparedness

BARREN RIVER DISTRICT HEALTH DEPARTMENT

DISASTER PREPAREDNESS BRANCH

UPCOMING TRAINING SESSIONS, DRILLS & EXERCISE

FY (2017 – 2021)

2017

<p>JULY</p> <ul style="list-style-type: none"> • POD MOU Meeting • R3 EM Meeting • Human Traffic Wkshop- Metcalfe • CERT TTX – Barren and Hart Counties 	<p>AUGUST</p> <ul style="list-style-type: none"> • PPHR Certification • HAN/Sat phones/Bed Status Drill • Priority Notification • KAMM Conference • Eclipse Event – Real Event 	<p>SEPTEMBER</p> <ul style="list-style-type: none"> • KYEM Conference • CSEPP-Richmond • LEPC-various counties • CERT TTX – Simpson County • KNA – Glasgow Campus WKU • BRDHD All Hands Meeting
<p>OCTOBER</p> <ul style="list-style-type: none"> • Statewide Earthquake exercise • R3 EM Meeting • MRC Preparedness- WKU Nursing Training • Fire Drill-LHD • TN-KY Coalition Meeting TTX 	<p>NOVEMBER</p> <ul style="list-style-type: none"> • R3 EM Meeting • Joint State-Regional Preparedness Meeting • Surge Trailers Inventory • Fire Drill – LHD 	<p>DECEMBER</p> <ul style="list-style-type: none"> • New employee disaster preparedness orientation & IS-100/700 • R3 EM Meeting • HAN/Sat phones/Bed Status Drill • Fire Drill – LHD • Surge Trailers Inventory • Hep A – Statewide Real Event

2018		
<p>JANUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Simpson Co ESF-8 Active Shooter • Barren and Simpson Co CERT – new members class • ERRT Regional WkShop • WEBEOC/READOPS Trng • HAN/Sat phones/Bed Status • HIGH Priority Messaging Drill (HAN phased out by READYOp NLT June 2018). BRDHD due small staff size notifies all staff during drill; all staff is considered primary and is notified. • Region 1-4 Preparedness Trng • KCCRB trng – Behavioral Health Response Plan • MRC Preparedness- WKU Nursing Training • TEPW – Wkshop with Regional Coordinator • Surge Evacuation Coordination healthcare facility – conference • POD and Regional Distribution Site (RDS) meeting 	<p>FEBRUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Statewide Tornado Drill • LEPC-Barren Co/Glasgow • ICS training – Makeup • Barren and Simpson Co CERT – new members class • Fire Drill – LHD • ICS 100 and 700 on TRAIN • Mach5 TTX Exchange Supervisors 	<p>MARCH</p> <ul style="list-style-type: none"> • TN-KY State Cross-Border Health Departments Coalition Meeting • LEPC-Warren Co/Bowling Green • R3 EM Meeting • MRC Meetings and TTX – Various counties • Mach5 TTX Preparedness HEART members • Barren and Simpson Co CERT – new members class • LHD Preparedness and CMS Rule 2-day course (Mar 13-14) • ICS 100 and 700 on TRAIN • 24/7 UNANNOUNCED HIGH Priority Contact Exercise/Drill. Senior Staff Notice-Ensure Key personnel respond to KDPH within 30-minutes.

