

Workforce Development Plan

Siouxland District Health Department



June 2016



Workforce Development Plan

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Training and development of the 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 plan serves as the foundation of Siouxland District Health Department’s ongoing commitment to the training and development of its workforce.

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*These sections specifically address documentation requirements associated with PHAB Accreditation Measure 8.2.1.1.

Agency Profile

Mission & vision

SDHD Vision: A Healthy Community for all.
SDHD Mission: Leading a collaborative effort to build a healthier community through improved access to health services, education, and disease prevention.

Strategic priorities

SDHD Strategic Plan 2014 identified several priority areas that have guided our workforce development efforts and plan:

Priority 1 Objective 1: Coordinated/clear vision for the future to guide service delivery

Priority 4 Objective 4: Integrate the Quality Improvement (QI) Program throughout SDHD

Priority 5 Objective 5: To reward employees for high performances to maintain and recruit quality public health workforce

Learning culture

SDHD leadership team actively promotes a culture of learning and quality/performance improvement by encouraging role based and programmatic training, continuing education and attendance at local, state and national conferences and workshops as funding allows. SDHD also holds a minimum of four (typically quarterly) All Agency Meetings each year where training for all staff is the focus. Occasional lunch and learn training/informational sessions are also offered through our employee wellness program. Our commitment to becoming a learning organization also extends to coalitions and community partnership groups we lead and participate with as we carry out our mission toward a healthy community for all.

Through the gift of a previous director SDHD is able to offer a scholarship for employees working on an advanced degree. Current employees who have completed a minimum of 3 years of service are eligible to apply for the scholarship award annually.

Links to other agency plans

The SDHD workforce development plan has been in the development stage over the past several years as evidenced by objectives set into motion from our Strategic Plan in 2014. See **Strategic priorities** paragraph above. Additionally, our commitment to build and support a culture of QI as stated in our QI plan directs our resolve to encourage and provide QI training for our workforce. Our performance management plan/system is currently being developed and will include measures related to workforce development.

Workforce Profile The table below summarizes the demographics of our current workforce as of May 2, 2016.

SDHD Workforce Profile as of: 5/2/2016

Total # of Employees	65			
# of FTE:	62.5			
% Paid by Grants/Contracts:	66%			
Tier	Count	Gender	Count	
Tier 1 Front Line Staff/Entry Level	41	Female	56	
Tier 2 Program Mgmt/Supervisory Level	16	Male	9	
Tier 3 Sr Management/Executive Level	8			
Race	Count	Age	Count	
Hispanic	5	<20	0	
Non-Hispanic	60	20-29	6	
American Indian/Alaska Native	0	30-39	15	
Asian	1	40-49	21	
African American	3	50-59	19	
Hawaiian	0	>60	4	
Caucasian	61			
More than One Race	0			
Other	0			
		RETENTION RATE		
Primary Discipline	Count	<=5 years	6 to 10 years	>= 11 years
Leadership/Administration	7	1	0	6
Nurse	10	4	1	5
Registered Sanitarian/EH Specialist	6	3	0	3
Health Educator	1	0	1	0
Dietician	4	1	1	2
Administrative Support	11	3	1	7
Program Aide	6	6	0	0
Family Worker	3	3	0	0
Building Services	3	2	0	1
Dental Hygienist	2	1	0	1
Direct Care Worker	5	0	2	3
Quality Assurance	1	1	0	0
Health Planner	2	0	2	0
Microbiologist	2	0	0	2
Lab Technician	1	0	0	1
Information Technology (IT)	1	1	0	0
	65	26	8	31
Employees < 4-6 years from Retirement	(Tier 1) Front Line Staff	3		
	(Tier 2) Program Mngt.	0		
	(Tier 3) Senior Mngt.	0		
Note approximately a third of SDHD workforce indicated expectation to retire w/in 10 years.				

**Future
workforce**

With review of our current workforce profile, showing 35% of current workforce age 50 or older and the recent retirement of a few program leads we recognize the need to include leadership succession planning to capture program specific expertise to assure that capabilities are maintained for the future.

