Workforce Development Plan
Bloomington Public Health

Purpose & Introduction

Introduction

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 document provides a comprehensive workforce development plan for Bloomington Public Health. It also serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.*

In this plan

This workforce development plan contains the following topics:

Questions

For questions about this plan, please contact:

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Agency Profile

Mission & vision

The mission of the City of Bloomington Division of Public Health is to promote, protect and improve the health of our community by:

- **Strengthening efficient and effective day-to-day operations**
- **Ensuring a competent workforce that has the capacity to accomplish the Division's mission**
- **Improving systems to demonstrate and measure outcomes**
- **Increasing the Division's ability to effectively engage the community**
- **Ensuring sustainable, adequate public health funding**

A more detailed description of Bloomington Public Health's (BPH) approach to achieving its mission is available in the agency strategic plan (Appendix A).

Location & population served

Bloomington Division of Public Health serves the southern Hennepin County suburb of Bloomington, Edina and Richfield (Edina and Richfield through contracted services). Together these communities have more than 167,000 residents. A demographic description of each community is attached (Appendix B).

Governance

Community Health Board: The community health board (CHB) is the legal governing authority for local public health in Bloomington, and CHBs work with MDH in partnership to prevent diseases, protect against environmental hazards, promote healthy behaviors and healthy com-munities, respond to disasters, ensure access to health services, and assure an adequate local public health infrastructure. The City of Bloomington's City Council functions as the Community Health Board in the City of Bloomington.

CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities. Additionally, CHBs must assure that:

- A community health assessment and plan are completed on a regular cycle
- Community health needs are prioritized in a manner that involves community participation
- Needed public health services are developed and implemented

Advisory Board of Health: Appointed by the City Council, the Advisory Board of Health's mission is to promote, protect and improve the health of our community. It researches and evaluates issues concerning health and the environment within the city, and advises and makes recommendations to the City Council about such issues. The board is established in Section 2.98.22 of the City Code. The board consists of seven members; four represent health care providers and three represent consumers.

Organizational structure

Bloomington Public Health a Division of the City of Bloomington, Minnesota and as such falls under the upper organizational structure as follows:

- City Manager
- Director of Community Services

Within the Division of Health the organization structure is as follows:

- Public Health Administrator
- Assistant Public Health Administrator
- Program Managers
- Professional, Technical and Clerical staff

See attached organizational chart (Appendix C)

Learning culture	Bloomington Public Health has recently increased efforts to improve individual and team performance within the Division as part of strategic planning objectives. These efforts will be enhanced through this workforce development plan as it works to promote a culture of continued learning, build on the skills and strengths and quality/performance improvement at the individual and group level.
Funding	Bloomington Public Health is funding through a combination of grants, fees, contracts and city tax dollars. In addition to allotted funding for training, much of staff trainings are funded through grant dollars.
Workforce policies	Bloomington Public Health policies related to employee performance and training are located in the Division of Public Health Guidelines Handbook, distributed to each employee at hire. BPH is in the process of developing new policies related to workforce development and training opportunities.

Workforce Profile

Introduction

This section provides a description of the Bloomington Public Health's current and anticipated future workforce needs.

Current workforce demographics

The table below summarizes the demographics of the agency's current workforce as of January 1, 2014.

Category		# or %
Total # of Employees:		62
# of FTE:		43
% Paid by Grants/Contracts:		85%
Gender:	Female:	59
	Male:	3
Race:	Hispanic:	6
	Non-Hispanic:	0
	American Indian / Alaska Native:	0
	Asian:	0
	African American:	4
	Hawaiian:	0
	Caucasian:	52
	More than One Race:	0
	Other:	0
Age:	< 20:	0
	20 – 29:	10
	30 – 30:	8
	40 – 49:	8
	50 – 59:	24
	>60:	12
Primary Professional Disciplines/Credentials:		
	Leadership/Administration:	6
	Nurse:	19
	Registered Sanitarian/EH Specialist:	0
	Epidemiologist:	1
	Health Educator:	0
	Dietician:	6
	Social Workers:	0
	Medical Directors:	0
	Other:	30
Retention Rate per 5 or 10 Years; by discipline if applicable		-
Employees < 5 Years from Retirement Age:		
	Management:	1
	Non-Management:	9
Part Time		28
Full Time		34

Workforce Profile, *continued*

Future workforce

Bloomington Public Health has experienced several long-time management and staff retirements in the past couple of years. As the public health workforce ages, it is anticipated that numerous senior staff will be retiring, thus leading to a potential shortage in highly skilled public health professionals and a loss of institutional knowledge.

Historically, Bloomington Public Health has had a difficult time attracting a diverse work pool, particularly in the area of Public Health Nursing, even though the population has grown more diverse over time. This could be possibly due to the lack of diverse Public Health Nurses in the metro area and the requirements of the degree. Further action is needed to address additional options as the lack of a diverse workforce can result in customer dissatisfaction.

Additionally, more staff is needed that are fluent in the languages spoken in the community, particularly in Spanish and Somali.

Recent succession planning revealed a gap in the ability fill vacancies of senior staff. Succession planning is needed to develop the skills, knowledge, and talent needed for leadership continuity. Multiple potential candidates need to be identified for specific leadership positions well before positions are vacant.

Competencies & Education Requirements

Core competencies for agency

In 2014, BPH chose the *Council on Linkages Core Competencies for Public Health Professionals,* as those most needed for the division's success as a public health agency. These competencies represent BPH's expectations of competent performance in public health and will be used to guide professional development and training in its workforce.

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

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

The *Council on Linkages Core Competencies for Public Health Professionals* are described in detail here:
http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

CE required by discipline

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	Ohio CE Requirements (as of 5/29/2014)
Nurses	• Renew license every 2 years (has a cost) and • RNs: must complete 24 contact hours every 2 years • LPNs: must complete 12 contact hours every 2 years
NCAST screeners	• Re-reliability training every 2 years
Child Passenger Safety Technicians	• Conduct all 5 different types of seat checks • Participate in at least 1 community event (one checkup or community workshop) • Participate in at least 6 continuing education units (CEUs).
Speech Language Pathologist	• 125 hours every 5 years and pays relicensing fee
Healthy Families America home visiting nurses	• HFA training
Nutritionist	• 75 CCU Hours over 5 years for ADA registration • 45 CCU hours over 3 years for Minnesota State License
Breast feeding	
Emergency Management	• Total hours 153 (89 FEMA IS Online Courses, 48 Classroom, 16 HSEM Classroom) • 40 hours of continuing education every 3 years

Training Needs

Introduction

This section describes both identified and mandatory training needs within the agency. In 2014, in collaboration with the Minnesota Department of Health (MDH) Office of Performance Improvement (OPI), all staff was asked to complete the Council on Linkages Core Competencies for Public Health Professionals. At the same time, and also through collaboration with MDH – OPI, program managers completed a prioritization of the 8 domains included in the Core Competency framework. The results of the staff competency assessments and domain prioritizations were combined to determine the training needs of the agency as a whole. Assessment and prioritization analysis were conducted according to guidance from the Council on Linkages. Detailed methods and results of the assessment are described in the Staff Training Needs Assessment (Appendix D). Below is a summary of those results.

Training needs assessment results

The Core Competency Assessment yielded four areas of low competency among staff and four areas of high competence.

The four areas of low competence include:

- Community Dimensions of Practice
- Public Health Sciences
- Policy Development/Program Planning
- Financial Planning and Management

The four areas of high competence include:

- Cultural Competency
- Communication
- Leadership and Systems Thinking
- Analytical Assessment

Agency-specific needs

Agency-specific needs were determined by the program managers and based on the Agency Strategic Plan. Of the eight competency domains, the top four priorities for the BPH include:

1. Financial Planning Management
2. Leadership Systems Thinking
3. Cultural Competency
4. Communication

Using the Council on Linkages Core Competency Assessment and Prioritization system, BPH develop a high-yield analysis to determine appropriate training areas to focus on for improved organizational performance:

1. Financial Planning and Management
2. Cultural Competency
3. Leadership and Systems Thinking
4. Communication

The full Organizational Training Needs Assessment is attached (Appendix H)

Goals, Objectives, & Implementation Plan

Introduction

This section provides information regarding training goals and objectives of the agency, as well as resources, roles, and responsibilities related to the implementation of the plan.

Roles & responsibilities

The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities.

Who	Roles & Responsibilities
Community Health Board (CHB)/City Council	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
City Manager	Manages budget and ensures resource availability to implement the workforce development plan.
Director of Community Services Department	Provides guidance to the Division Director with coaching, mentoring and succession planning.
Human Resources	Provides guidance to the Division Director regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Directors to find appropriate training/development opportunities for staff.
Division Director	Responsible to the Department Director for all employees within their division. 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. Responsible to the CHB 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.
Program Managers	Responsible to the Director 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, tuition reimbursement). 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.

Bloomington Public Health Training Goals & Objectives
2014 - 2019

Overall Goal: Ensure a competent workforce that has the capacity to accomplish the Division's mission (Strategic Plan Goal 2)

Goal	Objectives	Target Audience	Resources	Responsible Party
Orient new employees to public health and the agency	• Orient employees to the agency • Train new staff in emergency preparedness • Train new employees in public health Bloomington Policies and Procedures • Train new employees on Bloodborne Pathogens/ Universal Precautions • Train new employees on HIPAA Requirements • Train new employees on cultural diversity and sensitivity • Train new staff on Personal Protective Equipment	New employees	See New Employee Checklist	Management Team
Improve opportunities for leadership and professional development (Strat Plan Strategy 2.2)	• Identify training needs • Offer training opportunities for staff based on agency priorities • Support staff engagement in community issues • Provide encouragement and motivation to staff	All Staff	Workforce Development Plan Core Competency Assessment Results	All Staff Management Team
Ensure licensure educational requirements are met	• Annually verify compliance with continuing education requirements for staff with licensure/certification requirements • Continue to support employees meeting licensure education requirements by paying registration fees and by granting paid time to attend training.	All staff requiring licensing for their position	Staff required to self-document and report, Certifications/licenses reviewed annually at renewal dates.	Tracked by Linda Riski Lundeen
Ensure staff receive training to effectively perform their jobs (Strat Plan Strategy 1.1)	• Identify training needs • Provide job specific training opportunities for staff	All Staff	MNTrain.org Other	Management Team

Goals, Objectives, & Implementation Plan, *continued*

Communication plan

Staff will receive this plan and future updates to this plan through public health updates, the agencies regular internal update email. A permanent copy of the plan will be on file in the City intranet and permanently available to all staff.

Barriers and Strategies

1. **Staff turnover:** The agency has recently experienced a higher than usual level of staff turnover. This leads to new staff may not having the same level of training and development, as they have not been on staff long enough to receive the necessary training. To reduce this effect, training may be offered multiple times a year. Also, online trainings, available at any time, will be made a priority and staff will be encouraged to complete them at their earliest opportunity.

2. **Time:** With much of the work at the agency funded through grants, appropriating staff time towards general or specific training has been a challenge. Requiring certain trainings as part of agency policy and a regular requirement of an employee's position may help to prioritize trainings in staff time tables.

3. **Funding:** While appropriate and effective training is a priority at the agency, funding does not always exist to hire contractors, pay for travel or cover other expenses. To maintain consistent training availability despite sometimes inconsistent funding, the agency will focus on low or no-cost trainings, whether online or offered as part of technical assistance through the Minnesota Department of Health.

4. **Identification of training:** While trainings are available which fit the agency's budget, identifying those with the appropriate content and value is a time consuming process that requires a large commitment from responsible management staff. Systems such as MN TRAIN and the Public Health Training Center can help to alleviate this burden through their categorization of trainings by core competency domain. Additional investigation into resolving this barrier may evolve through regular evaluation of selected trainings regarding their value to agency priorities.

Bloomington Public Health Curricula & Training Schedule
2014 - 2015

Introduction This section describes the curricula and training schedule for Bloomington Public Health.