<p>APRIL</p> <ul style="list-style-type: none"> • R3 EM Meeting • NAACHO Preparedness Conference, Atlanta, GA • SE EMAG Conference Savannah GA • SNS Medical Countermeasures Training to BRDHD Staff and healthcare coalition partner agencies • Mach5 TTX Exchange Supervisors • HAN/SAT. phones/Bed Status HIGH Priority Messaging Drill (HAN phased out by READYOp NLT June 2018) • Closed POD meeting with Western Ky University (WKU) • ICS 100 and 700 on TRAIN 	<p>MAY</p> <ul style="list-style-type: none"> • BRDHD ERRT Meeting • R3 EM Meeting • Federal Medical Station (FMS) installed with healthcare partner • State-wide Preparedness Wkshop • HEART Coalition Medical Surge Test – EOC Activation TTX • KY 2018 Tornado Outbreak TTX • ICS 100 and 700 on TRAIN 	<p>JUNE</p> <ul style="list-style-type: none"> • ERRT Conference • R3 EM Meeting • RDS/POD pre-TTX training with BRDHD and WKU • MGT-418 Readiness Training Course • BRDHD-WKU closed POD meeting • ICS 100 and 700 on TRAIN
<p>JULY</p> <ul style="list-style-type: none"> • R3 EM Meeting • TN-KY State Cross-Border Health Departments Coalition Meeting • CERT TTX – Barren and Hart Counties • G-386 course Mass Fatalities Incident Response • ICS 100 and 700 on TRAIN 	<p>AUGUST</p> <ul style="list-style-type: none"> • READYOp/Sat phones/Bed Status-HIGH Priority Notification Drill • ICS300 and 400 available • ICS 100 and 700 on TRAIN • G-386 Mass Fatality Management/G389 Mass Communications Overview • All Hands Meeting and BRDHD notification • Hart Co LHD Physical Security Audit and Fire Drill 	<p>SEPTEMBER</p> <ul style="list-style-type: none"> • KYEM Conference • CSEPP- CHEM exercise • LEPC-various counties • National Preparedness Month- • KAMM Conference • ICS 100 and 700 on TRAIN

<p>OCTOBER</p> <ul style="list-style-type: none"> • Statewide Earthquake drill • R3 EM Meeting • MRC Preparedness-WKU Nursing Training • TN-KY State Cross-Border Health Departments Coalition Meeting • ICS 100 and 700 on TRAIN 	<p>NOVEMBER</p> <ul style="list-style-type: none"> • R3 EM Meeting • RDS/POD meeting for Functional Ex • Joint State-Regional Preparedness Meeting • Mach5 TTX Exchange Supervisors • 24/7 UNANNOUNCED HIGH Priority Contact Exercise/Drill. Senior Staff Notice-Ensure Key personnel respond to KDPH within 30-minutes. • ICS 100 and 700 on TRAIN 	<p>DECEMBER</p> <ul style="list-style-type: none"> • New employee disaster preparedness orientation & IS-100/700 • R3 EM Meeting • MGT-447 Food Emergencies
<p>2019</p>		
<p>JANUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Barren and Simpson Co CERT – new members class • ERRT Regional WkShop • HAN/Sat phones/Bed Status Priority Messaging Drill • Region 1-4 Preparedness Trng • TEPW – Wkshop with Regional Coordinator • Mach5 TTX Exchange Supervisors • Pre-RDS+POD FE meeting 	<p>FEBRUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Statewide Tornado Drill • LEPC-Barren Co/Glasgow • Barren and Simpson Co CERT – new members class • LEPC-Warren Co/Bowling Green 	<p>MARCH</p> <ul style="list-style-type: none"> • TN-KY State Cross-Border Health Departments Coalition Meeting • R3 EM Meeting • MRC Meetings and TTX – Various counties • LEPC – Barren Co/Glasgow • Mach5 TTX Preparedness HEART members • FMS 50-bed resource allocation received and inventoried • RDS+POD FE meeting

