

Workforce Development Plan

CHCC Division of Public Health Services



Adopted on _____ July 31, 2017
Revised on _____



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Key Steps – CHCC – Division of Public Health Services Workforce Development Plan

Process



Signature Page

This plan has been approved and adopted by the following individuals:

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08/01/2017

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Margarita Torres Aldan, CHCC Division of Public Health Director

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Agency Profile:

Mission & Vision

Mission

In partnership with the community, provide quality services to promote and improve health and well-being for the people of the CNMI

Vision

Families and communities of the CNMI empowered to live healthier lifestyles.

Strategic Priorities

The CNMI Division of Public Health's strategic plan has three priority areas; Improve Data Capacity, Establish Financial Sustainability, and Workforce Development and Capacity Building

Learning Culture

Our health agency's learning environment is one that is of importance and priority to our leadership. Our program leaders constantly search for new opportunities to enhance the skills of all staff. The culture of our islands is one that prides itself in constantly helping and building upon the success of everyone in the community, and the expectation is nothing less for that of our health department.

The training curriculum itself is seen as our 'google map'. Allowing us to plug in each staff's starting point, and the specific locations/turns that need to be completed to make it to the desired destination. Having a list of the training opportunities allows staff to not only follow our health department's expected competencies, but implement them in their daily roles and responsibilities.

Links to Other Agency Plans

The workforce development plan directly addresses the Workforce Development and Capacity Building priority in our strategic plan. The planning process resulted in: a summary of the capacity and capabilities of our current and anticipated future workforce, a set of organizational competencies that apply to all staff, and gaps in knowledge skills, and abilities identified through a training needs assessment. All these activities and initiatives are critical in addressing the current capacity of our workforce, and where and how to get there.

This plan also aligns with and supports our agency QI plan by addressing gaps in knowledge and skill related to performance management and quality improvement methods.

Workforce Profile:

Introduction

This section provides a description of our current and anticipated future workforce needs.

Current Workforce Demographics

The table below summarizes the demographics of our current workforce as of date.

Accreditation Note: This section supports a requirement of Measure 8.2.1.1. *Address the collective capacity and capability of the department workforce and its units.*

Category		# or %
Total # of Employees:		106
# of Local FTE:		25
% Paid by Grants/Contracts:		81
Gender:	Female:	76
	Male:	30
Race:	Hispanic:	1
	Non-Hispanic:	0
	American Indian / Alaska Native:	0
	Asian:	13
	African American:	0
	Hawaiian:	0
	Caucasian:	2
	More than One Race:	4
Age:	Other:	86
	< 20:	0
	20 – 29:	23
	30 – 39:	29
	40 – 49:	30
	50 – 59:	16
Primary Professional Disciplines/Credentials:	>60:	8
	Leadership/Administration:	7
	Nurse:	3
	Registered Sanitarian/EH Specialist:	11
	Epidemiologist:	1
	Health Educator:	5
	Dietician:	1
	Social Workers:	0
	Medical Directors:	2
	Other:	0
	Other:	0
Retention Rate per 5 or 10 Years; by discipline if applicable		
Employees < 5 Years from Retirement:		1
	Management:	0

Through this process we recognize that there are some major areas from both our competencies and community health needs that must be addressed by our future workforce. One of the major needs is to educate and communicate the basics of being a Public Health professional. We will develop a curriculum based on what DPHS is, from its programs, their services, and really what it means to be a champion of Public Health in the CNMI. Our workforce needs to be equipped and empowered.

The DPHS future workforce is anticipated to be fully equipped with strong communication and leadership skills needed to strive in engaging in our community. The mindset of health in our community continues to change, and we must adapt to maintain a strong relationship. We currently continue to take strides to addressing health from a community, and the future workforce will be set in that of population health.

With DPHS expecting retirements our future workforce may be comprised of new hires and existing staff will step into leadership roles vacated by the retirees. We are moving in a direction of collaborative/cross trained staff, therefore the future workforce will be well versed in all areas of our health department.