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

	developing their own responses to a variety of ideas and situations about culture, communication and public health. Learners will explore the meaning of culture, methods of communication, and strategies for communicating more effectively by taking part in "virtual" group conferences, reading and responding to simulated e-mails, and utilizing resource documents	health educators.	Skills			
Health Equity: A Public Health Essential	Disparities in health among income, racial, and ethnic groups in the U.S. are significant and, by many measures, expanding. This course serves as a primer for illustrating the root causes that shape health and health disparities. In addition to describing the complex interplay of social conditions associated with health disparities, it also provides a framework for exploring public and community health frameworks for addressing health equity.	All staff	Program Planning Skills Cultural Competency Skills Community Dimensions of Practice Skills Public Health Science Skills	Upon hiring	1.5 hours	http://www.phtc-online.org/learning/pages/catalog/equity/default.cfm
CPR Training	To learn the skills of CPR for all victims.	Mandatory for PHNs, Dieticians; optional for all other staff		Every two years	3.0 hours	Allina Heart Safe Communities Project
Bloodborne Pathogen/ Universal Precaution Training	Educate staff on types of bloodborne pathogens, as well as prevention measures, and steps for post	Mandatory for PHNs		Upon hiring and annually	1.0 hours	

	exposure follow up.					
N95 Training	Review of N95 purpose and use, donning and doffing procedures.	Mandatory for all staff		Upon hiring and annually	.5 hours	http://Youtu.be/rs7PSTKBiHc
HIPAA Compliance	BPH has adopted this Privacy Policy to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as other federal and state laws protecting the confidentiality of individually identifiable health information. The HIPAA Privacy Rule provides national regulations for the use/disclosure of an individual's health information. Reviewed annually.	Mandatory for PHNs and other staff		Upon hiring and annually		
(IS) -100, Introduction to the Incident Command System (ICS)	Enable participants to demonstrate basic knowledge of the Incident Command System.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	http://training.fema.gov/emiweb/is/is100b.asp
IS-200, Incident Command System (ICS) for Single Resources and Initial Action	Describe the ICS organization appropriate to the complexity of the incident or event. Use ICS to manage an incident or event.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	http://training.fema.gov/EMIWeb/IS/IS200b.asp
IS-700, National Incident Management System (NIMS), An Introduction	Describe the key concepts and principles underlying NIMS. Identify the benefits of using NIMS as a national response model.	Mandatory for all staff. Mandated by MDH		Upon hiring	3.0 hours	http://training.fema.gov/EMIWeb/IS/is700a.asp
IS-300 Intermediate Incident Command System (ICS)	Describe how the National Incident Management System (NIMS) Command and Management component	Mandatory for anyone in leadership position in ICS		As soon as available Prereq: ICS 100, 200,	24.0 hours	Ulie Seal - In person when available

	supports the management of expanding incidents. Describe the incident/event management process for supervisors and expanding incidents as prescribed by ICS. Implement the incident management process on a simulated Type 3 incident. Develop an Incident Action Plan for a simulated incident.	Chart		700		
IS-400 Advanced Incident Command System (ICS)	Explain how major incidents engender special management challenges. Describe the circumstances in which an Area Command is established. Describe the circumstances in which multiagency coordination systems are established.	Mandatory for anyone in leadership position in ICS Chart			16.0 hours	Ulie Seal - In person when available
Public Health Financial Management	This course provides an overview of the principles of finance, discussions regarding finance issues related to public health, and understanding of financial management of public health programs and activities.	Management Team			7.0 hours	http://lms.southcentralpartnership.org/scphp/course/viewguest.php?id=77
Basics of Quality Improvement for Public Health Practitioners	This tutorial provides the basics of Quality Improvement and how it fits into the Performance Management Framework.	All Staff	Leadership and Systems Thinking Skills		1.0 hour	http://www.phtc-online.org/learning/pages/catalog/pm-QI-basics/default.cfm
Introduction to Performance Management	Module is designed to be one part of a comprehensive approach to integrate QI into the culture of the agency. Performance Management can be defined in many different ways, and can	All Staff	Leadership and Systems Thinking Skills Financial Planning and management		20-30 minutes	http://www.phtc-online.org/learning/pages/catalog/pm-intro/default.cfm

	pertain to both organizational and individual performance. For the purposes of this tutorial, we will be describing a Performance Management Framework (PMF) that has been used to improve the efficiency and effectiveness of organizations in both the public and private sector.		Skills			
Performance Measurement	Performance Measurement is one part of the Performance Management Series and provides a basic overview of Capacity, Process and Outcome Measures in developing an effective performance measurement process	All Staff	Financial Planning and Management Skills		1.0 hour	http://www.phtc-online.org/learning/pages/catalog/pm-cpom/
Program Evaluation	The primary focus of the course is to explore the six steps and the four standard groups in the Center for Disease Control's Framework for Program Evaluation. This framework represents all of the activities prescribed by the CDC in Program Evaluation, along with sensible guidance under the standards to aid in good decision-making.	All Staff	Financial Planning and management Skills		1.0 hours	http://www.phtc-online.org/learning/pages/catalog/ev/

Evaluation and Tracking

Introduction

Evaluation of training will provide Bloomington Public Health with useful feedback regarding its efforts, including content, delivery, vendor preferences, and training effectiveness. Accurate evaluation tracking is necessary, particularly for professional continuing education documentation and quality improvement purposes. This section describes how evaluation and tracking of training will be conducted.

Evaluation

For trainings conducted outside the agency or online, an internal evaluation will be used to assess continued value of training to other staff. Trainees will be asked to complete the generic online assessment, which will measure qualitative impressions of the educational and professional value of the training. This information will be linked to the training plan table and used to assess future trainings plans.

Staff competency will be measured annually and compared to previous competency assessments. This comparison will provide information about the value of particular domain trainings and whether a re-assessment of their value is required. For higher cost trainings (e.g. in-person consultants, conferences etc) a more robust evaluation may be developed to determine if the training had a positive or negative ROI.

Tracking

Staff is required to log all training activities with the office supervisor upon registration. CE certificates of completion or other attendance confirmation documents are to be submitted to the office supervisor upon completion of the training. For trainings conducted through the MN.TRAIN system, online log sheets should be submitted to the office administrator when training is complete.

The office administrator will track each employees training with names, dates, locations and supportive documents in a spreadsheet system that is accessible in read-only form to individual employees.

In some instances, trainings are tracked by program managers. If training is not included in the agency training plan, but is included in the required trainings by programs, managers will not be required to submit their training record to the office supervisor. However, if the training tracked by a program manager is included in the agency training plan, that information must still be submitted to the office administrator to ensure complete and accurate training records.

Conclusion / Other Considerations

Other agency documents and plans

Workforce development is part of Bloomington Public Health's strategic plan. The Strategic plan was also used to guide prioritization of the public health core competencies.

Review of plan

The Workforce Development Plan will be reviewed and revised annually by the program managers and division director. As part of the review, an annual core competency assessment will be conducted with staff and compared to the most recent core competency domain prioritization.

Domain prioritization will be done every 5 years, to coincide with the revision of the agency strategic plan.

Maintenance of the workforce development plan is the responsibility of the Assistant Administrator of Bloomington Public Health.

Authorship

This plan was developed by the following individuals, and finalized on May 30, 2014.

Jim Jansen, Health Planner		5/30/14
Lisa Brodsky, Assistant Administrator		5/30/14
Eileen O'Connell, Health Promotion Manager		5/30/14

Appendices:

A. Strategic Plan
B. Demographic Profiles
  1. Bloomington
  2. Edina
  3. Richfield
C. Organizational Chart
D. Staff Training Needs Assessment

CITY OF
BLOOMINGTON
MINNESOTA

Bloomington Public Health Strategic Plan 2013 - 2018

Bloomington Public Health Division

Table of Contents

Strategic Planning Committee

Karen Zeleznak, Public Health Administrator

Lisa Brodsky, Assistant Public Health Administrator

Deb Finnegan, Accountant

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Linda Riski-Lundeen, Office Supervisor

Sue Sheridan, Senior Health Promotion Supervisor

Molly Snuggerud, Family Health Manager

Karen Stanley, Clinic and DP&C Manager

Ruth Tripp, SHIP Coordinator

Introduction

Bloomington Public Health (BPH) became a division of the City of Bloomington in the 1960's beginning with one Public Health Nurse. In 1976, BPH expanded its reach to provide community-based health services to the southern Hennepin County communities of Bloomington, Edina and Richfield. With approximately 60 full- and part-time public health nurses, nutritionists, and health promotion specialists, BPH provides care and assistance in Family Health, Disease Prevention and Control, Health Planning/Health Promotion, Emergency Preparedness Planning and Clinic Services including immunizations, Women, Infants, and Children (WIC), adult and senior health.

In the fall of 2012 through the spring of 2013, Bloomington Public Health (BPH) conducted a strategic planning process to define and determine BPH's roles, priorities, and direction over the next five years. This plan will provide a guide for making decisions on allocating resources and taking action to pursue strategies and priorities in Bloomington, Edina and Richfield.

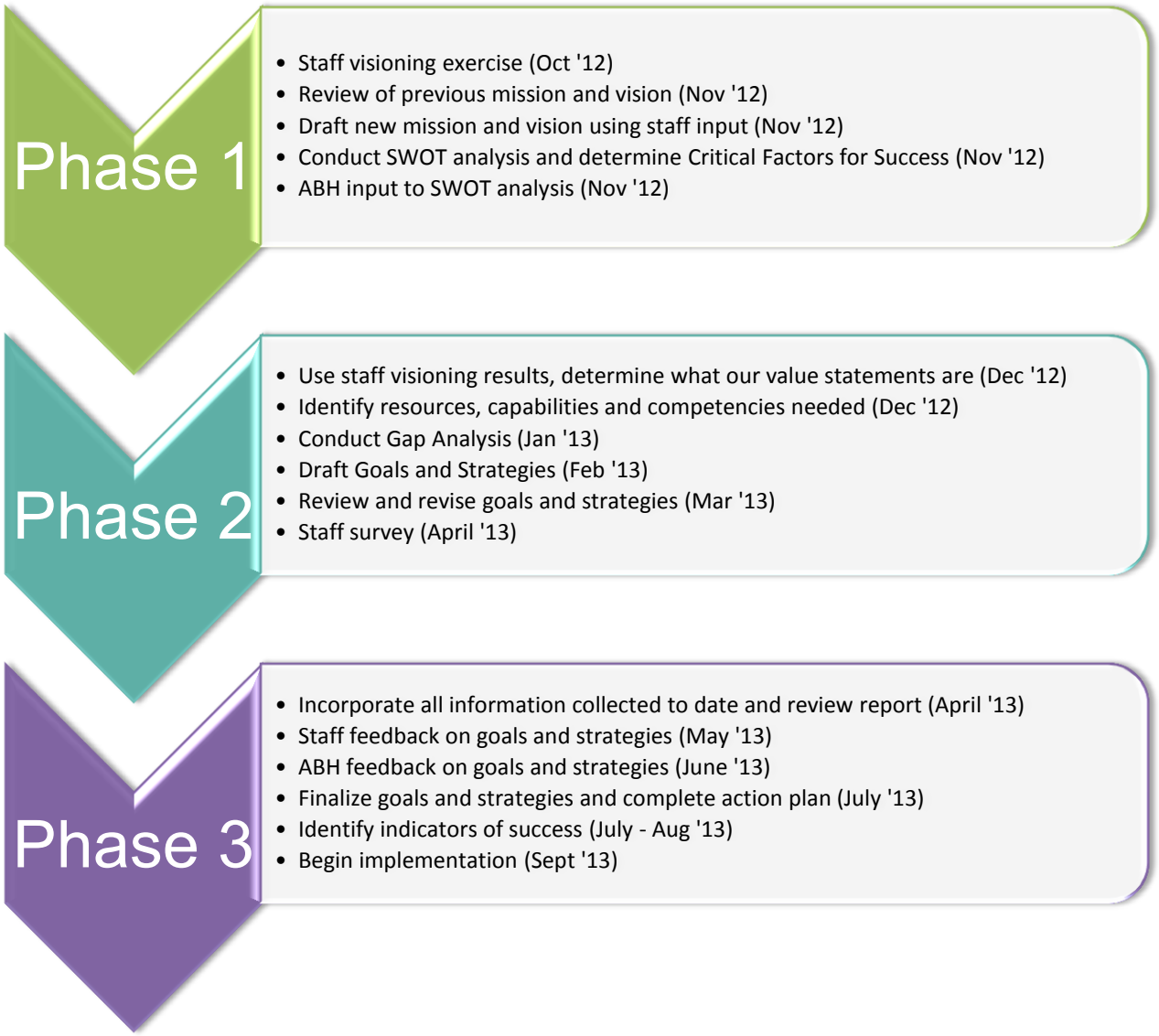
The Committee followed the Strategic Thinking, Planning and Management model, a format developed by the University of Alabama and utilized by many health departments around the country. This model is designed to ensure participants are thinking broadly and strategically, with the end result in mind, while conducting strategic planning.

Strategic Planning Process Overview

Facilitated by an external consultant, the BPH Strategic Planning Committee held four planning sessions to utilize the strategic planning process to develop the strategic plan.

As a result, BPH has developed a strategic plan that will provide management and staff with a clear understanding of the organization's current situation, desired direction, and five-year vision. The strategic plan is a "living document," and will be updated and revised over the next five years to reflect changes in the public health environment, both locally and nationally.

Strategic Planning Process Phases and Activities Timeline



Session 1: Vision, Mission and Values

The Vision, Mission and Values together form the backbone of the planning process, serve as guiding principles for the agency, and provide focus, purpose, and direction. To update BPH's Vision and Mission and develop Value statements, the Strategic Planning Committee sought the input of all BPH staff, which was incorporated into the final statements. Emphasis was placed on ensuring all staff understood that Vision, Mission and Values are to reflect the internal operations of the division, rather than for the communities served by BPH.

Vision: The vision statement communicates where the organization's leadership and members collectively want to go and should communicate images for the future. Core components of a vision statement include:

- A clear description of a hope for the future
- An expression of a fundamental need
- An expression of excellence at the highest level.

At an all-staff meeting on May 31, 2013, BPH employees participated in a visioning exercise, brainstorming short responses to the questions:

- "What is our hope for the future?"
- "Beyond our present services, what fundamental human need do we serve?", and
- "How can the fundamental need that the organization is addressing be served at the highest level?"

Through that exercise the employees developed a list of 37 themes, which included concepts such as Collaborate, Expert, and Protect (see *Appendix A* for the complete list).

The Strategic Planning Committee then met to review the list, discuss the themes and concepts, and develop a vision statement that captured the views of employees and the Committee and communicated an ideal state of being for BPH.

Bloomington Public Health

Internal Vision Statement

We are trusted and valued public health experts and leaders committed to a healthy community for everyone

Mission: During the first planning session, the Strategic Planning Committee also updated the BPH mission statement. The mission statement provides a concrete purpose for the Division, as well as communicates the "what" and "why" of the Division. To update the mission statement the Strategic Planning Committee members responded to the following questions:

- Who are our customers?
- What are our primary products and services?
- What is our distinct organization philosophy?
- What do we want our image to be?
- Are we committed to any specific values?

The Strategic Planning Committee was able to update their existing Mission statement to reflect the input of BPH employees and the Committee.

Bloomington Public Health

Internal Mission Statement

To promote, protect and improve the health of our community

Values: The BPH Strategic Planning Committee developed Value Statements to define and communicate the values of the Division. Components of Value statements should include desired behaviors, organizational norms, shared beliefs, shared assumptions, explicit philosophy, and fundamental principles. To begin the brainstorming process, Strategic Planning Committee members began to answer the following values questions:

- What are the desired working behaviors of the organization?
- What are the behavioral norms expected of all employees?
- Are there common shared beliefs about the organization?
- What words best describe the organization's philosophy/management/leadership style?
- What are the fundamental principles we want everyone in the organization to live by?