Another trend we are beginning to see is the more frequent requirement for leadership positions in some program areas to hold Master's Degrees.

US Census data quick facts estimates show a 0.6% growth in Woodbury Co. population from the 2010 Census. Anticipated population growth is expected to be modest. Data released from the U.S. Census Bureau on May 19, 2016 indicated that metro area cities in Iowa continue to grow at a modest rate. Sioux City population increased by 135 from estimates in 2014, this maintains our ranking as Iowa's 4th largest city.

The median age of Woodbury County residents is 35.4 which is lower than other surrounding counties.

Our Hispanic or Latino population is at 14.5% which is the 2nd most of all counties in our area. We utilize and appreciate the bilingual staff we currently have and will continue to recognize this need when recruiting.

Competencies & Education Requirements

Core competencies for agency

SDHD recognizes and utilizes the Council on Linkages Core Competencies for Public Health Professionals to ensure we reflect and build on the necessary workforce skills and competencies to support our mission.

The competencies are based on the eight-domain framework developed by the Council on Linkages between Academia and Public Health Practice:

1. Analytics/assessment
2. Policy development/program planning
3. Communication
4. Cultural competency
5. Community dimensions of practice
6. Public health sciences
7. Management
8. Leadership and systems thinking

In addition to the Core Competencies listed above SDHD has identified the below competencies of importance to our workforce development.

Emergency Preparedness & Response Skills adapted from the Public Health Preparedness & Response Core Competency Model concerned with planning, preparedness, and response to emergency events, including man-made incidents and natural disasters. Competencies and skills include:

- Manage behaviors associated with emotional response in self and others
 - Maintain situational awareness (use information and resources that identify changes in the situation)
 - Use principles of crisis and risk communication
 - Contribute expertise to the development of emergency plans
 - Participate in improving the organization's capacities, including but not limited to programs, plans, policies, laws and workforce training
 - Maintain personal/family emergency preparedness plans
 - Report unresolved threats to physical and mental health through the chain of command
-

CE required by discipline

Licensures/Certificates held by staff, and their associated CE requirements, are shown in the table below. Licensures, OSHA related and state mandatory reporting required trainings, and our Emergency Operations Plan NIMS required trainings are tracked within an employee database. Certification CE and additional programmatic and contract requirements are tracked by division departments.

Discipline	Iowa CE Requirements (as of 5/16)
Nursing	36 contact hours every 2 years
CNA (Direct Care Workers)	12 hours annual in-service training
Dietitian (RD, LD)	75 CPEUs every 5 years by the Commission on Dietetic Registration (CDR), 30 CPEUs every 2 years by the Iowa Board of Dietetics (IBD).
Registered Environmental Health Specialist	24 hours Environmental Training every 2 years
EBL Lead Inspector/Risk Assessor	16 hours Lead Refresher training every 2 years
Certified Pool Operator	10 hours Pool/Spa training every 5 years

Training Needs

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. (PHAB Accreditation Measure 8.2.1.1 requirement)

During first quarter 2016, SDHD collaborated with the Midwestern Public Health Training Center (MPHTC) to develop and administer a survey to assess our workforce development needs over the next three years. The centerpiece of the survey was a self-assessment of training needs for skills adapted from the Core Competencies of Public Health Professionals, a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Skills adapted from the Public Health Preparedness & Response Core Competency were also included. The survey was sent electronically to each of SDHD’s 65 employees. 100% of SDHD employees completed a survey, and each respondent received a PDF copy of their own survey to use for individual professional development purposes.

The key findings from the aggregate analysis of all staff are outlined below. The full 40 page report is available on the SDHD Share Drive or by contacting the QA/QI Coordinator.

Key Findings for Training Needs and Priorities by Competency Domain

This executive summary highlights the key findings for training needs and priorities, as identified from the respondents’ ratings and comments for specific skills in each of twelve competency domains.

Domain 1 – Needs and Priorities for Analytical/Assessment Skills - competencies related to collecting, analyzing, and interpreting public health data and conducting public health assessments.