Competencies & Education Requirements:

Core Competencies for Agency

Please see Appendix A

CE Required by Discipline

Licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	CHCC DPHS CE Requirements (as of Date)
General Public Health Staff	<ul style="list-style-type: none"> · Annual Mandatory In-service <ul style="list-style-type: none"> o Customer Service o ADA/Sexual Harassment o Life & Fire Safety o HIPAA/Confidentiality o Infection Control o Incident Reporting o Ethics o Change Management
Registered Nurse, License Practical Nurse & Advance Practice Nurse	<ul style="list-style-type: none"> · Thirty (30) contact hours are required to renew license biennially. · Sixty (60) contact hours are required to reinstate license.

Certified Technician	<ul style="list-style-type: none"> · Fifteen (15) contact hours are required to renew CT license biennially. · Thirty (30) contact hours are required to reinstate CT license
Registered Dietician	<ul style="list-style-type: none"> · Seventy Five (75) contact hours to renew certification every 5 years.
Competent Professional Authority Paraprofessionals	<p>Specific to WIC</p> <ul style="list-style-type: none"> · Forty eight (48) hours contact hours to renew certification annually.
Certified Diabetes Educator	<ul style="list-style-type: none"> · Seventy Five (75) contact hours to renew certification every 5 years.
Licensed Baccalaureate Social Worker	<ul style="list-style-type: none"> · Twenty (20) contact hours to renew certification biennially.
Licensed Master's Social Worker	<ul style="list-style-type: none"> · Five (5) hours contact hours to renew certification biennially.
Licensed Clinical Social Worker	<ul style="list-style-type: none"> · Thirty (30) hours contact hours to renew certification biennially.

Training Needs

Introduction

This section provides an overview of our agency's identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps.

Competency-Based Training Needs

The DPHS Training Needs Assessment Survey evaluated the following

Strongest Competencies

- Self-Management - Manages own time, priorities, and resources to achieve goals
- Teamwork - Promotes cooperation and commitment within a team to achieve goals and deliverables
 - Dependability - Takes personal responsibility for the quality and timeliness of work, and achieves results with little oversight

Weakest Competencies

- Training & Presenting Information - Conveys data and information to professionals and the public using a variety of approaches (3A5)
- Enforcing Laws, Rules, and Regulations - Implements policies, programs,

and services consistent with laws and regulations (2A8/2C9)

- Champion of Public Health - Models behaviors consistent with a healthy lifestyle

Note: DPHS has not identified the current need for training on technology advances, however the WFD team will re-assess the environment as it pertains to technology (information mgt.; digital communication) as part of the plan's annual review process. Newly identify gaps in knowledge, skills and ability will be addressed in the training and curriculum plan.

**Health Equity
Training Needs**

As of July 27, 2017, DPHS had not conducted an assessment of cultural and linguistic competence. This is planned for the future and has been included a goal within this plan. Needs that are identified through this assessment, once conducted, will be addressed in the training and curriculum plan

**Barriers and
Solutions**

Accreditation Note: This is a requirement of Accreditation Standard 8.2.1.1.

Through the survey, the Workforce Development Team was able to identify the top three (3) competencies to be prioritized as part of division wide efforts. The following competencies were identified by survey respondents as areas in which they were *not confident*: Training & Presenting Information (15%), Enforcing Laws, Rules, & Regulations (9%), and Champion of Public Health (9%).

DPHS has identified that one of the biggest barriers in addressing the identified gaps is the lack of availability of the needed training. One example is a training focused on the 'Training & Presentation', for which we do not have a training available for our staff. This is the main push for a training focused on empowering our staff with the proper tools and support to be effective presenters and trainers. We currently expect these competencies on a learn as you go basis, that we plan to change when we address this gap..

Another major barrier we face is difficulty taking time off from work. Scheduling for trainings for our entire health department can be difficult, however if we follow a training curriculum with set dates and times this should be resolved.

This section presents workforce development goals for our agency.