<p>APRIL</p> <ul style="list-style-type: none"> • R3 EM Meeting • SE EMAG Conference Savannah GA • HAN-READYOp/Sat phones/Bed Status Drill – Priority Notification 	<p>MAY</p> <ul style="list-style-type: none"> • R3 EM Meeting • State-wide Preparedness Wkshop • Mach5 TTX Preparedness HEART members • Mach5 TTX Exchange Supervisors 	<p>JUNE</p> <ul style="list-style-type: none"> • ERRT Conference • R3 EM Meeting • TN-KY Coalition • RDS+POD FE meeting
<p>JULY</p> <ul style="list-style-type: none"> • POD TTX • R3 EM Meeting • CERT TTX – Barren and Hart Counties • Mach5 TTX Preparedness HEART members • New employee disaster preparedness orientation & IS-100/700 	<p>AUGUST</p> <ul style="list-style-type: none"> • READYOp/Sat phones/Bed Status Drill – Priority Notification • KAMM Conference • Mach5 TTX Exchange Supervisors 	<p>SEPTEMBER</p> <ul style="list-style-type: none"> • KYEM Conference • CSEPP- CHEM exercise • LEPC-various counties • BRDHD All Hands Meeting – Staff Assembly Drill-No notice mandatory
<p>OCTOBER</p> <ul style="list-style-type: none"> • Statewide Earthquake exercise • R3 EM Meeting • TN-KY Coalition Meeting TTX • Mach5 TTX Preparedness HEART members • RDS+POD Functional Exercise 	<p>NOVEMBER</p> <ul style="list-style-type: none"> • R3 EM Meeting • Joint State-Regional Preparedness Meeting • Mach5 TTX Exchange Supervisors 	<p>DECEMBER</p> <ul style="list-style-type: none"> • New employee disaster preparedness orientation & IS-100/700 • R3 EM Meeting • READYOp/Sat phones/Bed Status Drill – Priority Notification

2020		
<p>JANUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Barren and Simpson Co CERT – new members class • ERRT Regional WkShop • HAN/Sat phones/Bed Status Priority Messaging Drill • Region 1-4 Preparedness Trng • TEPW – Wkshop with Regional Coordinator • Mach5 TTX Exchange Supervisors • RDS+POD FSE meeting 	<p>FEBRUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Statewide Tornado Drill • LEPC-Barren Co/Glasgow • Barren and Simpson Co CERT – new members class • LEPC-Warren Co/Bowling Green • Pre-RDS-POD FE Meeting 	<p>MARCH</p> <ul style="list-style-type: none"> • TN-KY Coalition Meeting • R3 EM Meeting • MRC Meetings and TTX – Various counties • LEPC – Barren Co/Glasgow • Mach5 TTX Preparedness HEART members • FMS prep • RDS+POD FSE meeting
<p>APRIL</p> <ul style="list-style-type: none"> • R3 EM Meeting • SE EMAG Conference Savannah GA • RDS+POD FSE meeting • HAN-READYOp/Sat phones/Bed Status Drill – Priority Notification 	<p>MAY</p> <ul style="list-style-type: none"> • RDS+POD FSE meeting • State-wide Preparedness Wkshop • Mach5 TTX Preparedness HEART members • Mach5 TTX Exchange Supervisors 	<p>JUNE</p> <ul style="list-style-type: none"> • ERRT Conference • R3 EM Meeting • TN-KY Coalition • RDS+POD FSE meeting • New employee disaster preparedness orientation & IS-100/700
<p>JULY</p> <ul style="list-style-type: none"> • RDS+POD FSE meeting • R3 EM Meeting • CERT TTX – Barren and Hart Counties • Mach5 TTX Preparedness HEART members 	<p>AUGUST</p> <ul style="list-style-type: none"> • READYOp/Sat phones/Bed Status Drill – Priority Notification • KAMM Conference • Mach5 TTX Exchange Supervisors • RDS+POD FSE meeting 	<p>SEPTEMBER</p> <ul style="list-style-type: none"> • KYEM Conference • CSEPP- CHEM exercise • RDS+POD FSE meeting • LEPC-various counties • BRDHD All Hands Meeting – Staff Assembly Drill-No notice mandatory