In this domain, skills in using information technology to collect, store, and retrieve data received the highest rating in terms of importance to the respondents’ jobs. This result is consistent with the majority of respondents’ comments, which expressed specific needs related to skills in data collection, analysis, interpretation, and reporting. On a related topic, SDHD’s director confirmed the importance of learning to identify “evidence-based practices as we move toward the community-based health model; education of community partners is vital.”

Domain 2 – Needs and Priorities for Communication Skills - competencies related to speaking, writing, developing informational materials, using social media, and working with mass media outlets.

In this domain, general skills for communicating verbally and in writing, including the ability to translate complex public health information into plain language, received the highest ratings for importance to job. Compared to other communication skills, however, the respondents rated themselves lower in level of proficiency for developing effective social media campaigns. This result is consistent with the respondents' comments, which most often mentioned training priorities related to social media tools and marketing campaigns.

Domain 3 – Needs and Priorities for Community Dimensions of Practice Skills - competencies related to the fostering of relationships, coalitions, and collaborations needed to improve health in the community.

Skills for assessing community linkages and relationships, building coalitions, and informing the public about programs, policies, and resources received the highest ratings. These ratings are consistent with most of the respondents' comments on priority needs in two areas: (1) networking, partnering, and coalition building, and (2) outreach and education.

Domain 4 – Needs and Priorities for Cultural Competency Skills - competencies that address the diversity of individuals and groups when implementing public health policies, programs, and services.

Virtually all employees (64) identified skills in communicating with diverse populations as applicable to their jobs. The high importance ratings for all the skills in this domain are consistent with the respondents' comments in three priority areas of need for training in:

- 1) working with culturally, ethnically, and racially diverse populations,
- 2) working with clients whose primary language is not English, and
- 3) assessing or selecting culturally competent interventions.

As one respondent noted, "We already do some health program assessment for cultural competence but I could use additional information on how to do this across other public health programs. Need a template and program assessment expectations."

Domain 5 – Needs and Priorities for Financial Planning Skills - competencies related to budgets, funding, grants, contracts, business plans, business processes, and economic analyses.

Two skills rated the highest in terms of importance to job: "Manage multiple funding sources" and "Develop and monitor budgets." Those employees responsible for financial planning work provided comments in two priority areas of need for training in budgeting and grant writing.

Domain 6 - Management Skills - competencies related to staff development, group facilitation, conflict resolution, performance evaluation, and performance management.

The high importance ratings for all the skills in this domain are consistent with the respondents' comments in three priority areas of need for training in:

- 1) conflict resolution and relationship management,
- 2) motivating, inspiring, and empowering others, and
- 3) performance evaluation and performance management systems

A handful of other comments on specific training needs dealt with meeting facilitation, and tools and techniques for program evaluation.

Domain 7 - Leadership Skills - competencies concerned with planning, problem-solving, decision-making, and development of resources at the organizational level.

In this domain, respondents' comments reflected two priority areas of need: (1) performance management (as also mentioned in Domain 6), and (2) learning opportunities and employee recognition.

Domain 8 - Systems Thinking - competencies concerned with analyzing issues and figuring out ways to make improvements to the overall functioning of the organization.

In this domain, managing change within a system rated most highly in importance to job, a result reflected in most of the respondents' comments on training priorities.

Domain 9 - Policy Development Skills - competencies concerned with development and interpretation of governmental policies, procedures, regulations, and laws for public health.

In this domain, translating public health laws and regulations into standard operating procedures rated most highly in importance to job. Respondents had no comments on specific needs in this domain other than these two concerned with government policy-makers: "Becoming more involved with government bodies. Outlines for discussions/documentation to policy makers" and "Communication of outcomes to elected officials at local, state and federal levels."

Domain 10 - Program Planning Skills - competencies related to program evaluation, quality improvement, and program management consistent with public health laws and regulations.

In this domain, the two skills referencing public health law ("Manage public health programs (consistent with laws and regulations)" and "Enforce public health laws and regulations") rated most highly in importance to job. Respondents cited three priority areas of need concerned with: (1) public health laws and enforcement, (2) tools for continuous quality improvement (CQI), and (3) program evaluation. One senior manager commented that "Program evaluation is the area of biggest need." A few others said they are looking for templates or tools to help with program evaluation.