Goal	Measure	Timeframe	Responsible Parties
Establish a DPHS specific orientation program	Policy	Dec 2017	DPHS Leadership
All employees have annual individual professional development plans (as part of the performance review process)	Completed individual development plans	2018	HR, Employee and Supervisor
Establish DPHS Training Curriculum Program	Begin Workforce Development Training Curriculum Plan	September 2017 ongoing	DPHS Leadership, PH Quality, HR
Assess health equity, cultural and linguistic competence of staff using nationally recognized tool	Health Equity Assessment Results	December 2017	DPHS Leadership
Assess all DPHS trainings using a tool modified from the Kirkpatrick Model	Evaluation Forms	September 2017 ongoing	HR and Employee and Supervisor

This section outlines the curricula and training schedule.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
<i>Leadership / Team Building</i>	Hands on training on tools to be an effective team member and leader for your program when implementing the policies, laws, and initiatives of DPHS programs	All staff	Implements policies, programs, and services consistent with laws and regulations (COL Core 2A8/2C9)	January 2018: annually	TRAIN and NMPASI

<i>DPHS 101</i>	Information on DPHS program functions, laws, rules, and regulation	All staff	Describes the foundation of the field of public health(COL Core 6A1) and Implements policies, programs, and services consistent with laws and regulations(CO L Core 2A8/2C9	September 2017: New hires	PH 10 Essentials PHAB CDC HRSA CNMI Public Laws
<i>HIPAA Compliance</i>	Mandatory training on patient confidentiality	All Staff	Implements policies, programs, and services consistent with laws and regulations(CO L Core 2A8/2C9)	August 2017 Every 5 years	CHCC Orientation Program
<i>Training and Presentation</i>	'How to' on presentation, public speaking, PowerPoint	All staff	Conveys data and information to professionals and the public using a variety of approaches(COL Core 3A5)	October 2017	TBD
<i>Customer Service</i>	'How to' effectively approach and share data and information of services to public/clients		Conveys data and information to professionals and the public using a variety of approaches(COL Core 3A)	January 2018	Jesse Tudela
<i>Quality Improvement and Performance Management</i>	'How to' use dashboards, QAPI reports, performance indicators that speak to public	DPHS managers	Conveys data and information to professionals and the public using a variety of approaches(COL Core 3A5)	September 2017	CQPM
<i>Data Analysis</i>	Simple training on how to read basic data	DPHS coordinators and managers	Conveys data and information to professionals and the public	December 2017	TBD

			using a variety of approaches(COL Core 3A5)		
<i>Cultural Competence</i>	Training focused on the 'opportunities for improvement' based on cultural and linguistic competence assessment	All staff	PHAB Measure 11.1.4.3 requires that the health department conduct an assessment of cultural and linguistic competence.	January 2018	TBD

Implementation & Monitoring:

Introduction

This section provides information regarding communication, evaluation, tracking and monitoring/review of the plan.

Communication

It is important that we communicate our WFD Plan with all members of our health department. This will be accomplished in the following ways.

- The plan will be formally presented to agency leadership
 - Physical and electronic copies of the plan will be provided to all members of CHCC Leadership, the HR Director, as well as all DPHS Program heads.
 - DPHS Program heads, with support from the WFD lead, will share the plan with frontline staff.
 - New employees will be introduced to the plan as part of the orientation process.
 - The plan will be posted on the CHCC DPHS intranet.
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Training Evaluation

Evaluating our trainings is very important in assuring that we are achieving outcomes relative to enhancing the knowledge, skills, and abilities of our staff and the overall performance of our agency. CNMI will model our training evaluation methods the Kirkpatrick Model (reaction, learning, behavior, results).

The guidance and foundation of our evaluation is based on level 1 and 2 of the Kirkpatrick model. A hard copy of the training evaluation will be provided at each training by the training facilitator immediately following each in person training session. This evaluation will focus on participants' immediate reaction to the training and if they felt the learning objectives were met. Completed evaluations will be submitted

by the training facilitator to the WFD Lead for data analysis.