Based on their responses, as well as the input from the all-staff meeting, the Strategic Planning Committee identified 11 Values.

Bloomington Public Health Value Statements

Prevention, Integrity, Trustworthiness, Community Engagement, Cultural Competency, Innovation, Excellence, Teamwork, Leadership, Accountable, Inclusivity

During the first planning session the Strategic Planning Committee also reviewed the Strategy Chart, which provides a graphic depiction of the relationship between each component of the strategic planning process (see *Appendix B* for the Strategy Chart).

Session 2: Assessments

Assessments provide the data for the planning process. They provide substance, data and information to the Strategic Planning Committee and guide the development of goals and strategies. The assessments also ensure that goals and strategies are evidence-based and built on data rather than opinions and observations.

The Strategic Planning Committee conducted five assessments: Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis; Stakeholder Strategic Thinking Assessment; Critical Factors for Success Assessment; Resources, Competencies and Capabilities Assessment; and a Gap Analysis. Combined, these assessments identified the strengths and weaknesses of BPH, opportunities for growth and improvements, and highlighted areas for strategic action.

SWOT Analysis: Through this assessment the Strategic Planning Committee analyzed and identified internal strengths and weaknesses, external opportunities and threats, and their potential to affect BPH. The BPH Advisory Board of Health also completed a SWOT analysis and their input was included in the final SWOT analysis results. The results of the SWOT analysis are included below (full results of the SWOT Analysis are included in *Appendix C*). As evidenced by the SWOT results, there was much crossover between the categories, indicating that there was consensus among the group and that often the strengths— such as having talented and skilled staff apply for and obtain grants mirrored limited grant writing capacity, identified as a weakness. Concepts that appeared in Weaknesses—Communications/Marketing, for examples—also appeared in Opportunities, demonstrating the Committee's understanding that the perceived weaknesses provide an opportunity to improve the division's operations.

Strengths

Staff
Partnerships
Leadership
Credibility
Funding
Consumer/Community Engagement
Cultural Competency

Weaknesses

Staff retention/Staff morale
Funding
Communication/Marketing
Internal communication/collaboration/training
Cultural and linguistic competency
Technology
Physical space
Bureaucracy
Competing priorities
Customer services
Community perception
Better measurement of outcomes

Opportunities

Collaborations/Partnerships
Policy Changes
Communication/Marketing
Funding
Demographic Shifts
Staff
do.town
Quality Improvement/Service Improvements
Cultural Competency
Accreditation
Economy

Threats

Competition
Funding
Visibility/Perceptions of BPH
Emergency/disaster
Policy Shifts

Stakeholder Strategic Thinking Assessment This assessment is designed to identify BPH's key stakeholders and their relationships and importance to the division. The Strategic Planning Committee identified 10 key stakeholders (see *Appendix D* for the full results of the assessment):

- Minnesota Department of Health
- Bloomington/Edina/Richfield City Councils
- Bloomington Public Health Staff
- Community
- City Manager and Department Head
- Government for Bloomington, Edina and Richfield
- Local Hospitals/Clinics
- Advisory Board of Health
- Community Based Organizations
- School Districts

Critical Factors for Success Assessment: Through this assessment the Strategic Planning Committee identified the external factors that must occur in order for BPH to be successful. To complete the assessment the committee answered two questions:

• What has to go well for the organization to be successful?

• What are the important indicators of success for the organization and how might they be measured?

The Strategic Planning Committee identified five factors for success (see *Appendix E* for the full results of the assessment). These external factors influence operations of the Bloomington Public Health Division

- Funding
- Maintaining relationships with stakeholders
- Elected officials
- Stakeholder awareness of public health role
- Consumer awareness of Bloomington Public Health services

Resources, Competencies and Capabilities Assessment: This assessment took into account the three previous assessments—SWOT, Stakeholder Strategic Thinking, and Critical Factors for Success—to determine the internal resources, competencies and capabilities that Bloomington Public Health will need to be successful. These resources, competencies and capabilities fed directly into the Goal and Strategy development in the next planning session.

The Strategic Planning Committee identified a total of 13 resources, competencies and capabilities. The full assessment, including the rationale behind each resource/ competency/capability, is included in *Appendix F*.

Resources, Competencies and Capabilities	Workforce, human resources, staff, experts, knowledgeable, motivated, diverse, adequate staff
	Funding: consistently write and receive
	Marketing/Communications/Social media
	Meet needs of community
	Good management of division
	Quality improvement
	Building/facilities
	Partners
	Data management systems and tracking outcomes
	Trust
	Technology
	Leadership
	Internal processes, structures, communications

Gap Analysis: The next assessment the Strategic Planning Committee completed was the Gap Analysis, which was designed to identify activities that would be necessary to close the gap between the ideal and actual conditions. The Committee participants were asked to identify, in relation to the resources, competencies and capabilities identified in the previous assessment, what the ideal or optimal conditions would be for success, the actual conditions, and what actions were needed to close the gap. This was a complex assessment that required much thought and discussion.

The results of the Gap Analysis, in combination with the Resources, Competencies and Capabilities assessment, led directly to the development of Goals and Strategies (see *Appendix G* for the results of the Gap Analysis).

Sessions 3 and 4: Goal and Strategy Development, Action Planning

Once the Strategic Planning Committee completed and analyzed the assessment results, they moved on to Goal and Strategy Development.

Goal and Strategy Development: To develop the goals, the Strategic Planning Committee looked at the crosscutting results of the assessments, along with the vision, mission and value statements, and identified common themes. The Committee worked to keep goals broad, strong, realistic, relevant and achievable. Initially developing six goals, the Strategic Planning Committee prioritized and finalized five goals and a number of associated strategies. To ensure the goals addressed all of the assessments, as well as the vision, mission and values, the Committee completed a Charting Strategic Relevance exercise, which worked as "checks and balances" to ensure the goal addressed and reflected the assessments, vision, mission and values.

The five overarching goals are listed below. For details on each strategy see *Appendix H*.

Goal 1: Strengthen efficient and effective day-to-day operations

Goal 2: Ensure a competent workforce that has the capacity to accomplish the Division's mission

Goal 3: Improve systems to demonstrate and measure outcomes

Goal 4: Increase the Division's ability to effectively engage the community

Goal 5: Ensure sustainable, adequate public health funding

BPH staff were also given the opportunity to provide input on priority areas. Many staff echoed what the Strategic Planning Committee identified (e.g., facility and space constraints, the need for more efficient processes, such as hiring to fill staff vacancies, and the need to improve outcome measurement). BPH staff also indicated that they were interested in the strategic planning process and wanted to contribute to the plan and the implementation of the plan.

Goals	Strategies	Prioritization Votes
Goal 1: Strengthen efficient and effective day-to-day operations	1.1 Ensure staff receive training to effectively perform their jobs	3
	1.2 Develop agency-wide communication procedures to ensure all staff are aware of agency activities, partnerships and priorities	4
	1.3 Standardize processes for administrative procedures (hiring, contract management, etc.)	0
	1.4 Participate in the development and implementation of a facility improvement plan	0
	1.5 Increase awareness of connections and collaborations between city divisions and departments	5
	1.6 Increase collaboration within the Division	**14**
	1.7 Increase availability and utilization of emerging technology and resources	5
	1.8 Enhance both internal and external customer satisfaction	4
Goal 2: Ensure a competent workforce that has the capacity to accomplish the Division's mission	2.1 Increase the proportion of staff that is representative of the service population	4
	2.2 Improve opportunities for leadership and professional development	9
	2.3 Provide tools and opportunities to promote personal and professional growth	6
	2.4 Develop and implement workforce recruitment and retention plan	1
	2.5 Ensure all staff are culturally competent	3
Goal 3: Improve systems to demonstrate and measure outcomes	3.1 Centralize and standardize all data management activities across the agency to ensure consistent use of data management systems	**13**
	3.2 Develop and implement an agency-wide Quality Improvement plan	2
Goal 4: Increase the Division's ability to effectively engage the community	4.1 Enhance partnerships in the community including populations served and populations we desire to serve in the future	**12**
	4.2 Conduct regular community needs assessments	0
	4.3 Increase awareness, participation and investment in public health initiatives	0
Goal 5: Ensure sustainable, adequate public health funding	5.1 Develop a long-term plan that identifies opportunities to pursue alternative funding sources	0
	5.2 Maintain City support	1

Action Planning: Throughout the strategic planning process the Strategic Planning Committee developed preliminary actions, particularly as the committee members completed each assessment. Over the next two to three months, the Strategic Planning Committee will identify additional BPH employees to participate in the action planning and implementation phase of the strategic plan. Implementing the strategic plan will be a collaborative process that is ongoing over the next five years. Some activities, such as streamlining the hiring process, are

already moving forward, and others will take significant planning and time to develop and implement, such as developing an agency-wide system for tracking, monitoring and measuring outcomes.

The action planning phase will include planning, implementing, evaluating, and continuing. The Committee and BPH employees will continue to update the strategic plan and the actions as appropriate, given the changing nature of the public health system.

Bloomington Public Health Action Plan Template

Goal:				
Strategy:				
Action Step	**Responsibility**	**Timeline**	**Resources required**	**Barriers?**

Two action teams began work on two strategies identified as priorities. These include:

- Strategy 1.6 Increase collaboration across Public Health Program areas within the Division.
- Strategy 4.1 Enhancing partnerships in the community including populations served and populations we desire to service in the future.

Charters and action plans were completed by each team.

Link to Community Health Improvement Planning

The strategic plan is part of the overall Local Public Health Assessment and Planning Process (LPHAP). All Community Health Boards (CHBs) in Minnesota are required to engage in assessment and planning to yield local public health priorities and focus local resources. The four phases and five parts of Minnesota's LPHAP cycle were developed through a state-local partnership process and are based on recommendations from the State Community Health Services Advisory Committee (SCHSAC). The various elements of the LPHAP cycle allow CHBs to meet state requirements and are aligned with national public health standards from the Public Health Accreditation Board (PHAB).

In compliance with LPHAP requirements, BPH began a new community health improvement planning cycle in 2011. This planning targeted the completion of a Community Health Assessment (CHA) and development of a Community Health Improvement Plan (CHIP). for all five community health boards in Hennepin County. The goal was to establish a 2012–2015 CHIP, adopted by local public health agencies, hospitals, health plans, health systems, schools and other members of the CHIP coalition. Aligned efforts aim to produce a greater impact on the targeted health issues.

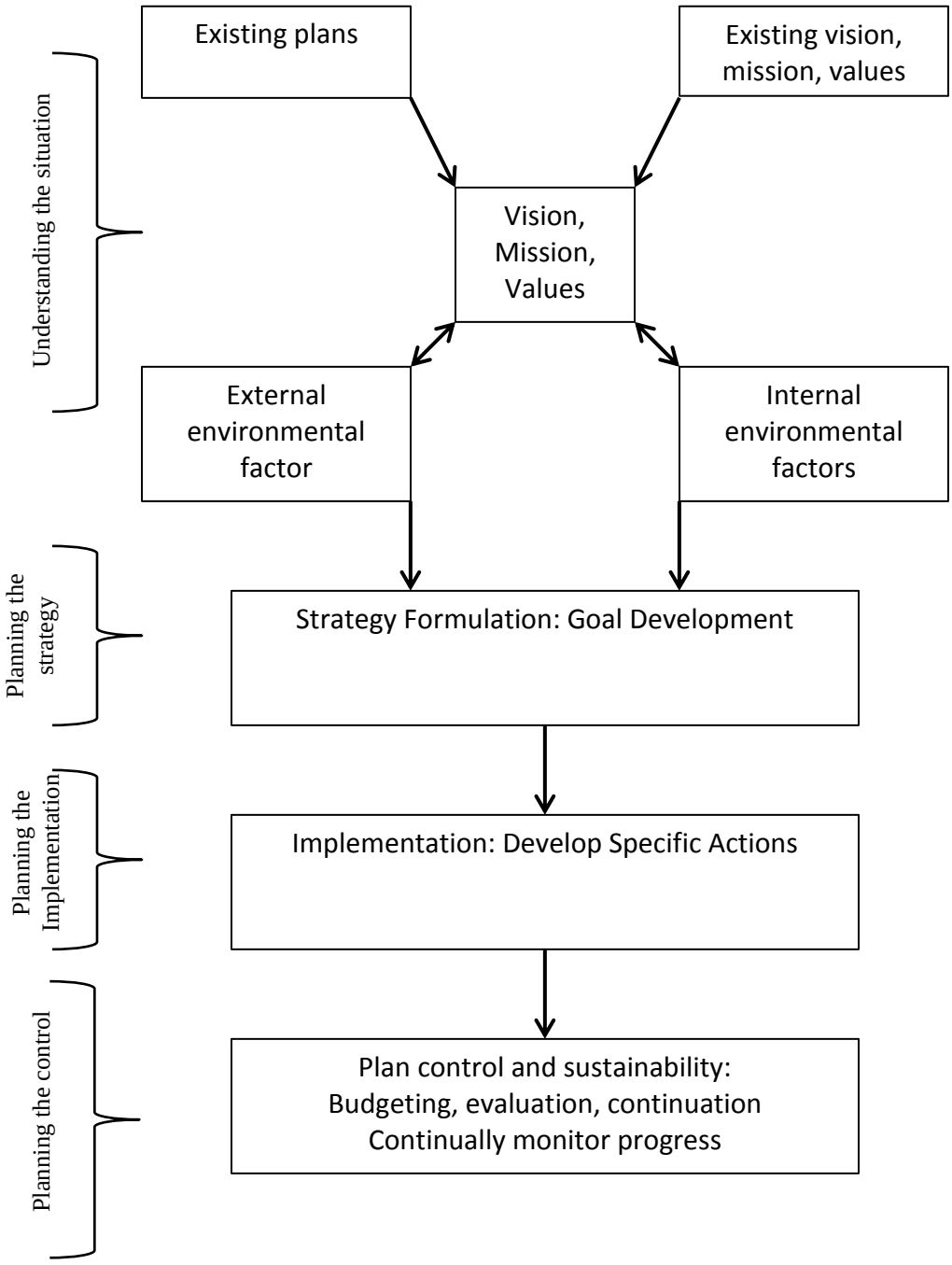
As part of the LPHAP, BPH conducted an Organizational Self-Assessment in 2011 to identify the three accreditation standards most in need of improvement and to determine the areas of strength and opportunities for improvement within BPH. In 2013, BPH conducted a separate Community Health Assessment to identify the ten most important community health issues in Bloomington. These health issues are scheduled to be approved by the City Council April 2014.