Domain 11 - Public Health Science Skills - competencies concerned with conducting research and applying the findings of public health science to services, policies, and programs.

In this domain, application of the basic public health sciences to policies and programs rated most highly in importance to job. Respondents had only a few comments on specific needs in this domain, for example, "Researching various medical conditions related to clientele nutrition is one area to focus on" and "Continue learning more and practice of using PH informatics."

Domain 12 - Emergency Preparedness and Response Skills - competencies concerned with planning, preparedness, and response to emergency events, including man-made incidents and natural disasters.

In this domain, using principles of crisis and risk communication rated most highly in importance to job, a result consistent with the high-to-very-high ratings given to the various skills in the Communications domain. However, in the preparedness domain, the respondents' comments focused on the need for training in emergency response drills and personal/workplace safety.

Competency Based Training Needs

For the skills in each domain, SDHD 2016 Workforce Development Survey respondents performed a self-assessment as follows. First they selected all the skills that were applicable to their jobs. Then, for each of the applicable skills, they rated its importance to their jobs and their current level of proficiency. The importance to Job and Level of Proficiency ratings used the same standard 5-point Likert scale:

- 1 = Very Low
- 2 = Low
- 3 = Medium
- 4 = High
- 5 = Very High

Finally the respondents were required to enter open-ended comments for each domain asking them to reflect on any training priorities with the domain. In the analysis, the comments for each domain were placed into logical groups (e.g., working with diverse population, budgets, performance management.) In many cases, the respondents indicated that their training needs were already met or that they had no known training needs for a given domain. These and other comments of a general nature were excluded from the analysis because they did not provide any information about specific training needs or workforce development priorities.

Overall Ratings of Importance and Proficiency by Competency Domain

Table 1 summarizes the mean Importance to Job and Level of Proficiency ratings for the twelve competency domains. Management Skills ranked the highest in importance to job with an average = 4.09 (high importance), while Systems Thinking ranked the lowest with an average of 3.39 (medium importance).

Table 1. Mean Importance and Mean Proficiency Ratings by Competency Domain

Competency Domain	Mean Importance	Mean Proficiency	Difference
1. Analytical/Assessment	3.55	3.17	0.38
2. Communication	3.79	3.35	0.44
3. Community Dimensions of Practice	3.87	3.38	0.49
4. Cultural Competency	3.79	3.35	0.44
5. Financial Planning	3.66	2.97	0.69
6. Management HIGHEST IMPORTANCE	4.09	3.43	0.66
7. Leadership	3.69	3.28	0.41
8. Systems Thinking LOWEST IMPORTANCE	3.39	3.03	0.36
9. Policy Development	3.44	2.88	0.56
10. Program Planning	3.73	3.27	0.46
11. Public Health Science	3.51	3.08	0.43
12. Emergency Preparedness & Response	3.49	3.32	0.17
Grand Means	3.70	3.20	0.49

The difference between mean importance and mean proficiency is positive for all domains, which means that on average respondents tended to rate themselves lower in level of proficiency compared to the level of importance they assigned to the skills for their jobs. This gap between importance and proficiency is shown in Figure 2.

Figure 2. Differences between Mean Importance and Mean Proficiency by Competency Domain



In general the differences between importance and proficiency can be viewed as suggesting various workforce development needs and priorities.

SDHD utilized the Public Health Foundation’s 3-Step Competency Prioritization Sequence to assist in selecting our workforce development priorities.