<p>OCTOBER</p> <ul style="list-style-type: none"> • Statewide Earthquake exercise • R3 EM Meeting • TN-KY Coalition Meeting TTX • Mach5 TTX Preparedness HEART members • RDS+POD FSE conducted and completed 	<p>NOVEMBER</p> <ul style="list-style-type: none"> • R3 EM Meeting • POD meeting • Joint State-Regional Preparedness Meeting • Mach5 TTX Exchange Supervisors • FSE AAR/IP finalized 	<p>DECEMBER</p> <ul style="list-style-type: none"> • New employee disaster preparedness orientation & IS-100/700 • R3 EM Meeting • READYOp/Sat phones/Bed Status Drill – Priority Notification
<p>2021</p>		
<p>JANUARY</p> <ul style="list-style-type: none"> • Barren and Simpson Co CERT – new members class • ERRT Regional WkShop • READYOp/Sat phones/Bed Status Priority Messaging Drill • Region 1-4 Preparedness Trng • TEPW – Wkshop with Regional Coordinator • Mach5 TTX Exchange Supervisors 	<p>FEBRUARY</p> <ul style="list-style-type: none"> • R3 EM Meeting • Statewide Tornado Drill • Barren and Simpson Co CERT – new members class • LEPC-Warren Co/Bowling Green • Mach5 TTX Preparedness HEART members • 	<p>MARCH</p> <ul style="list-style-type: none"> • TN-KY Coalition Meeting • R3 EM Meeting • MRC Meetings and TTX – Various counties • LEPC – Barren Co/Glasgow
<p>APRIL</p> <ul style="list-style-type: none"> • R3 EM Meeting • SE EMAG Conference Savannah GA • HAN-READYOp/Sat phones/Bed Status Drill – Priority Notification 	<p>MAY</p> <ul style="list-style-type: none"> • State-wide Preparedness Wkshop • Mach5 TTX Exchange Supervisors 	<p>JUNE</p> <ul style="list-style-type: none"> • ERRT Conference • R3 EM Meeting • TN-KY Coalition • Mach5 TTX Preparedness HEART members • New employee disaster preparedness orientation & IS-100/700

<p>JULY</p> <ul style="list-style-type: none"> • POD TTX • R3 EM Meeting • LEPC – Barren Co/Glasgow 	<p>AUGUST</p> <ul style="list-style-type: none"> • READYOp/Sat phones/Bed Status Drill – Priority Notification • KAMM Conference • Mach5 TTX Exchange Supervisors 	<p>SEPTEMBER</p> <ul style="list-style-type: none"> • KYEM Conference • CSEPP- CHEM exercise • LEPC-various counties • BRDHD All Hands Meeting – Staff Assembly Drill-No notice mandatory
<p>OCTOBER</p> <ul style="list-style-type: none"> • Statewide Earthquake exercise • R3 EM Meeting • TN-KY Coalition Meeting TTX • Mach5 TTX Preparedness HEART members 	<p>NOVEMBER</p> <ul style="list-style-type: none"> • R3 EM Meeting • POD meeting • Joint State-Regional Preparedness Meeting • Mach5 TTX Exchange Supervisors 	<p>DECEMBER</p> <ul style="list-style-type: none"> • New employee disaster preparedness orientation & IS-100/700 • R3 EM Meeting • READYOp/Sat phones/Bed Status Drill – Priority Notification

1. The time-limits for developing operations plan, performing exercise and developing AAR are based on guidelines from HSEEP- Exercise planning timelines. Source: <https://hseep.dhs.gov/support/VolumeI.pdf>
2. ERRT Beginner’s course and Refresher ERRT course are sponsored by KY Department of Public Health.
3. Exercise Objectives will follow PHEP 2018 deliverables as found in KY Public Health FY 17-18 Deliverable Guidance for LHDs and Regional HCCs

Training Needs Assessment Summary - 2017

Barren River District Health Department (BRDHD), Preparedness Branch, prepared a survey that was administered to all the staff (191 personnel) throughout the 10-counties within the Region. 142 personnel took the survey, a 74% response rate. The response showed that all of BRDHD departments participated, from clinical to administrative, from hourly to permanent; everyone with a BRDHD email address was sent the survey.

The survey asked the staff questions regarding knowledge of previously taken Disaster Preparedness training obtained from various required FEMA and BRDHD disaster readiness courses, competencies, and training modalities' preferences (See 2017 Training Needs Assessment Summary). BRDHD follows the State of Kentucky Department Public Health requirements for variety of preparedness courses that all staff must complete. The matrix of courses and the timeframe for completion is shown in Appendix C of the "Kentucky Public Health Preparedness Training Matrix" (Goal 2 Evidence Folder).