The strategic plan was developed by integrating the various assessments conducted and was internally focused, in an effort to improve how we will achieve our priorities identified during the community health assessment. This internal focus fit nicely with the various plans required for accreditation, mainly a workforce development plan, performance management system, and a quality improvement process and plan. These plans will enable us to track progress through continuous quality improvement at every level of the organization and will provide us with the ability to measure and articulate the difference our programs make. The Quality Improvement Plan will be guided by the priorities identified through the assessment, planning and performance measurement. It will focus on creating efficiency and effectiveness.

Appendix A: All-staff Visioning Process Results

Theme	Frequency and/or similar words
Community	Mentioned 7 times. Similar concepts included: healthy community, community support, community building, community x 7, community resource, partnership
Collaborate	Mentioned 7 times Similar concepts included: comprehensive, collegial, cooperative x 2, partnership x 3, harmony x 2, together, teamwork, common goal, cohesive
Prevention/Prevent	Mentioned 6 times. Similar concept included preventive care
Promote	Mentioned 6 times
Diversity	Mentioned 6 times. Similar concepts included: multilingual x 2, multicultural x 2, culturally competent, diversity aware
Support	Mentioned 6 times. Similar concept included empathetic
Protect	Mentioned 5 times. Similar concept included security, safe x 2
Communication	Mentioned 5 times. Similar concept included quality communication
Inclusive	Mentioned 4 times
Expert	Similar concepts included: up-to-date knowledge, resources, science-based, look up to, best possible, professional, attention, recognized, influence, recognition, visible, evidence-based, well known, expertise, professional, known in the community, resource, competent, independent
Health	Mentioned 4 times. Similar concepts included: healthy, healthy living, x 2 well-being, beneficial, healthy lifestyles, active, active living, wellness, exercise, nutrition
Empower	Mentioned 3 times. Similar concepts included: encourage, advocate
Welcoming	Mentioned 3 times. Similar concepts included: access x 2, accessible, accessibility, equitable, open to all x 2
Educating	Mentioned 3 times. Similar concepts included: teaching x 3, health education, health tools
Compassion	Mentioned 3 times. Similar concepts included: caring x 2
Strong	Mentioned 3 times
Innovative	Mentioned 2 times. Similar concepts included: creative x 2, cutting edge x 2, passion, inventive, outstanding, resourceful, new, progressive, x 2 adapt
Opportunity	Mentioned 2 times. Similar concepts included: growth
Responsive	Mentioned 2 times. Similar concepts included: flexible x 2, growing, proactive x 2, useful
Quality	Mentioned 2 times.
Family	Mentioned 2 times. Similar concepts included: help for families, families, Supportive caring to family
Adequate funding	Mentioned 2 times. Similar concepts included: sustainable x 2, stable funding, take advantage of opportunity, money, grants
Effective	Mentioned 2 times
New building	Mentioned 2 times
Engage	Engagement
Respect	Honesty, respectful, mindfulness
Services	Healthy concrete services
Strategic planned vision	Strategic
Image	Vision
Meet health objectives	
Health policies	
Representative of the community	
Staff	
Responsibility	
A place to learn and grow	
Realistic	

Appendix B: Bloomington Public Health Strategy Chart



Appendix C: SWOT Analysis

STRENGTHS: Internal Factors *Questions asked*: What does the agency do well? What unique resources can BPH draw on? What do others see as BPH's strengths?		WEAKNESSES: Internal Factors *Questions asked*: What could BPH improve? Where does BPH have fewer resources than other health departments? What are others likely to see as weaknesses?	
Staff	• Committed and dedicated staff • Experience and education of staff • Committed, caring, competent and compassionate staff • Passionate/professional employees • Unique culture among staff members that makes working here much more fun and interesting • Broad knowledge of community health issues and programs • BPH has very committed staff, striving to make a difference • BPH has some experts in their fields, who others in different agencies may look to for advice • BPH has a flexible, adaptive, creative, skilled staff of employees • Mix of age group of employees • Highly skilled staff dedicated to PH; who care about the services/initiatives carried out • Staff that are adaptable and respectful of their colleagues • Care about one another	Staff retention/ Staff Morale	• No benefits for part-time staff • Lack of opportunities for upward movement or advancement • Is there a plan for developing human resources in place? • Understaffed for the amount of work we do • Walk the talk of caring for families by caring and supporting staff better • Lack of trust, and negativity at times • Many of these have implications on sense of value within the city, impacting morale and productivity which can reduce the strength of 'highly skilled, dedicated staff' • Loss of staff/staff turnover • If we are not competitive in the job market (i.e. no benefits for part-time) we may not attract or keep the best people. • If BPH doesn't offer flexibility in work schedules or working from home for applicable staff, BPH could lose the younger, more flexible staff • BPH needs to add more diversity to its staff • Not keeping up with generational trends of flexible scheduling
Partnerships	• Richfield, Edina, EMS, Police, Fire • Collaboration with Environmental Health/Police • Integration with other City departments to offer new/improved services may be possible. • Collaboration with other agencies • Work well with MDH/LPH agencies • We have a strong history in working with our community partners • Ability to work closely with so many BER city departments • Collaborative efforts with MANY city, county and state partners/resources in community and policy work • Relationships, connections in the community (organizations, non-profits, agencies, public entities) • Existing channels for delivering PH services/carrying out initiatives • Engagement of Mayors and City Mgrs in healthy communities	Communica-tion/ marketing	• Telling our story – to the community about what public health is and what we have to offer, to City Council so they recognize the value; don't market well to general public • Lack of community knowledge of what public health has to offer and how to access resources • Not able to communicate to City Council the value of public health • BPH needs a better marketing program so more residents know about BPH and the services it offers • Our outreach to the community is limited for some programs, so services may be under used because people are not aware of what we offer • Increase public awareness about what we do/have to offer • Disconnect from other city departments • Lack of presence in Edina and Richfield
Programming	• Asthma program • Focus on high risk pregnancy/infants • Emergency Preparedness programs and education to community	Internal communica-tion/ collabora-	• Untapped talents • Too siloed • Lack of collaboration among program areas • Lack of communicated strategic direction/

	• Broad range of services • Evidence and outcome based best practice programming • Innovation in implementing programs, i.e. peer counselors for breastfeeding support • Starting to use social media	tion/training	vision for Division • BPH needs to share learning experience across generations, staff-wise • Not enough crossover training • Each area has so many requirements and hoops that to the public we seem more siloed than maybe we really are
Leadership	• Strong organizing/ leadership structure • Supervision – draws on MPH • Dept Head who can advocate for PH • Innovative, leaders in the field • Utilizes medical record technology, and possibly leads other agencies • Forward thinking • Risk-takers • Stepping up/doing what needs to be done. For the most part can-do spirit • Fiscal responsibility • Principles	Technology	• Outdated resources – computers, phones • Lack of knowledge of computers etc. • Use of technology, social media • BPH needs to innovate its technology to keep up with the times • Technology is not utilized effectively to make efficient work, i.e. computer charting vs. paper, different computer software systems, phones, desk top vs. laptop/tablet • Limited internal expertise and support on communications
Credibility/ Good reputation/ Resource	• Excellent reputation; credibility • A resources in the community • Knowledge of community resources • We are known by others in the community and clients are referred to us because of our services • In business for over 60 years • Commitment to quality	Internal Processes	• Rigidity of how things are done • Lack of flexibility in the work place • Hierarchical structure - requiring appropriate channels, sensitivities – may not get the best from human resources available • Slow, unclear process for filling vacated staff positions
Funding	• Talented and skilled staff to apply for grants and obtain them • Semi-stable funding, this year	Funding	• Lack of revenue generating • Reliance on grant funding – loss of funding means loss of program; too dependent • Little control over city tax support • Funding is tied to grants • BPH needs to diversify in regards to services offered for more funding opportunities • We need more funding sources that extend beyond grants that have prescribed activities • BPH doesn't have county tax dollars as available as county public health agencies • We need to limit services that can be provided due to lack of funding sources • Limited grant writing capacity (ie time)
Customer/ Community engagement	• Focus on the customer • Community Engagement • BPH provides excellent customer service • Care about community and reputation of BPH	Physical space	• Office space • BPH needs a bigger, newer building to serve clients, and to also make it attractive for new employees to want to work there • Physical work space and storage is *limited* • Physical separation from other divisions within Community Services Department
Cultural competency	• Three bilingual/bicultural staff, three male and several staff with diverse backgrounds • Numerous staff who speak some Spanish • Commitment to increase cultural competency	Cultural/ linguistic competency	• Lack of diverse staff • Numerous staff who speak some Spanish, but we haven't assessed their language competency • Staff does not reflect the demographics of the people we serve • No bilingual PHN's
		Competing priorities	• Many competing needs for time, money,

			energy • Present workloads may hinder taking advantage of new opportunities due to tight staffing • Working with Hospital (Fairview Southdale) Prevention Model
		Customer service	• Customer service issues related to phone service (i.e. WIC). There is no one dedicated to answering the clinic phone, staff must do call backs as able, often missing the family who called on the return call
		Outcomes	• There needs to be more of a focus on outcomes

OPPORTUNITIES: External Factors *Questions asked*: What opportunities are open to BPH? What trends could BPH take advantage of? How can you turn BPH's strengths into opportunities?		**THREATS: External Factors** *Questions asked*: What threats could harm BPH? Who is our competition and what are they doing? What threats do BPH's weaknesses expose?	
Collaboration/ Partnerships	• Community awareness • Champion on City Council • Engaged school systems • Normandale – using students for projects, marketing classes, video production etc. • Leverage partnership with Richfield and Edina • Pool resources, learn from each other etc. Continue contract work. • Engage with public/private resources/players in new ways • Networking opportunities • Increased collaborative efforts • Sharing funding and staffing opportunities with other community resources may help more residents • Increasing overlap of divisions/ departments that address healthy communities – creating opportunities for bold, new initiatives (planning, recreation, PH, human services, EH) • Working with the BER hospital and clinics could provide more and better coordinated services • Hennepin County South Hub could increase awareness of services	Competition	• Hennepin County "regionalization" • Some may see that Hennepin County can provide services as a cost savings measure for the City • Take-over by larger agency (Hennepin County) • Competition – Pharmacies for vaccinations, hospitals/clinics opening storefronts, Quick clinics, NPs • Clinics and Health Organizations in the community • Hennepin County South Hennepin Hub down the street could *confuse residents* about our different roles & services • Our competition may come from other hospital and clinic programs that do services that are already being done by Public Health • Competition – Pharmacies for immunizations, loss of revenue • Other community agencies trying to make a name for themselves • Individual cities trying to negotiate with BPH about level of services
Policy changes	• There will be opportunities with ACA that BPH should capitalize on. Find grants that emphasize those new or increased upcoming services. • Health care reform/ACA – heightened discussion re: collaboration between PH and other health sectors • Focus on prevention as efforts to control healthcare costs get more attention • Identifying PH role in a new environment (healthcare reform, ACA)	Funding	• Reduction in funding – exposes lack of commitment to value of public health • Less grants available • Unfunded mandates • Potential threat of loss of grant-funded bilingual staff • Cost of providing interpreter services and an increase in demand • Funding reductions by city/state/grants • Cuts to SHIP and other budget cuts • Impact of reduced funding – loss of skilled & talented staff, disruption in continuity

	• Increased public interest and awareness of public health • Developing a "climate" for healthy behaviors and nutrition (including breastfeeding) would ensure an overall healthier community • Trend of more focus on prevention in political arena		• Most of our programs are grant funded in one way or another, so any change of fiscal policy could affect BPH • Funding for prevention is always challenged, efforts to decrease government spending • Not having diverse sources of funding limits services that can be provided • Short-term funding stream (grants) hampers long-range planning • Not enough time to determine how to meet needs of the community and to get funding
Communica-tions/ marketing	• Marketing/telling our story/conscious outreach into the community for every program • Increase visibility and local marketing, to bring more WIC clients in the door, thus increasing WIC reimbursements • Need program areas to keep other PH staff alert to current projects so they can share information • Increased internal communication to improve knowledge about programs • Develop better taking points • Increase/expand how we use of social media • Social media as effective engagement/ behavior change communication tool	BPH Visibility/ Perceptions of BPH	• Public Health – Tier 3 again "nice to have" not "essential" • Need to promote value of public health to other departments in the City and residents • Lack of Visibility • Lack of visible involvement of CHB with PH Division – CHB understanding and commitment to PH? Are we valued by other players in healthcare and healthcare reform? Health plans, healthcare delivery systems, non-profits • Limited community involvement/ engagement (general public)
Funding	• New grant funding opportunities • Increase tax levy • Receiving funding from a number of funding sources would help in the provision of services	Emergency/ disaster	• Next emergency/disaster • Rapid development of crisis may hinder effective response
Quality and service improvement	• BPH has started a Quality Improvement process, and should continue to use to improve services • Better phone service will enhance service to the community and lead to a bigger caseload in WIC if calls are not missed due to lack of staff	Policy shifts	• Change and not being ready to shift • Rapid changes in healthcare reform/ACA – if too slow, we may miss the opportunities • Being a city-based CHB in times of many people wanting to shrink government, could Hennepin absorb BER?
Demographic shifts	• More outreach to New Americans • The population is aging and will need more services/programs as they age		
Staff	• Staff that wants to be engaged • Creativity of staff • Build our self-esteem and each other's		
do.town	• Build on visibility of *do.*town for health		
Cultural competency	• CLAS assessment identified many opportunities for improvement in cultural competency		
Accreditation	• Preparing for accreditation will help us strengthen BPH		
Economy	• Poor economy – more people unable to go to clinics		

Appendix D: Stakeholder Strategic Thinking Assessment

Participants identified BPH's key stakeholders and their relationship to the organization. The Committee answered the question, "what organizations and individuals have a "stake" in the success or failure of the organization?