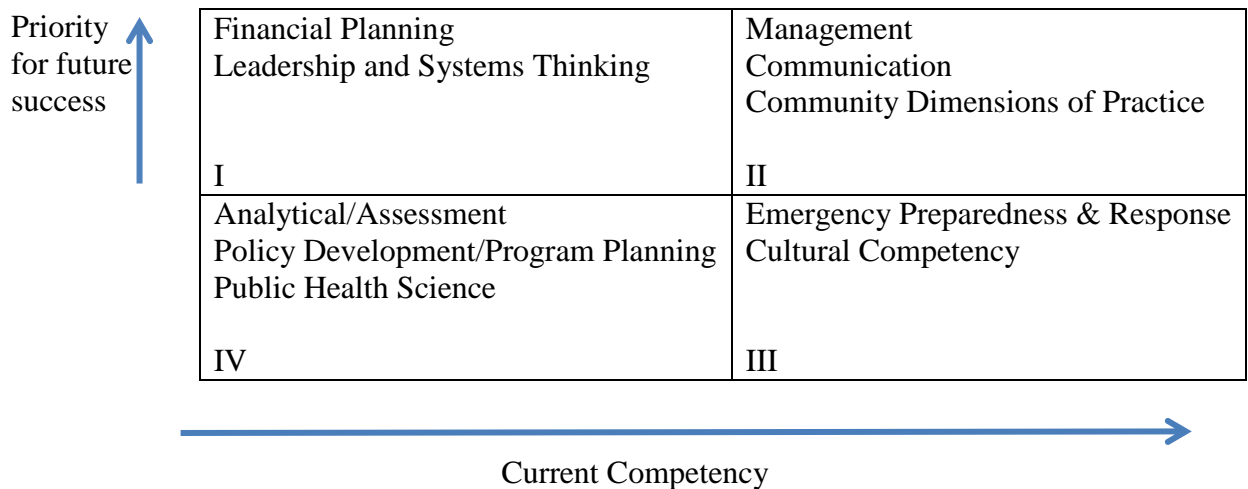
SDHD Competency Prioritization											
	1	2	3	4	5	6	7	8	9	Score	Rank
1. Analytical/Assessment Skills		1	1/5	1/5	1	1	1/10	1/5	1	4.7	7
2. Policy Development/Program Planning Skills	1		1/5	1	1	1	1/5	1/5	5	9.6	6
3. Communication Skills	5	5		1	1	5	1	1/5	5	23.2	3
4. Cultural Competency Skills	5	1	5		1	5	1/5	1/5	5	22.4	4
5. Community Dimensions of Practice Skills	1	1	1	1		5	1/5	1	1	11.2	5
6. Public Health Sciences Skills	1	1	1/5	1/5	1/5		1/10	1/10	1	3.8	9
7. Financial Planning and Management Skills	10	5	1	5	5	10		1	10	47.0	1
8. Leadership and Systems Thinking Skills	5	5	5	5	1	10	1		5	37.0	2
9. Emergency Preparedness	1	1/5	1/5	1/5	1	1	1/10	1/5		3.90	8

Rating Scale:	
0 - no relationship	1 - equally important
5 - significantly more important	10 - exceedingly more important
1/5 - significantly less important	1/10 - exceedingly less important

High-Yield Competency Analysis

Higher Competency Domains	Lower Competency Domains
Management	Leadership and Systems Thinking
Community Dimensions of Practice	Policy Development/Program Planning
Communication	Analytical/Assessment
Cultural Competency	Public Health Science
Emergency Preparedness & Response	Financial Planning

Higher Priority Domains	Lower Priority Domains
Financial Planning & Management	Policy Development/Program Planning
Leadership and Systems Thinking	Analytical/Assessment
Communication	Emergency Preparedness & Response
Cultural Competency	Public Health Science
Community Dimensions of Practice	



- I: **Develop:** Higher priority areas where competency is relatively low
- II: **Leverage:** Higher priority areas where competency is relatively high
- III: **Maintain:** Lower priority areas where competency is relatively high
- IV: **De-Emphasize:** Lower priority areas where competency is relatively low

Health equity training needs

Our Hispanic or Latino population is at 14.5% which is the 2nd most of all counties in our area. We utilize and appreciate the bilingual staff we currently employ and will continue to recognize this need when recruiting.

Cultural changes of note in Siouxland are recent trends of a broadening immigrant population from Africa – Oromo, Somalia, Ethiopia, Eritria and others. Full Muslim dress, seldom seen locally in years past, is now a common sight within our community. A variety of languages represent these countries. Also of note are families from Micronesia who have full access to US travel. While many speak English, they have a variety of different Pacific Island languages, including Chuukese. Education attainment for the majority is low-elementary grades. Staying current on the variety of cultural norms of these diverse populations is challenging. A local collaboration between the University of Iowa College of Nursing and the Early Childhood Department of Northwest Area Education Agency has developed informational brochures on various immigrant populations which have been very helpful for our staff. This year they developed educational brochures on populations from Ethiopia, Vietnam, Somalia, Eritrea and Guatemala. The collaboration is set to continue as growth of immigrant populations continues.