The 2017 survey questionnaire is provided in Goal 2 Evidence Folder. The survey was assimilated from the previous BRDHD-2017 Training Needs Assessment and from other south-eastern US health departments. The Health Information Team Performance Improvement Coordinator, a CDC Public Health Associate, and the Training Coordinator for BRDHD designed the survey. The survey was loaded to "<https://www.surveymonkey.com/r/8L5NCXR>" and emails sent to BRDHD staff beginning on Tuesday January 17, 2017 and ended on January 31, 2017.

KEY RESULTS

1-Improvement over the 2011 training assessment is readily seen as only 7 Tier-1 staff members out of a total of 191 BRDHD personnel have not taken the required basic disaster preparedness training that is required by the State of Kentucky Department of Public Health and BRDHD (see Appendix B). That correlates to a rate of 3.67% staff that is not compliant or a 96% success rate. All new employees of the BRDHD are required to complete the new employee disaster preparedness orientation within 6 months of employment. New employees are offered an introduction course in National Incident Management System (NIMS) – IS700, IS-100 and IS-700. They are also briefed about the current BRDHD All-Hazards response plan. Previously in 2011 only 87.5% of BRDHD staff had completed IS-100 and IS-700.

If the new employee is categorized as supervisory or administrative staff, he or she is required to complete IS-800 and IS-200. Leaders and branch directors are required to complete IS-400 and IS-300 courses but are given up to 1-year to complete these courses. In 2011, only 6 staff supervisors had completed IS-300 and/or IS-400. Today, 2017, over 15 personnel have completed IS-300, IS-400, and IS-800 with two more supervisors making progress in completion of this requirement.

2- Staff knowledge of ICS chain of command improved from 86% (2011) to 96% in this 2017 survey. Staff knowledge of their role in an emergency is at 79% and correlates with well with the 82% knowledge of where to report in case of an emergency.

3- Staff safety has improved through training using various office communication channels up to 70% staff now knowing where to find BRDHD “All Hazards Plan”. The same staff response percentage indicated they can get personal payroll information, Regional emergency response notices, and local health department office messages utilizing their personal office intranet from outside the office. Communication to and from staff is critical during any emergency incident and BRDHD has striven to improve staff safety and communications over the past few years.

4-Continual training to staff needs to be centered on classroom setting instead of day(s) long workshops (76% vs 43%) venue. This agrees with the past training survey where 75% staff preferred on-site training with an instructor.

LESSONS LEARNED/NEXT TRAINING STEPS

BRDHD has stressed New Employee training as they start work in the Health Department but has not re-emphasized the need for continual Preparedness training professionally and personally.

1- When asked if staff has prepared for their family an emergency kit only 39% responded that they had.

2- Improvement in knowledge of individual staff roles is needed as only 55% staff knew their respective role in a water/food borne illness or an infectious disease outbreak. Respondents did not equate their present daily job duties as being the same during a public health emergency, but staff did know how they would be notified during an emergency (79%) and knew where to report (82%).

3- The number of respondents to the survey dropped by 35-37 persons after Q#10. This may be due to the length of the survey and/or due to the assumption that staff knew the difference between, as an example, IS-200 and IS-400. Future surveys will utilize titles or brief description for the course instead of using only the alpha-numeric classification.

Updating the training plan:

Evaluation of staffs' knowledge and competencies in emergency preparedness and addressing the identified gaps is an annual process which will be conducted by core PPHR group. The training plan will be updated by the core PPHR staff according to any gaps that were identified. The ongoing training sessions are updated or modified and new training sessions will be developed by the core PPHR staff to address the identified and prioritized needs. The training sessions developed every year will be different and based on identified knowledge gaps. The objective of this evaluation and modification of training plan is to develop a public health work force that is competent and well prepared during times of public health emergencies.