Key Stakeholder	Stakeholder type/importance
Minnesota Department of Health	• Funders • Mandates, directives, guidance • Advocate • Outreach and marketing • Provide data to and from • Licensure • Technical assistance
BER City Councils	• CHB • Approve budget • Pass ordinances • Represent community
BPH staff	• Do the work • Represent BPH in community and beyond • Advocates and educators
Community	• Consumers • Beneficiaries • Partners • Word of mouth • Employees
City Manager and Department Head	City Manager: • Hiring • City Council agenda • Applying for funding and budget approval Department Head • Liaison with City Manager • Advocate
Government for three cities	• BPH serves, is part of city • Funders • Partners • Work closely together
Hospitals/clinics	• Referral source • Partners • Provide medical services • Emergency services • Fill gaps • Development of community health plan • Preventive services
Advisory Board of Health	• Advocate • Directly report to council • Connections to community • Interested in public health • Advise Council
Community organizations	• Partners • Referral—bi-directional • Resources • EP response role
School districts	• Provide data • Target populations: children and families, for prevention • Disease • Volunteer with BPH

Appendix E: Critical Factors for Success Assessment

Participants answered two questions to identify critical factors for success: 1) What has to go well for BPH to be successful? 2) What are the indicators of success for BPH and how might they be measured?

Success Factors	How they may be measured?
Funding	• Stable, long term, dedicated adequate funding • Funding mandated services/programs
Maintaining relationships with stakeholders	• Number of communications • Amount of involvement in community groups • Stakeholder involvement in BPH activities
Elected officials	• Balanced • Legislators/city council who support public health issues
Awareness of public health role	• Increase in knowledge
Consumers awareness of BPH services	• Increase in caseload • Number of service provided

Appendix F: Resources, Competencies and Capabilities Assessment

Given the SWOT results, stakeholder needs and critical factors for success, what are the resources, competencies and capabilities needed by the organization to be successful?

Needed resources, competencies and capabilities	Rationale
Workforce, human resources, staff, experts, knowledgeable, motivated, diverse, adequate staff	• More knowledgeable • Customer services • Happier staff
Funding: consistently write and receive	• Maintain staff • Stable budget
Marketing/Communications/Social media	• Articulates value • Increases utilization of services
Meet needs of community	• Address social determinants of health • Reduce health disparities
Good management of division	• Financial: budget, reporting, human resources
Quality improvement	• Increase effectiveness • Maximize resources
Building/facilities	• Technology • Site
Partners	• Carry out work • Referrals
Data management systems and tracking outcomes	• Identifies need • Tracks meeting need • Document work • Reporting compliance • Helps tell the story
Trust	• Maximize human capital and resources
Technology: phones, computer	• Not meeting BPH needs, to be efficient and cost-effective
Leadership	• Common vision, direction
Internal processes, structures, communications	• Trust • Efficiency • Collaboration

Appendix G: Gap Analysis

What is the gap between the current situation and the desired situation? What must we achieve in the short run to make the organization more successful?

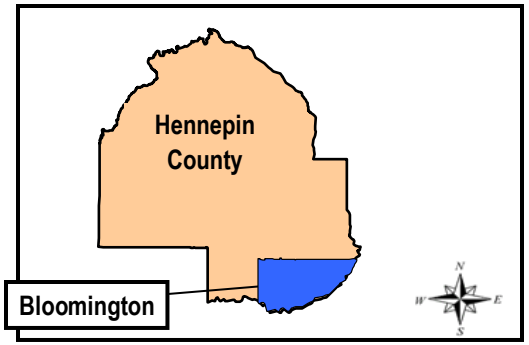
Topic	Optimal resources, competencies and capabilities	Needed Actions – What must we achieve in the short run to make the organization more successful?
Workforce	• Human resources • Motivated • Diverse • Knowledgeable overall in public health • Expertise in respective area • Hard working/strong work ethic • Diverse – gender, pop. of color, etc. • Friendly, professional • Adequate staff maintained • Vacancies filled in timely manner • Interested in other areas; working cross-program • Professional development plan in place • Succession planning • Younger workforce	• Hire more diverse, bilingual staff • Prompt communications when there is a vacancy • Systems for prompt filling of vacancies • Develop a professional development plan w/in agency, programs, individual • Engage employees • Give employees more decision making roles for their own • Look at flexibility, staff leadership and increased ownership to keep GenX/Y staff involved and employed. • Outreach to hire Somali and Hispanic Community Health Workers • Strengthen succession planning
Funding	• All programs fully funded, with room for expansion • Stable funding • Longer term/multiyear grant funding • Less dependence on grant funds • Solid funding sources for base and grant funding for enhancement verses base • Funding to address the needs • Funding which allows some “wiggle room” • All programs have consistent revenue • Ability to generate consistent stream of revenue • Fully funded mandates • Meets the needs of the community	• Pursue additional grant/alternative funding sources, money • Lobby politicians for our programs/funding needs • Identify longer term grant funds • Discuss w/in City – greater stable funding • Plan around uncertainty as best we can • Identify potential grant funding that targets core competencies • Address the Richfield and Edina tax support • Maximize fee for serve • Develop revenue stream • Long term strategic grant writing plan • Value of public health • Accept that change may be necessary
Marketing/ Communications/ Social media	• Good marketing/ communication with the community, our consumers • Develop and implementation of communication plan • Evaluate effectiveness of plan by communications, management and staff • Coordination with city communications • Human resources with expertise • Promote value of BPH • Increase awareness/utilization of services • Use of multiple means of communications and social media • Make public health programs more visible	• Share plan (if present) with all staff • Update plan if needed • Develop plan to increase internal capacity • Increase marketing thru social media, web, CMI • Develop a progressive marketing plan, geared for 21st century nuances • Get into the habit of getting the word out • Create a systemic plan for incorporating the use of social media in doing outreach for programs • Need to tell our story better to increase value of public health
Meet needs of community	• All programs fit the needs of the community • Surveys, assessments occurring • Community engagement at all with all • Reduce health disparities • Community input	• Survey target populations as to desired programs/ services; focus groups • More engagement • Focus on community needs, not funding • Focus activities on identifying and reducing

Topic	Optimal resources, competencies and capabilities	Needed Actions – What must we achieve in the short run to make the organization more successful?
		health disparities • Increase social engagement • Increase collaborative partnerships in the community we serve
Good management of division	• Good management of division! • Division is moving toward vision, mission and goals • There is a vision of how the division fits in with other divisions and depts. of city • Work is accomplished • Staff know who to go to with questions • Prompt response time • Grants management • Contractor value to Edina/Richfield • Stay within city budget	• Continue with improvement projects already started • Continue to evaluate Edina/Richfield services provided to ensure those cities are receiving fair benefit of contract, paying their share and see value of contracting with us • Training and staff development • We always need to work on communication! • Budget • Contract management • Hiring • Flexibility in a somewhat rigid system • Orientation of new staff • Responsive to staff in City Hall • How we approach difficult issues • Identify skill building training for managers
Quality improvement	• System in place for continuous QI • Culture of QI • Staff knowledgeable about QI, how it is applied throughout agency; how applied within • QI processes used in all aspects of agency – programing, service, communications, planning, data systems, support systems • QI plan and timeline • Communicate actions taken as result of QI communicated • Plan-do-study-act	• More staff training • Develop plan and timeline • Guidance on initial projects • Cost benefit analysis of programs • Continue program specific quality improvements • Need buy-in from staff to make this work continuously • Change the culture • Develop QI plan
Building/ facilities	• Ergonomically correct • Meets the needs of the staff • Building with ability to grow • Storage space • Building we could share • More appealing, welcoming space	• Money • Political will • Advocacy • Vision/plan • Realistic response to what our needs are • Partners • We need to be ready with a plan • Be a part of planning process with other city staff
Partners	• Community members and other stakeholders involved in decision making regarding programming, funding etc. • Partnerships with internal city departments, business, non-profits, service agencies, community members • Division is seen as a valuable partner to others – sought out to be involved • Partners are interested in being involved in our work • Others seek to collaborate with us	• Better communication/ assessment of needs and potential advocates • Seek out other city staff involvement or input • Recognize other city staff expertise and input into our work • Identify partnerships needed; develop plan to gain them • Branch out and get a more diverse partners list • Think more creatively about partners • We need to work more closely with our diverse communities
Data management systems and	• State of the art equipment and software, and staff who can maximize their potential	• Organize data files – what is kept; where • Organized what is tracked – need an overall

Topic	Optimal resources, competencies and capabilities	Needed Actions – What must we achieve in the short run to make the organization more successful?
tracking outcomes	• Systems for this • Communication of processes, progress • Available data systems to all staff • WIC, PH Doc	system • Identify a team who are the 'keepers' of data and data systems • One data mgmt. system across all areas. • More city level data • More user friendly medical records system • Staff training
Trust	• Environment that is open; limited surprises	• Continue to improve/increase communication • Personal agendas need to take a back seat to the greater good of the agency. Trust does not take place without this change. • Specifically target trust building for all staff
Technology	• See data management • Having the devices and tools necessary to carry out the work in an efficient manner • Let technology help us do our work – computer, phones, smart board	• Assess needs in different program areas • Leverage technology – cell phones, online appts where possible, Sharepoint – key information stored in one place • Need to have up-to-date technology • Get up to speed • Cost is an issue (computers, phones) • New, younger staff with a better set of skills • Basic computer training
Leadership	• Common vision and direction, trustworthiness • Direction, vision and values regularly communicated • Opportunities for leadership at all levels • Recognition of leadership • Clear line of leadership opportunities • Engaged strong leaders • Knowledgeable and willing to share knowledge • Willing to "grow" leaders • Multilevel leadership • Opportunities for leadership at all levels • Recognition of leadership	• Ongoing process of steering the organization towards meeting goals and objectives • Increased focus on leadership • Increase communication to all staff • Determine ways for providing opportunities for others to lead • Staff have input and can make decisions in their area of expertise • Designated leaders within the staff ranks are needed • Keep them interested in what BPH is doing • We need to think of ways to encourage leadership within all our staff • Mentor potential leaders • Leadership development opportunities for all • Succession planning
Internal processes, structures, communications	• Direction, vision and values regularly communicated • Clear systems and processes in place • Open communications – communicate new developments, successes, challenges within division; keep staff updated • Regular communication re: City issues – new policies, how we relate to other depts.	• Identify processes that need to be documented • Develop plan for documenting them • Increase attention and importance of City issues/new developments and how they relate to PH • Identify ways to increase a sense of connection with other parts of City • More collaboration among program areas • All must be aware of the communication plan and use it appropriately. Do not rely on others to get the word out for you. Be transparent. • Simplify

City of Bloomington Population Profile

*Geography ** Population ** Seniors ** Income ** Diversity ** School Enrollment*



Geography

Bloomington, population 84,060, is a suburb in southern Hennepin County. The city is 38.3 square miles and includes 36,374 occupied housing units with an average of 2.28 persons per household. Approximately 70.4% (60,177 people) of those units are owner occupied and 29.6% (22,924 people) are rented. An additional 959 people reside in group quarters such as nursing home facilities or other group-living facilities. *(U.S. Census Bureau 2011 American Community Survey 1 yr estimate)*

From west to east, the cities of Edina and Richfield and the Minneapolis/St. Paul International Airport form the northern border of the city, Eden Prairie lies to the west. The southern and eastern portion of Bloomington is bordered by the Minnesota River and cities of Savage, Burnsville and Eagan. *(Metropolitan Council, 2011 Bloomington Community Profile, City of Bloomington website, www.ci.bloomington.mn.us)*