Select SDHD Nursing and Nutrition employees have participated in assessments of cultural and linguistic competence as well as a variety of trainings in health equity and cultural competence. We strive to plan a cultural training biannually for all staff during one of our All Agency meetings (PHAB Measure 11.4.4). In preparation for PHAB accreditation (PHAB Measure 11.1.4.3) we are planning an assessment of all staff in late 2016 or early 2017.

Other needs

SDHD Wellness Committee conducts a staff culture survey biannually. The 2016 Culture Survey indicated that almost 82% of employees believe they are provided adequate training opportunities to expand their job knowledge. This represents a 1% decrease since the previous survey was conducted in 2014. By striving for a more focused workforce development approach and implementing this plan we hope to increase the percentage of employees who believe they are provided adequate training opportunities.

Performance Reviews for staff are held after six months of employment and annually thereafter. Electronic performance appraisal forms are completed by both employee and supervisor and include sections for recommended professional development and proposed objectives for the next evaluation period. All staff received a report of their recent workforce development survey, including their answers for the open ended questions on domain related training. This information is valuable for their individual professional development purposes.

Barriers

In addition to training needs our workforce development survey explored our staff's learning culture and style, training preferences, responsibility in making training-related decisions, factors creating barriers to training, and building capacity through mentoring.

Learning Culture and Styles

Respondents were asked to rate the level of importance of eight possible reasons for pursuing continuing education in public health. As listed in Table 15 below, reasons concerned with the development of job-related knowledge and skills rated most highly.

Table 15. Frequencies and Averages of Reasons for Pursuing Continuing Education

Reason	Very low	Low	Medium	High	Very High	Mean
Develop a better understanding of an area of importance to my current job	0	2	13	29	21	4.06
Stay current in my field	1	3	15	26	20	3.94
Broaden my skill base	2	1	18	28	16	3.85
Meet requirements for licensure or other credentials	7	12	14	14	18	3.37
Increase my salary potential	6	7	26	14	12	3.29
Enhance my competitiveness in the job market	4	14	25	15	7	3.11
Earn credits toward an advanced degree in public health or a related field	12	21	17	5	10	2.69
Seek a major career change	12	25	17	6	5	2.49

Training Preferences - When asked about preferred training formats, the respondents most often selected classroom training (71%) and webinar presentations (49%). Two respondents said “I want to have the training within my career development at my workplace” and another said, “[For] fiscal/financial training I would prefer face to face either through a classroom or workshop setting.” For models of distance education, most said they prefer to participate in computer-based training (62%) and video-conferencing using technologies such as Skype and GoToMeeting (43%). Twenty percent said they don’t use distance education modalities, with one person noting that “I prefer classroom style.”

Factors Creating Barriers to Training - As listed in Table 16 below, respondents tended to cite work-related barriers to training such as cost and time off work.

Table 16. Frequencies and Averages of Reasons for Factors Creating Barriers to Training

Factor	Not a Barrier	Low Barrier	Moderate Barrier	High Barrier	Mean
Finding time during work schedule	13	12	22	18	2.69
Taking days off of work	15	16	20	14	2.51
Cost of the course	15	13	27	10	2.49
Traveling away from work	15	13	28	9	2.48
Traveling distance	15	12	30	8	2.48
Lack of training offered	18	17	21	9	2.32
Agency support of training (approval to attend, time off, paying for course)	21	20	12	12	2.23
Ability to find relevant training	22	16	21	6	2.17
Quality of in-house training offered	22	20	18	5	2.09
Family commitments	26	23	14	2	1.88

Building Capacity through Mentoring – Finally, the survey explored mentoring as an opportunity for on-the-job training. On average, the respondents rated the concept of building capacity through mentoring as having little to moderate value. For example, respondents rated the idea of having a mentor of their own choosing as having little to moderate value for improving their current job performance (Mean = 2.63 on a 5-point scale of value.)