Tracking the progress:

The results of the annual knowledge assessment will help the core PPHR staff to keep track of the progress in identified training topics and to overcome any training gaps discovered in the assessment. The competencies of the staff can be demonstrated and tracked by evaluating the exercises and drills by the core PPHR group or outside evaluators. This evaluation and After Action Report (AAR) will guide the respective department staff and core PPHR group to develop an improvement plan that addresses the identified gaps.

Preparedness staff competencies checklist:

All BRDHD employees are required to complete specific trainings (all staff should complete a New Employee Orientation, IS 700, IS 100 and supervisors are required to complete the aforementioned training as well as IS 800 and IS 200 and if necessary IS 300 and IS 400). All required trainings are offered at least annually and an email is sent to all supervisors denoting staff required to attend.

The Training Plan is based on competencies that will assist BRDHD in maintaining competency-based education throughout the duration of PPHR recognition.

The Barren River District Health Department has certain competency requirements for its Regional Epidemiologist, Public Health Preparedness Coordinator/Planner and Disaster Preparedness Training Coordinator, which are described [here](#) (Goal 2 evidence, Prep Staff Deliverables).

Similarly, BRDHD will use both these results and CDC deliverables for the upcoming multi-year training calendar working with the Regional and State of Kentucky Department Public Health to work on public health capabilities that utilize stress medical surge events to practice POD establishment, Red Cross liaison, and public health roles in emerging diseases.

BRDHD will re-focus their training plans over the next years training calendar focusing also on improving staff knowledge in self-preparedness using weather and fire drills to practice and stress hands-on competency in planning, responding, and accountability to an event. This will help staff prepare individually as well as helping BRDHD staff train for various action plans requiring evacuation, accountability responsibilities to other peers and patients, and first aid care.

BRDHD training officer with BRDHD management concurrence will use various methods to enhance preparedness knowledge. This will include staff's desire for a variety of teaching venues shown in this survey that include monthly emails/text alert messages, monthly e-newsletter columns, 5-minute "what do you do in a public health response", and a 4-hour yearly training class. Topics will cover review of ICS and roles of public health during public dispensing, emerging topics of public health concern in today's environment, and specific hazards associated with refugee settlement, pediatric public health care, and natural hazards (earthquakes and tornadoes).

Appendix E: Workforce Development Plan Goal Tracking

BRDHD utilizes VMSG as its performance management system for tracking throughout the agency. Measures defined in the workforce development plan are tracked in this system and responsibility for activities assigned. The next two pages show the agency's plan for tracking and implementing the objectives and activities of the Workforce Development Plan.

Operational Plan Report



BRDHD | 4 - WDP - Workforce Development Plan | Service Number: 1

[2/11/2019]

Group: 4 - WDP | Workforce Development Plan

Service Workforce Development Plan 2019-2021

1:



Goal All staff will have organizational awareness to effectively cross-promote or refer 1.1: programs when interacting with community members. (Strategic Plan 3.2)



Objective 1.1.1: Increase new employee knowledge base and organizational awareness **Lead:** Flora, Kim
by end of their probationary period.

Objective % Done: **0 %** Activities Sum: **0**

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.1.1	[L] Flora, Kim	New Employee Orientation process has been developed.	[Project] New Employee Manual was be ready to use for new employee orientation days. [between 1/1/2019 and 3/29/2019]	% Complete
	1.1.1.2	[L] Flora, Kim	New Employee Organizational Awareness Pre and Post Assessments will be developed.	[Project] Evaluations given to employees will be assessed to determine knowledge increase [between 1/1/2019 and 3/29/2019]	% Complete



Objective 1.1.2: Assure current staff are informed of organizational/program updates on a monthly basis. **Lead:** Flora, Kim

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.2.1	[L] Flora, Kim	Current employees will have access to information regarding organizational/program changes by attending monthly Roundtable meetings	[QM] 60 between 7/1/2017 and 6/30/2022	33% Complete
Notes: the count is based on fiscal year 17 and ending 22---monthly meeting minutes.					
	1.1.2.2		Current employees will have access to Roundtable meeting minutes via BRDHD Rundown or staff intranet.	[QM] 60 between 7/1/2017 and 6/30/2022	33% Complete