Results of the training evaluation will be shared in the bi-monthly DPHS quality/ accreditation council meetings.

Tracking

Employee training will be tracked overall by the DPHS WFD Lead monthly, through training sign in sheets. The tracking sheet will have each session/training verified by the training facilitator. In the event that the training or skill enhancement session is done virtually, a certificate of completion must be attached to the tracking sheet and the staff's program head will sign in acknowledgment. The tracking sheet is to be attached with the annual performance evaluation of employee and a copy is placed in employee's program and HR files.

The data will then be entered onto a WFD Training Excel sheet, which will be shared on the DPHS intranet drive and reported at the bi-monthly PH Quality Council meetings. This allows for action to be taken to continuously improve the training.

Roles and Responsibilities

The WFD Plan will reside with DPHS Director. The DPHS Quality Lead is responsible for reporting progress and ensuring that the plan is updated. Implementation of the plan and suggestions/recommendations for plan updates will come from the workforce development team.

Each DPHS program head is responsible in ensuring that each of their staff members are familiar with the WFD Plan, our organizational competencies, and training curriculum. They will be responsible in scheduling and implementing the training curriculum with both current and new staff, ensuring that they are equipped with the tools to meet the DPHS competencies.

DPHS Director is responsible in leading efforts to address/revise the WFD Plan if there are issues/problems or new needs/gaps that need to be address in the WFD Plan. .

Review and Maintenance

The plan will be annually reviewed in December of each year, so that the changes/improvements can be planned for and begin implementation at the very beginning of each year. The review team will consist of the WFD Team, DPHS Leadership, and Human Resources representative. The review team will be evaluating documentation supporting the workforce profile, action items addressing workforce gaps in relation to training needs prioritization, staff

surveys, and success of training curriculum focus on the development of skills, etc.

Minor revisions of the plan based on review feedback will happen annually. Major revision featuring training needs assessment, review of competencies, and training curriculum will be done on a bi-annual basis. Effort to be led by DPHS leadership and DPHS Accreditation lead.

APPENDIX A: CNMI DPHS CORE COMPETENCIES

Commonwealth Healthcare Corporation: Division of Public Health Services Organizational Competencies

Adopted: July 27, 2017

The following document contains the list of organizational competencies adopted by the agency on July 27, 2017. These organizational competencies are considered to be minimum expectations for all staff regardless of rank, role, or position.

Competency Group - Communication	
Topic	Competency statement/description
Listening	<i>Understands and learns from what others say.</i>
Orientation of Core Public Health goals/objectives	<i>Describes the foundation of the field of public health. (6A1)</i>
Speaking/Writing	<i>Communicates in writing and orally with linguistic and cultural proficiency (3A2)</i>
Ethics and Integrity	<i>Incorporates ethical standards of practice into all interactions with individuals, organizations, and communities. (8A1)</i>
Competency Group - Cognition	
Competency Title	Description
Creative & Innovative Thinking	<i>Develops fresh ideas that provide solutions to all types of workplace challenges.</i>
Problem Solving	<i>Resolves difficult or complicated challenges.</i>
Researching Information	<i>Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates,</i>