Solutions – Understanding our employees training related barriers will assist SDHD in broadening our commitment to be a learning organization. The top two identified barriers, Finding Time During Work Schedule and Taking Days Off Work, both hold reference to daily demands, work flow and staffing levels. Management staff traditionally has and will continue to work with employees to provide adequate time for staff to take trainings during work hours. Seeking scholarship funding, including training costs in grant and contract budgets when allowable and taking advantage of webinars and the multitude of free on-line PH training modules will assist us in addressing cost as a barrier to training.

Implementation & Monitoring

Introduction	This section provides information regarding communication, evaluation, tracking and monitoring/review of the plan. PHAB (Measure 8.2.1.2)
Communication	SDHD Workforce Development plan will be shared with employees through distribution of copies to all program Directors and supervisors and highlighted at an All Agency meeting. Additionally a copy will be maintained on the SDHD share drive folder. Plan and annual updates will also be shared with SDHD Board of Health.
Training evaluation Tracking	<p>Training evaluation may vary according to training purpose, type and provider.</p> <p>Staff training at SDHD is tracked in a variety of ways. Mandated all staff training is tracked by sign-in sheets and archive of training topic/supporting materials by the QA/QI Coordinator. Certificates of attendance for these trainings are completed by Administration and placed in employee files for retention. Select mandated training is also noted in employee database maintained by QA/QI Coordinator. This allows for production of employees Immunization and Training Record which is reviewed by employee and supervisor during annual performance reviews. In addition many employees utilize Iowa's training-source.org site to maintain a personal transcript of training. Programmatic required training is documented by division as tracking requirements and data entry methods vary.</p>
Review and maintenance	SDHD QA/QI Coordinator will update Workforce Development Training Schedule on an on-going basis. SDHD Management group will review Workforce Development Plan on an annual basis. Updates will be made as needed to workforce development goals, training needs and training schedule.

Appendix A: Workforce Development Goals

This section presents workforce development goals for our agency.

Goal	Measure	Timeframe	Responsible Parties
<i>Develop workforce development policy for the agency</i>	<i>Policy</i>	<i>4th Q 2016</i>	<i>Policy & Procedure Committee</i>
<i>Identify on-line QI training for new hires and implement into new employee orientation process.</i>	<i>QI Plan</i>	<i>Fall 2016</i>	<i>QA/QI Coordinator & Management Group</i>
<i>Continue to develop centralized excel listing of Required Trainings by Division/program</i>	<i>WFD Survey</i>	<i>Fall 2016</i>	<i>Management Group & QA/QI Coordinator</i>
<i>Identify on-line QI training for QI team members and others interested in improving knowledge and skills</i>	<i>QI Plan</i>	<i>1st Q 2017</i>	<i>QA/QI Coordinator & QI Committee</i>
<i>Determine Workforce Development Performance Measurement</i>	<i>PHAB 9.1</i>	<i>4th Q 2016</i>	<i>Management Group</i>
<i>Plan date and prepare select staff for participation in Advanced Epi. Training</i>	<i>Emergency Preparedness</i>	<i>Fall 2016</i>	<i>Deputy Director & Environmental Director</i>
<i>Collaborate with IDPH and Midwestern Public Health Training Center for development and possible administration of assessment of cultural and linguistic competency for all staff</i>	<i>PHAB 11.1.4.3</i>	<i>Fall 2016 or 1st Q 2017</i>	<i>QA/QI Coordinator</i>
<i>Plan future administration of Workforce Development Survey to all Staff</i>	<i>PHAB 8.2.1</i>	<i>1st Q 2018</i>	<i>QA/QI Coordinator & Management Group</i>