Objective 1.1.3: Internal referral rates will be assessed and will increase for referral-based programs by July 31, 2022. **Lead:** Flora, Kim

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.1.3.1	[L] Drake, Tammy, Flora, Kim	HANDS referral numbers will be assessed and reported at Roundtable meetings and BRDHD rundown	[QM] between 1/1/2019 and 7/31/2022	
Notes: Need Tammy to give us a number to shoot for.					
	1.1.3.2	[L] Flora, Kim	At March's Roundtable meeting, a list of referral based programs will be developed and prioritized as to which programs will be tracked.	[Project] A list of programs will be established. [between 3/1/2019 and 3/29/2019]	% Complete



Goal All staff will improve competency in key public health and emergency preparedness 1.2: topics. (Strategic Plan 3.3)



Objective 1.2.1: Staff will report increased competency in public health core competencies by December 2020.

Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.2.1.1	[L] Flora, Kim	WKU will develop a training on cultural competency for BRDHD employees and host it yearly.	[Project] [between 2/8/2019 and 6/30/2022]	% Complete

Notes: Feb. 8. 2019-Dr. Gretchen Macy, Ashley Spangler and Kim Flora had a meeting to plan for which trainings WKU could provide for BRDHD employees and which trainings would best benefit the staff based on our needs assessment.				
	1.2.1.2	[L] Flora, Kim	WKU develop a public health 101 training for all new employees to attend on a 6 month rotation cycle.	[Project] [between 6/1/2019 and 6/30/2022] % Complete
Notes: Feb. 8. 2019-Dr. Gretchen Macy, Ashley Spangler and Kim Flora had a meeting to plan for which trainings WKU could provide for BRDHD employees and which trainings would best benefit the staff based on our needs assessment.				
	1.2.1.3	[L] Flora, Kim	Core Competency Assessment will be completed in November/December 2018.	[Project] [between 11/1/2018 and 12/31/2018] 100% Complete
Notes: Needs Assessment was completed.				
	1.2.1.4	[L] Flora, Kim Spangler, Ashley	Core Competency Assessment will be completed again in December 2020.	[Project] [between 11/1/2019 and 12/31/2019] % Complete

Objective 1.2.2: During 2019, there will be 14 trainings and drills conducted for staff to improve key emergency preparedness knowledge.
Objective % Done: **0 %** Activities Sum:

Goal BRDHD will have an organizational culture that provides employees a positive work environment that assists and supports achieving job satisfaction.

Objective 1.3.1: Establish baseline data for the current work environment and culture by January 2019.
Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.3.1.1	[L] Flora, Kim Spangler, Ashley	Needs Assessment to be completed to get baseline data	[Project] [between 11/1/2018 and 12/31/2018]	100% Complete
	1.3.1.2	[L] Flora, Kim Spangler, Ashley	Needs Assessment will be reassessed in Dec. 2020.	[Project] [between 11/1/2020 and 12/31/2020]	% Complete

Objective 1.3.2: Develop culture/work environment and technology trainings or activities to address the needs of our current employees that were identified were from the needs assessment by June 2019.
Objective % Done: **0 %** Activities Sum:

Status	Number	Activity Team	Activity	Performance Metric	Status
	1.3.2.1	[L] Flora, Kim	Pulse checks for employees will begin in Feb. 2019 to continue to assess the work environment, job satisfaction and work culture.	[QM] between 2/1/2019 and 12/31/2020	
	1.3.2.2	[L] Flora, Kim	Offer Microsoft Excel training program for any employee by December 31, 2019	[Project] [between 12/1/2019 and 12/31/2019]	% Complete
	1.3.2.3	[L] Stuart, Cally	A new worksite wellness program will be established to encourage all employees to be physically, mentally, and emotionally well.	[Project] [between 10/1/2018 and 12/31/2019]	% Complete
Notes: This is to encourage employees to be a part of a team.					
	1.3.2.4	[L] Flora, Kim Coulter, Brent	Assessment of branch technology needs.	[Project] [between 6/1/2019 and 6/30/2019]	% Complete