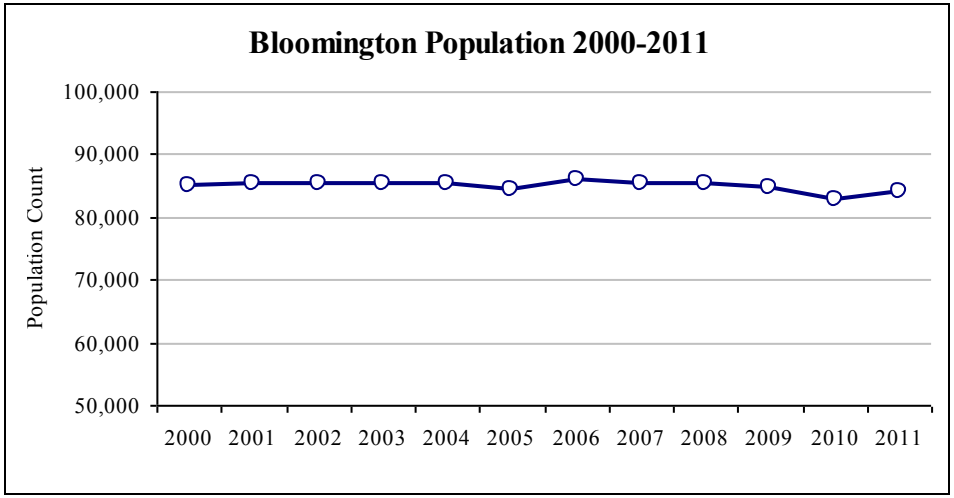
Unique Features

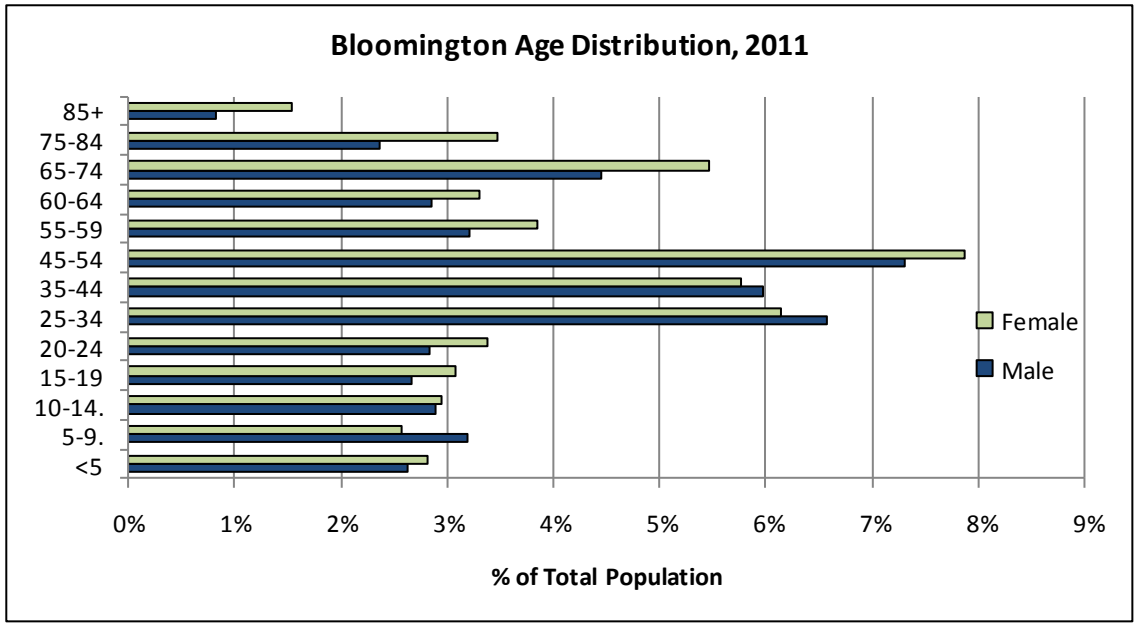
The City of Bloomington maintains and operates an extensive parks system with over 8000 acres of designated parks and open space. In 2011, the top three employers in Bloomington included the Mall of America and Hospitality Association (13,000 employees), Health Partners Insurance (2,490 employees) and the Bloomington School District (1,826 employees). There are five secondary institutions in Bloomington including Normandale Community College, which educates over 10,000 students annually. Bloomington is also home to the Bloomington Center for the Arts, a focal point for the performing and visual arts for thousands of people in Bloomington and the surrounding communities. Additionally, the City operates a Farmers Market in the summer, with an estimated annual attendance of over 56,900 visitors. *(City of Bloomington website, www.ci.bloomington.mn.us, Normandale Community College website)*

Population

Bloomington's population has seen little fluctuation over recent years. Metropolitan Council population estimates showed a decline in Bloomington's population from 2007-2010, with the 2010 census indicating a 10-year low with 82,893 people. The 2011 population was 84,000.

Source: Metropolitan Council Population Estimates, 2000 and 2010 U.S. Census; U.S. Census Bureau 2011 American Community Survey 1yr estimate





Bloomington Population Distribution of Age

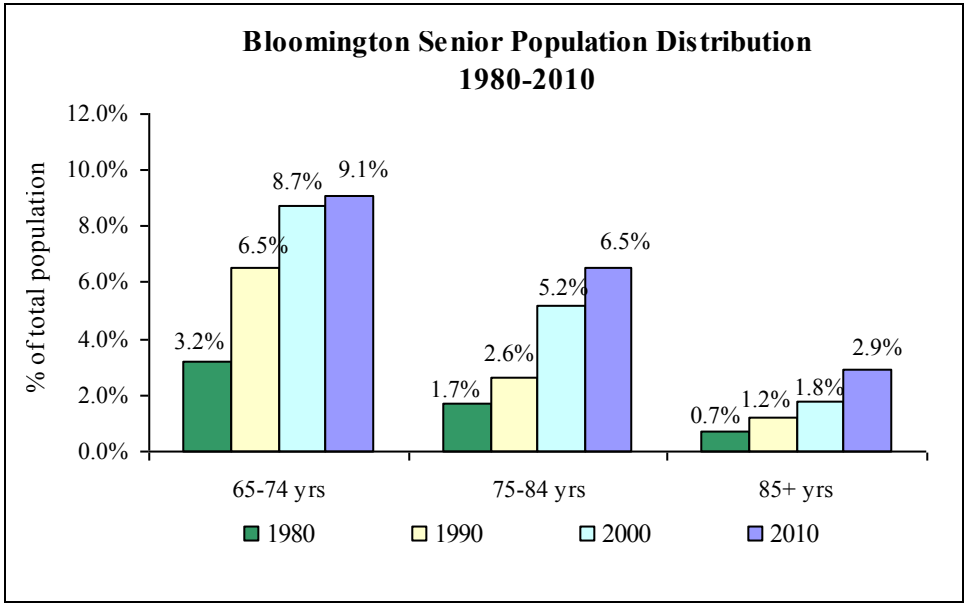
- Largest age group is 45-54 years
- Higher percent of population is female (51%) compared to males (49%)
- Lower proportion of residents under 18 years of age compared to residents 65 years and older

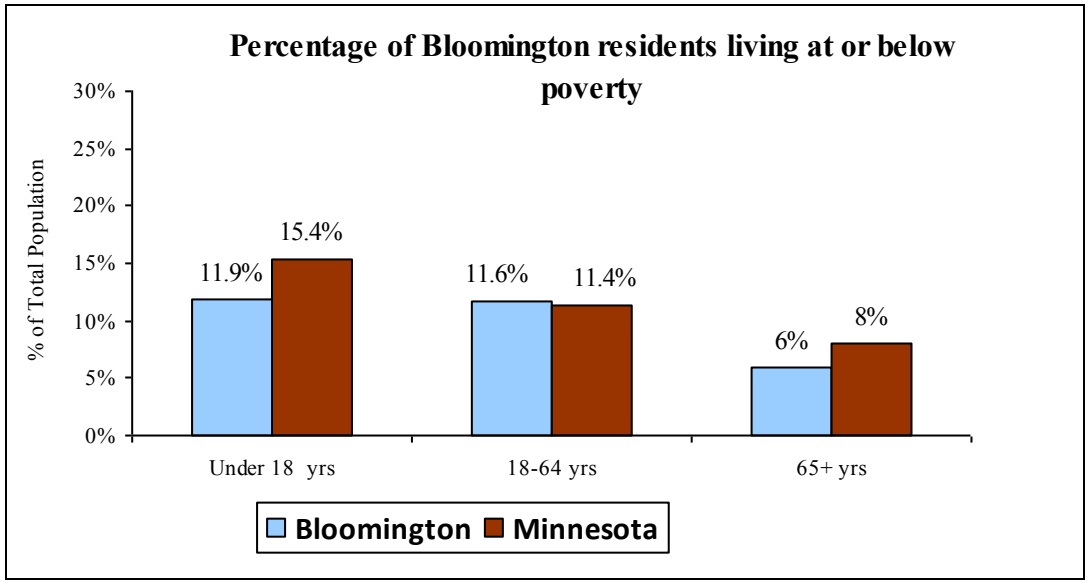
Source: U.S. Census Bureau 2011 American Community Survey 1 yr estimate

Bloomington Senior Population

- In 2010, adults 65 years and older comprised 18.5% of the total population of Bloomington
- Every age group of seniors, as a proportion of the total population, has increased in every census since 1980
- The largest increase since 2000 was seen in the 75-84 years age group

Source: U.S. Census, 1980, 1990, 2000, 2010





Residents in Poverty

- Higher proportion of youth and adults living at or below poverty compared to seniors.
- Median household income in Bloomington is $59,810. Federal poverty level in 2011 was $22,350 for a family of four
- 6.9% of household participated in SNAP program in past 12 months (2011 survey)

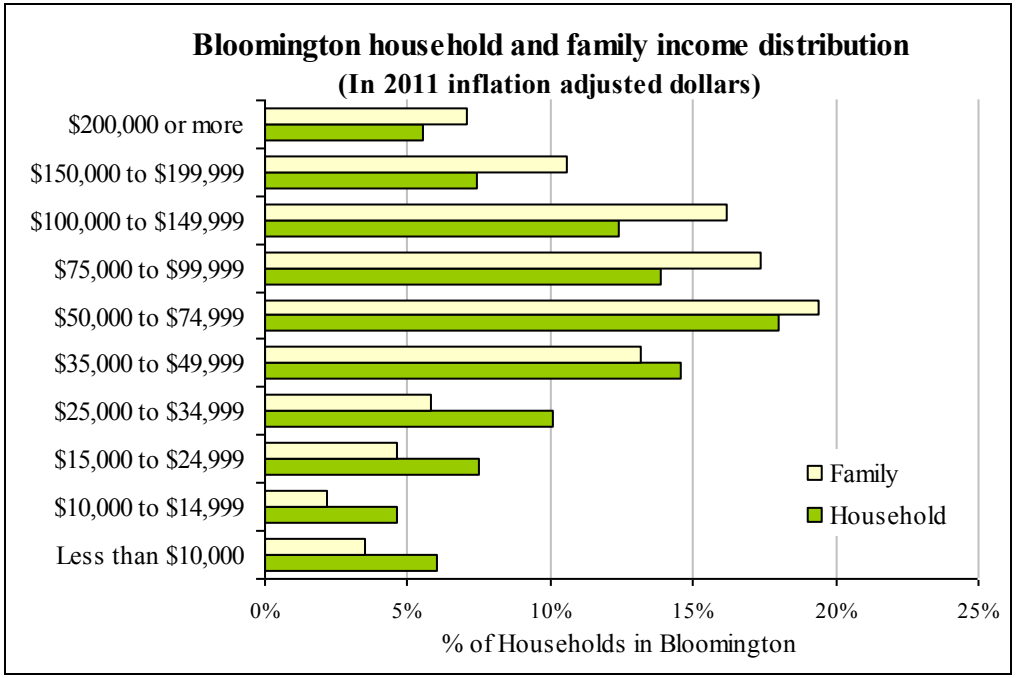
Source: U.S. Census Bureau 2011 American Community Survey 1 yr estimate

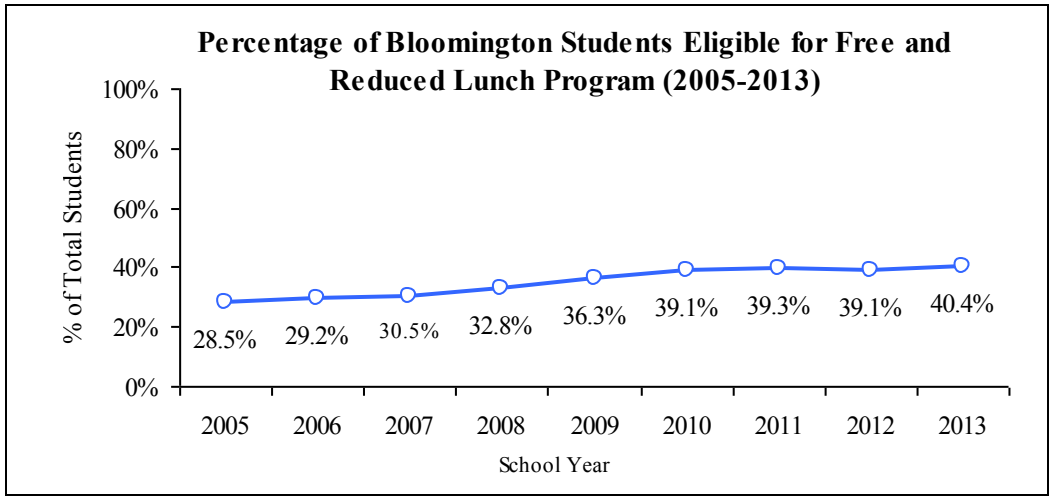
Income

Bloomington's median household income is $59,810, which is slightly higher than the Minnesota. The median family income in Bloomington is $77,113, also higher than the State. In Bloomington, the average household size in 2011 was 2.28, the average family size was 2.91

Note: The difference between household and family is a family consists of two or more people related by birth, marriage, or adoption residing in the same housing unit. A household consists of all people who live in a housing unit regardless of relationship. It may consist of a person living alone or multiple unrelated individuals or families living together.

Source: American Community Survey 2006-2010 5 yr estimates





Free and Reduced Price Lunch Program

In the Bloomington Public School District, the percent of students eligible for the Free and Reduced Lunch Program increased from 29% in 2005 to 39% in 2010. This proportion has remained steady since 2010.