This section outlines the curricula and training schedule for 2015 - 2016.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Bloodborne Pathogens/TB & Material Safety Training	Annual required training for all staff held at All Agency Meeting	All Staff	Mandate	3/10/2015	Agenda, Copy of Prezi slides and video– contact QA/QI Coordinator
Social Media Do’s & Don’ts (substitute for last minute Personal Safety training cancellation)	All Agency Meeting	All Staff	Safety Communication	5/12/2015	Handouts from training in SDHD Share Drive IT folder
Intro to QI Team Work	All Agency Meeting - Tailgate	All Staff	QI Plan	9/15/2015	Agenda and photos – contact QA/QI Coordinator
True Speak Training	County recommended for Department Heads	Kevin Grieme, Health Director	Management	10/6 – 10/7/2015	McGrath Training Succeed with True Speak
All Agency off site QI training	Dorothy Pecaut Nature Center	All Staff	QI Plan & PHAB Requirement	10/28/2015	Outline of training on SDHD Share Drive QI folder
True Speak – Train the Trainer Training	County recommended for Department Heads	Kevin Grieme, Health Director	Management/Leadership PHAB (Measure 8.2.3 A) 2	11/2- 11/3/2015	McGrath Training Succeed with True Speak
Building our Future -SDHD QI & Accreditation overview	All Agency Meeting	All Staff	QI Plan	12/15/2015	Agenda, Copy of Prezi slides – contact QA/QI Coordinator
Active Shooter – Save Yourself Training	BOH invitation to Area Education Association sponsored	Kevin, Leann, Tyler	Emergency Prep.	1/12/2016	Sioux City Police Officer, Chad Sheehan
Bloodborne	All Agency	All Staff	Mandate	2/9/2016	Video available – contact QA/QI

Pathogens/TB	Meeting				Coordinator
True Speak Training	County sponsored for Deputy Directors	Tyler Brock	Management	2/25-2/26/2016	McGrath Training Succeed with True Speak
Active Shooter - Save Yourself Training	County Sponsored – Law Enforcement Center	Safety Committee	Emergency Prep.	3/2/2016 3/3/2016	Sioux City Police Officer, Chad Sheehan and Woodbury County Deputy Lt. Tony Wingert
Intro to PHAB & HRA's Data	All Agency Meeting	All Staff	QI Plan	4/5/2016	Copy of Prezi slides – contact QA/QI coordinator
Iowa Governor's Conference on Public Health	Iowa Public Health Association Annual Conference for public health practitioners - CE credits available	Select Management Team and Staff	Varies	4/12/2016 4/13/2016	http://www.iowapha.org/IGCPH
ISAC HIPAA Training	ISAC sponsored	Health Director & QA/QI Coordinator	Mandate	4/14/2016	http://www.iowacounties.org/member-resources/legal/hipaa-information-for-counties/
True Speak	County Sponsored	Division Directors/Supervisors	WFD Survey PHAB (Measure 8.2.3 A) 3	5/25/2016 5/26/2016	McGrath Training Succeed with True Speak
Effective Leadership Training	Iowa State Association of Counties Sponsored – Kathy Forst, Forst Training & Consulting Services	Management Team	WFD Survey PHAB (Measure 8.2.3 A) 3	6/2/2016	http://www.iowacounties.org/
Advanced Epi	Iowa Dept. of Public Health Epidemiologist	Select Environmental, Nursing & Lab Staff	Emergency Preparedness	TBD – Fall 2016	Prerequisite - Basic Epidemiology on Prepare Iowa training-source

Cyber Security training	County	All Staff	Mandated (County IT system)	TBD	On line class
TBD (topics to consider: Accreditation Civil Rights/Cultural Competency Customer Service)	All Agency Meeting	All Staff	WFD Survey	9/13/2016	
TBD (topics to consider: Accreditation Civil Rights/Cultural Competency Customer Service)	All Agency Meeting	All Staff	WFD Survey	12/13/2016	
Cultural Competency Survey	IDPH/Midwest PH Training Center	All Staff	WFD Plan PHAB Measure 11.1.4.3	TBD	Survey in development summer 2016
Bloodborne Pathogens/TB	All Agency Meeting	All Staff	Mandate	February 2017	
Iowa Governor's Conference on Public Health	Iowa Public Health Association Annual Conference for PH Practitioners - CE credits available	Select Management Team and Staff	April 2017	April 2017	