	<i>community input, health equity impact assessments) that can be used for assessing the health of a community (1A2)</i>
Champion of Public Health	<i>Models behaviors consistent with a healthy lifestyle</i>
Competency Group – Personal Effectiveness	
Competency Title	Description
Accountability & Dependability	<i>Takes personal responsibility for the quality and timeliness of work, and achieves results with little oversight.</i>
Adaptability & Flexibility	<i>Adapts to changing business needs, conditions, and work responsibilities.</i>
Customer Focus	<i>Establishes relationships to improve health in a community (5B4)</i>
Development & Continual Learning	<i>Participates in professional development opportunities (8A7)</i>
Safety Focus	<i>Adheres to all workplace and trade safety laws, regulations, standards, and practices.</i>
Self-Management	<i>Manages own time, priorities, and resources to achieve goals.</i>
Stress Tolerance	<i>Maintains composure in highly stressful or adverse situations.</i>
Conduit of DPHS program	<i>Informs the public about policies, programs, and resources that improve health in a community (5A9)</i>
Competency Group – Interaction with Others	
Competency Title	Description
Relationship Building	<i>Supports relationships that improve health in a community (5A4)</i>
Teamwork	<i>Promotes cooperation and commitment within a team to achieve goals and deliverables.</i>
Valuing Diversity	<i>Supports diverse perspectives in developing, implementing and evaluating policies, programs and services that affect the health of a community (4B4)</i>
Competency Group – Occupational	
Competency Title	Description
Advocating Causes	<i>Advocates for policies, programs and resources that improve health in a community (5B10)</i>
Enforcing Laws, Rules, & Regulations	<i>Implements policies, programs, and services consistent with laws and regulations (2A8/2C9)</i>
Facilitating Groups	<i>Facilitates communication among individuals, groups, and organizations (3A7)</i>
Gaining Voluntary	<i>Communicates information to influence behavior and improve health (3A6)</i>

Compliance	
Operating Equipment	<i>Utilizes personal computers and other office information technologies for working with documents and other computerized files (Source: PH Informatics Competencies. Northwest Center for Public Health Practice. Retrieved 12/9/14. http://www.nwcphp.org/docs/phi/comps/phi_print.pdf)</i>
Training & Presenting Information	<i>Conveys data and information to professionals and the public using a variety of approaches (3A5)</i>
Program Related Competencies	
Competency Title	Description
Analysis/Reasoning- Cognition	<i>Examines data to grasp issues, draw conclusions, and solve problems.</i>
Decision Making & Judgment- Cognition	<i>Makes timely, informed decisions that take into account the facts, goals, constraints, and risks.</i>
Attention to Detail- Cognition	<i>Diligently attends to details and pursues quality in accomplishing tasks</i>
Mentoring/site participation- Personal Effectiveness	<i>Mentoring and interacting with staff who are engaging with community members/clients</i>
Influencing Others- Interaction with Others	<i>Influences others to be excited and committed to furthering the organization's objectives.</i>
Leadership	<i>Contributes to implementation of the organizational strategic plan (2A4)</i>
Managing Projects or Programs- Occupational	<i>Structures and directs others' work on projects or programs.</i>

APPENDIX B: CNMI DPHS Evaluation Form



Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill, Saipan, MP 96950



COURSE TITLE

Evaluation Form: In-Person

DATE

Instructions: Circle the number that best reflects each evaluation statement.	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
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OBJECTIVES:

The following objectives were met.

1.	1	2	3	4	5
2.	1	2	3	4	5
3.	1	2	3	4	5
4.	1	2	3	4	5
5.	1	2	3	4	5

DELIVERY METHODS:

6. The information was presented in ways I could clearly understand*	1	2	3	4	5
7. The presentation of the content was engaging	1	2	3	4	5
8. The overall teaching effectiveness of NAME was excellent	1	2	3	4	5

CONTENT:

9. The content was relevant to my work	1	2	3	4	5
10. The supplemental materials/resources were appropriate	1	2	3	4	5
11. The level of the course met my needs	1	2	3	4	5

IMPACT:

12. My understanding of the subject matter improved as a result of participating in this training*	1	2	3	4	5
13. I have identified actions that I will take to apply what I have learned to my work*	1	2	3	4	5
14. I was satisfied with the overall training*	1	2	3	4	5

REGISTRATION:

15. I did NOT encounter technical difficulties when registering		1	2	3	4	5
16. The technical support for registration was adequate	NA	1	2	3	4	5

FACILITY:

17. The facility was conducive to learning	1	2	3	4	5
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18. **What were the highlights and why?**

19. **What features of the course would you change, why would you change them, and what specific changes would you recommend?**

20. **Additional Comments:**

Thank you!