Source: 2005-2013 MDE enrollment data

Limited English Proficiency

The proportion of Limited English Proficiency (LEP) students has increased gradually since 2005 to 12% of all K-12 students

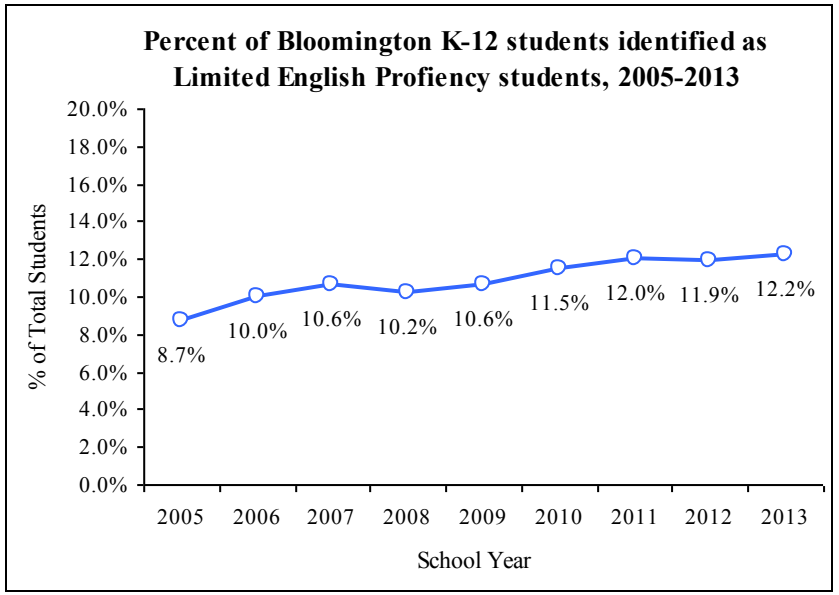
The proportion of the Bloomington population that speaks a language other than English at home is higher than the State

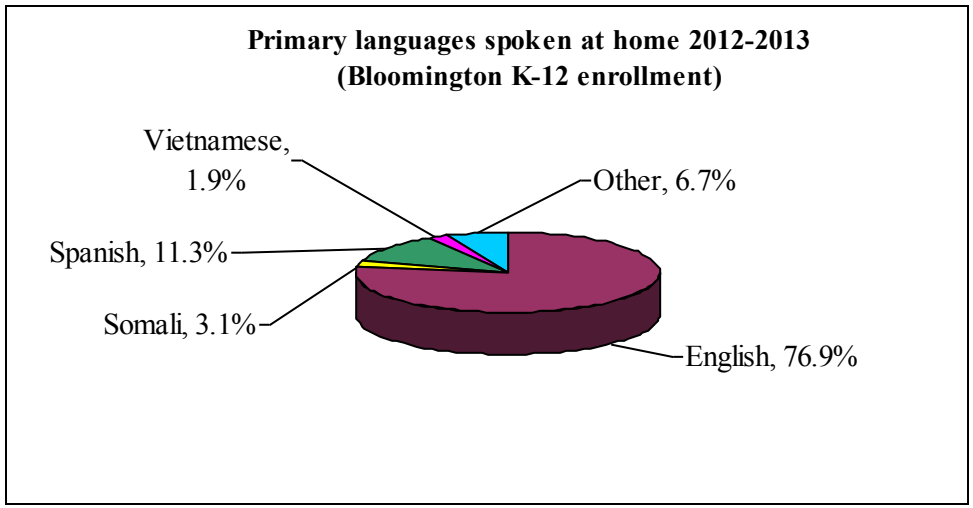
- Bloomington: 15.1%
- Minnesota: 10.8%

Continual growth in the percentage of foreign-born residents

- 1990: 4.0%
- 2000: 7.7%
- 2010: 10.8%
- 2011: 11.4%

Source: 2006-2010 American Community Survey (ACS) 5yr Estimates, 2011 ACS 1yr estimate, and MN Department of Education 2005-2011.





Languages in Bloomington

The Department of Education tracks what language is the primary language spoken at home for students. In Bloomington, the most prominent non-English languages spoken at home for Bloomington students' families in the 2012-2013 school year (K-12) were:

- Spanish: 11.3%
- Somali: 3.1%
- Vietnamese: 1.9%

Source: MN Department of Education 2012-2013

Racial and Ethnic Diversity

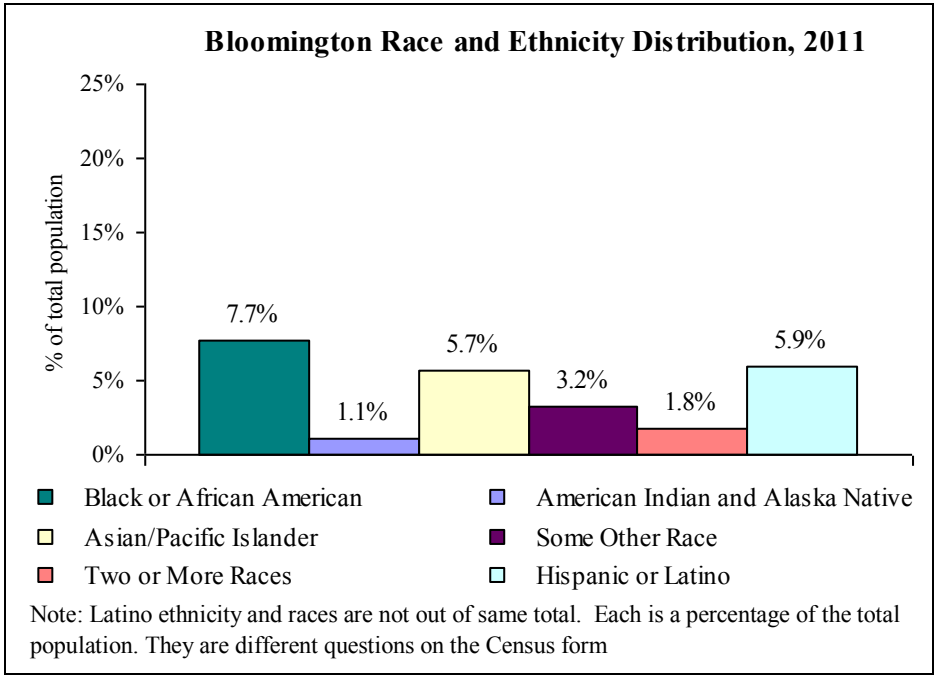
Proportion of population that identified their race as White decreased from 88.1% in 2000 to 80.6% in 2011

The Latino population increased from 2.7% in 2000 to 5.9% in 2011

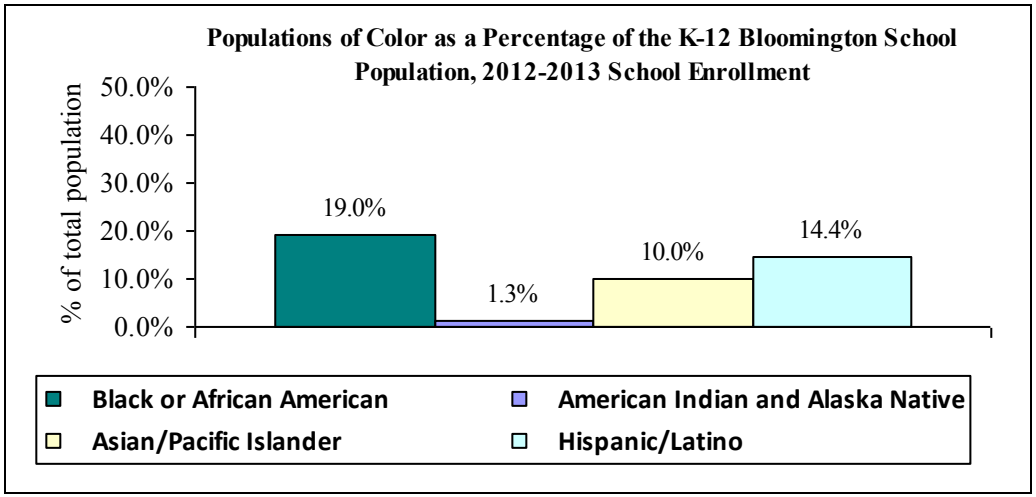
The 2011 median ages for populations of color are lower than Non-Latino Whites (49.1 years)

- Asian: 33.5 years
- African American/African: 27.0 years
- Latino: 25.7 years
- Some Other race: 20.8 years
- 2 or more races: 22.1 years

Source: U.S. Census Bureau 2011 American Community Survey 1 yr estimate



Note: Latino ethnicity and races are not out of same total. Each is a percentage of the total population. They are different questions on the Census form



Diversity in Schools

Similar to the total population of Bloomington, Black/African American students account for the largest percentage of students of population of color (19%)

Student population in Bloomington has become more diverse in recent years

- 2000: 22% populations of color
- 2013: 45% populations of color

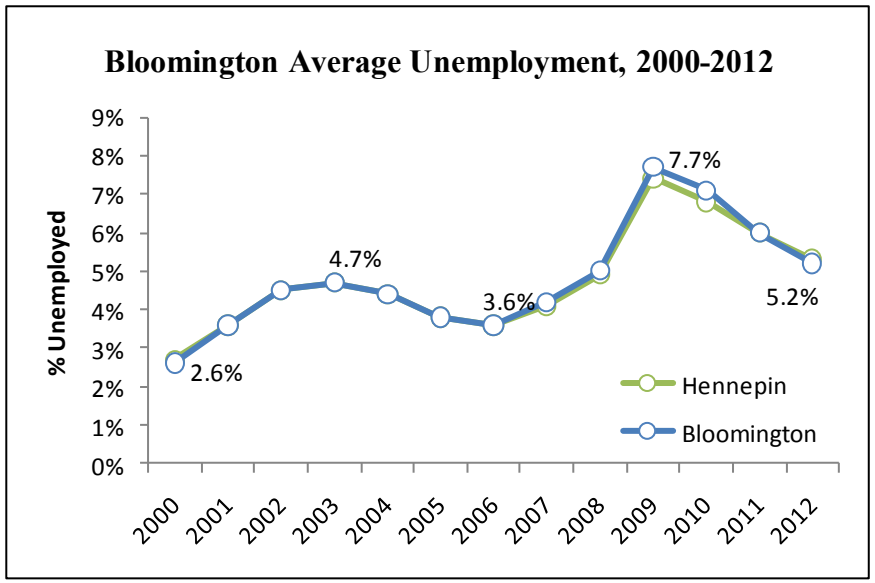
Source: MN Department of Education 2000-2012

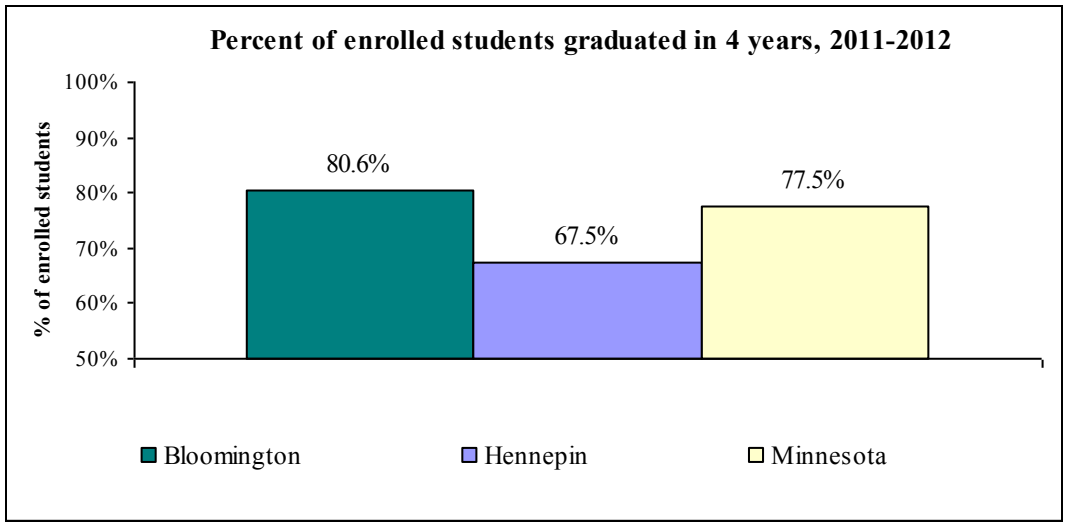
Employment

More than 86,000 people worked in Bloomington in 2012. In the same year, 5.2% of Bloomington residents were unemployed. This is down 2.5% from a 22 year high of 7.7% in 2009.

Bloomington has closely followed the unemployment trend of Hennepin County. Minnesota's 2012 unemployment rate (5.5%) was slightly higher than both Bloomington and Hennepin County.

Source: Local Area Unemployment Statistics, Minnesota Department of Employment and Economic Development





Graduation Rates

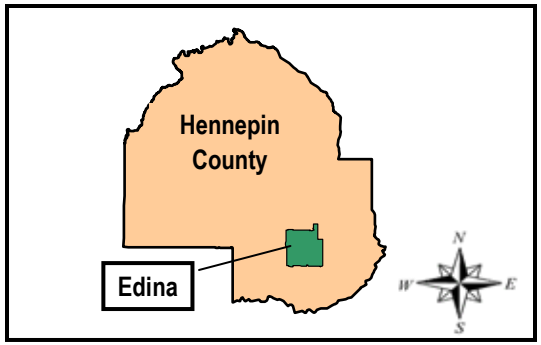
81% percent of students enrolled in Bloomington schools graduated in 2012. More than Hennepin County or Minnesota.

62% of Latino or Hispanic students graduated in 2012.

Source: MN Department of Education 2012-2012

City of Edina Population Profile

*Geography ** Population ** Seniors ** Income ** Diversity ** School Enrollment*



Geography

Edina is a located adjacent to southwest Minneapolis, in Hennepin County. The City is 16.0 square miles and is home to 48,134 residents. It includes 20,483 housing units. Approximately 14,829 (37,220 persons) of those units are owner occupied and 5,653 (10,571 persons) are rented. An additional 343 persons reside in other housing types such as such as nursing home facilities. *(U.S. Census Bureau, 2009-2011 American Community Survey).*

Many major highways run through or are close to Edina. Minnesota State Highways 62 and 100 divide the City into four sections. Minnesota Highway 169 and Minnesota Highway 100 extend north and south. Interstate Highway 494 and Minnesota Highway 62 extend east and west. Major employers include Dow Water Process Solutions, Edina Public Schools, Edina Realty, Fairview Southdale Hospital, International Dairy Queen, J.C. Penney Co. -- Southdale Center, Jerry's Enterprises, Macy's -- Southdale Center and Nash Finch Co. *(City of Edina website, www.ci.edina.mn.us)*

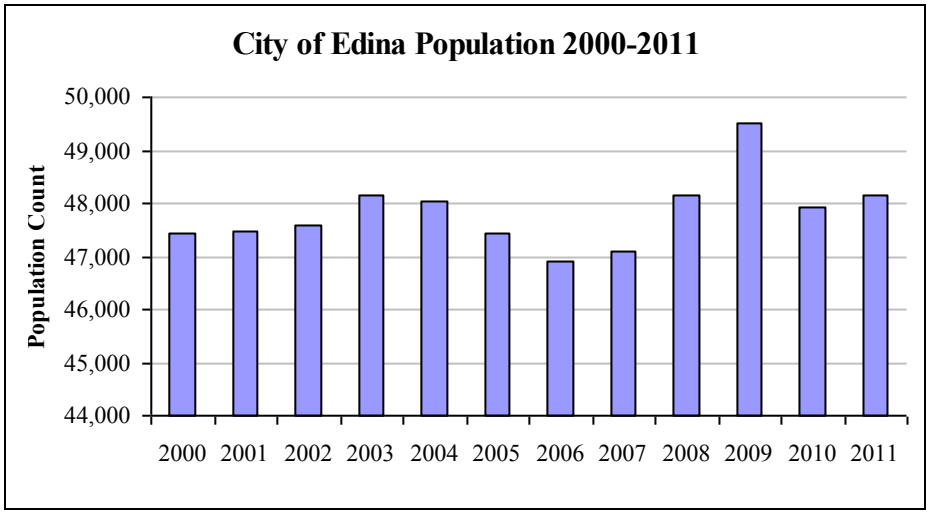
Unique Features

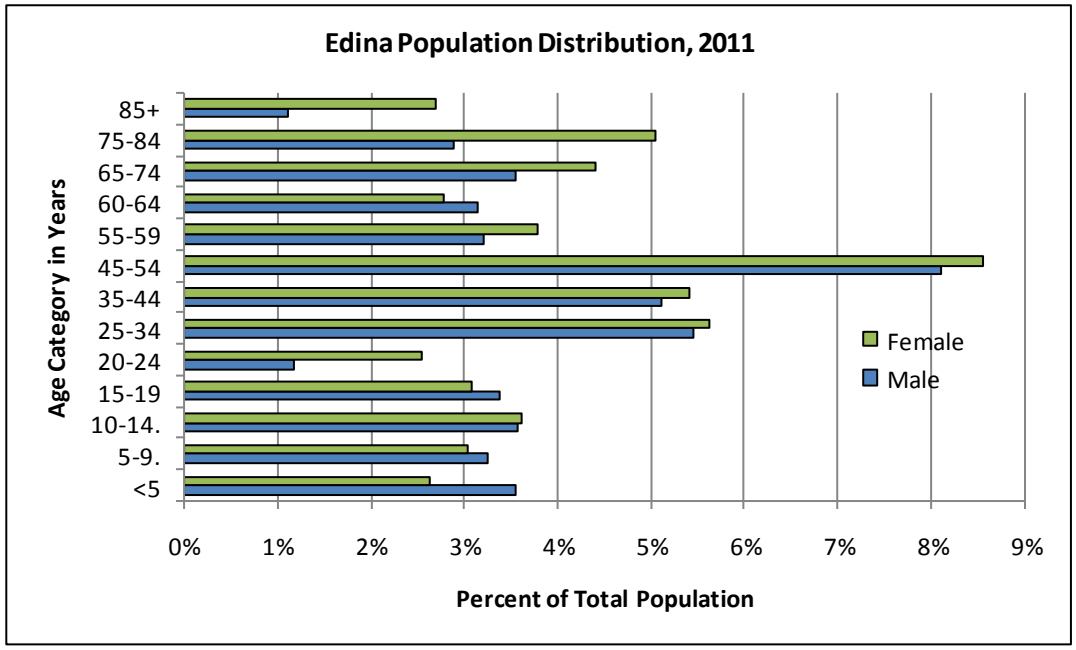
Edina has various recreational, residential, and commercial districts. The City of Edina oversees 40 parks and open space totaling more than 1,550 acres. Edina has numerous retail shopping centers, including Southdale Center, the first climate-controlled, fully enclosed mall in the United States. Other shopping centers include Galleria, Yorktown and Centennial Lakes Plaza. There is also a downtown area at 50th Street and France Avenue, known as "50th & France." There are two hotels in Edina: Westin Galleria Edina and Marriott Residence Inn, adjacent to Edinborough Park. One of Edina's crown jewels, Edinborough Park, is a multi-use development that also includes an indoor park. *(City of Edina website, www.ci.edina.mn.us)*

Population

Edina experienced continual growth between 2000 and 2003. From 2004-2006, Metropolitan Council estimates show a decline in Edina's population. In 2007 the population once again increased for the following three years, to a 10 year high in 2009 of 49,471 persons.

Source: (Metropolitan Council, Population Estimates)





Age and Gender Distribution

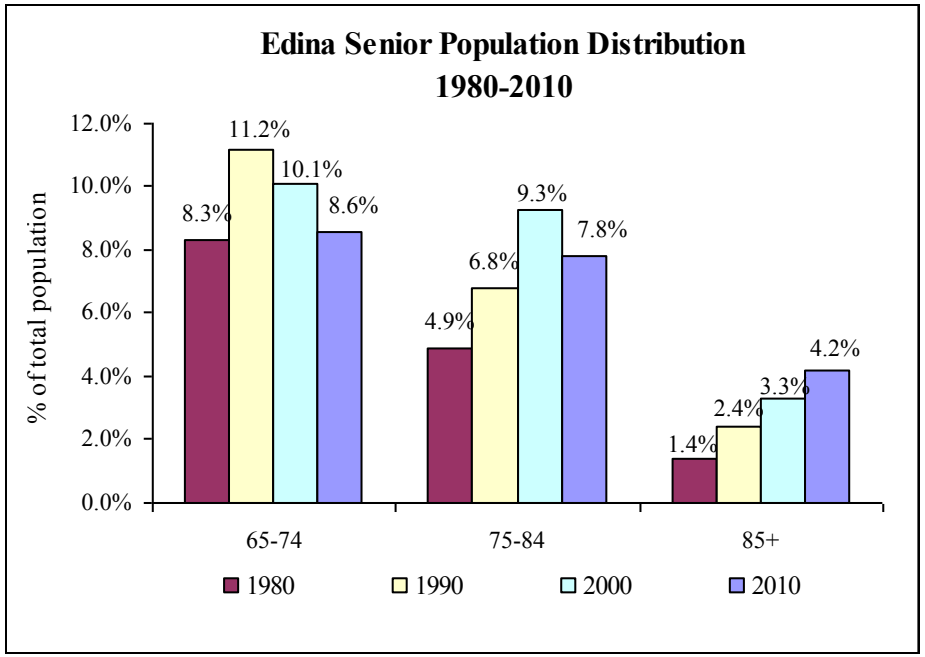
- Largest age group: 45-54 years (same as the State)
- Females outnumber males in every age group from 65 years through 85 years and older. 53% of the overall population is female
- Young people under 19 years of age account for 6% more of the population than seniors 65 and older.

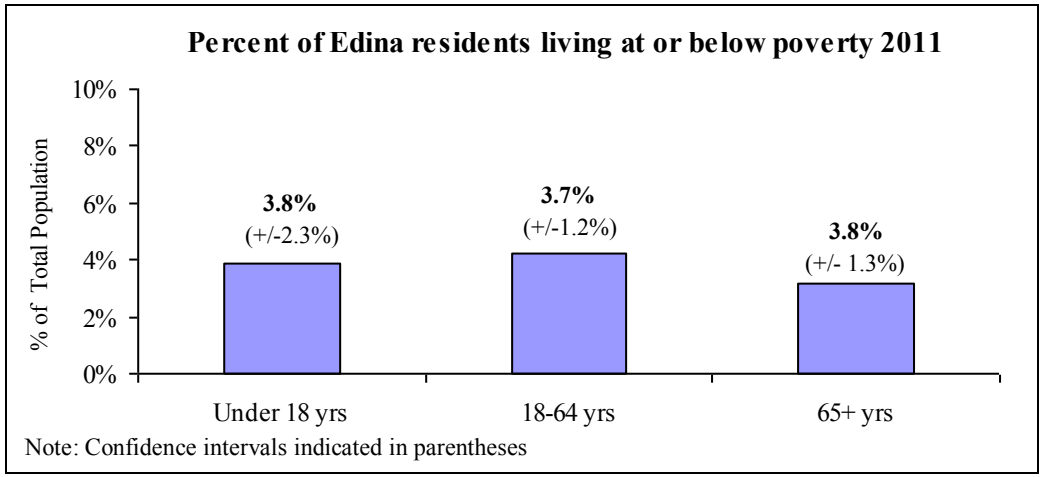
Source: U.S. Census Bureau, 2009-2011 American Community Survey

Edina Senior Population

- Seniors 85 years and older have increased as a percentage of the total population every decade for the last 40 years
- Over one–third of seniors live alone, with an estimated 80% of those seniors that live alone identified as women
- A small percentage, 2% of seniors live in group quarters such as nursing homes

Source: U.S. Census 1980-2010 and American Community Survey 2006-2010 5 yr estimates





Note: Confidence intervals indicated in parentheses

Poverty

- Median household income in Edina is $78,800. Federal poverty level in 2011 was $22,350 for a family of four
- Edina has a lower percentage of families and individuals estimated to be living in poverty (1.8% of families and 3.9% of individuals) compared to the State (7.5% of families and 11.6% of individuals)

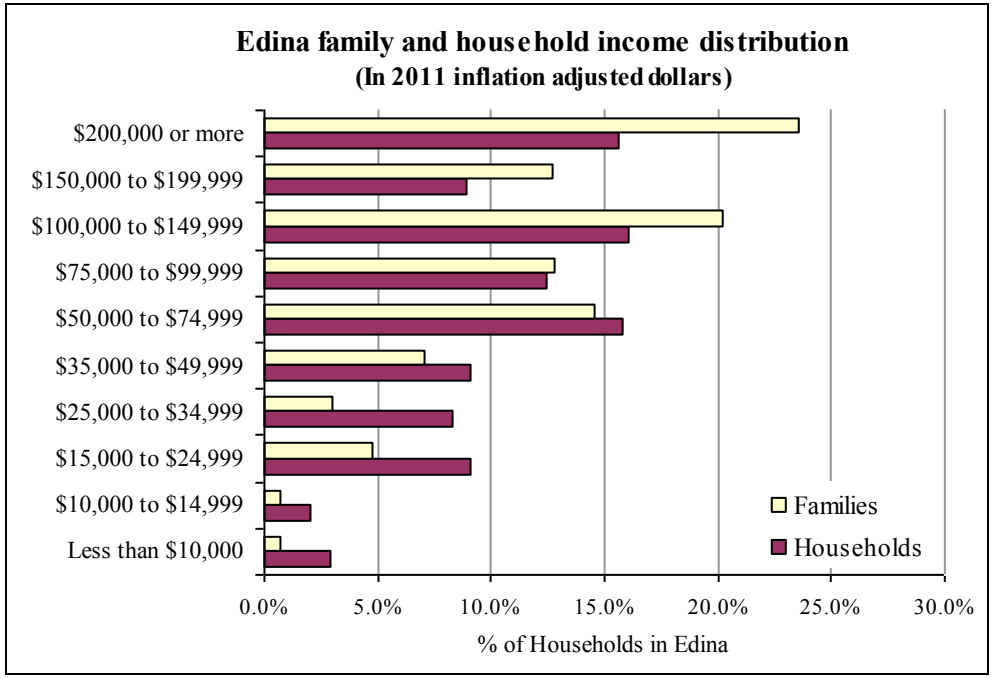
Source: American Community Survey 2009-2011 3 yr estimates)

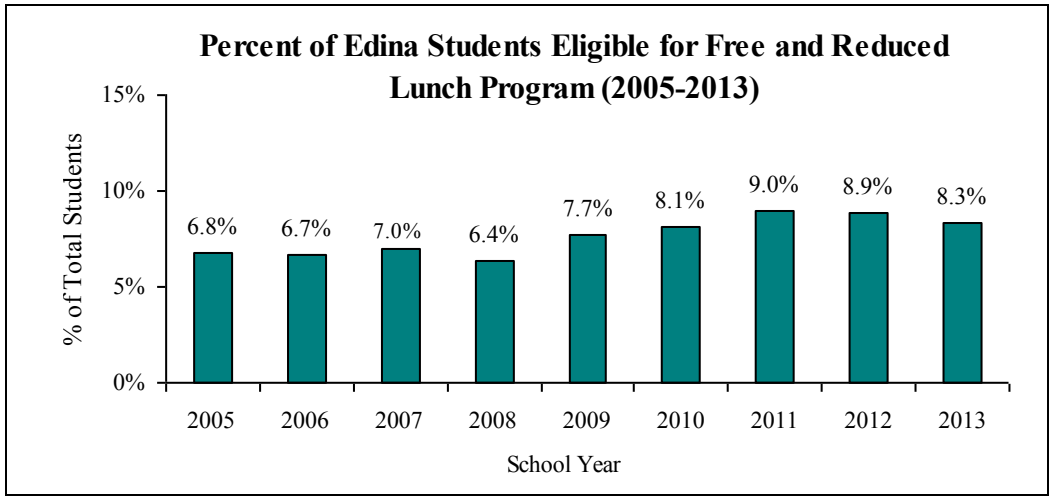
Income and Poverty

Edina has an estimated median household income of $78,800, which is higher than the State. The median family income in Edina is $113,333, which is also higher than the State. In Edina, the average household size for 2011 was 2.34, the average family size was 3.06 persons. In 2011, 4.8% of Edina residents had no health insurance.

Note: The difference between household and family is a family consists of two or more people related by birth, marriage, or adoption residing in the same housing unit. A household consists of all people who live in a housing unit regardless of relationship. It may consist of a person living alone or multiple unrelated individuals or families living together.

Source: 2009-2011 American Community Survey 3 year estimates





Free and Reduced Price Lunch Program

In the Edina Public School District, the percent of students eligible for the Free and Reduced Lunch Program began to decline after a rise from 2009 to 2011.

Source: MN Department of Education, 2005-2013

Limited English Proficiency

The percentage of Limited English Proficiency (LEP) students has remained relatively unchanged since 2005 (3.0% in 2005, 3.9% in 2013)

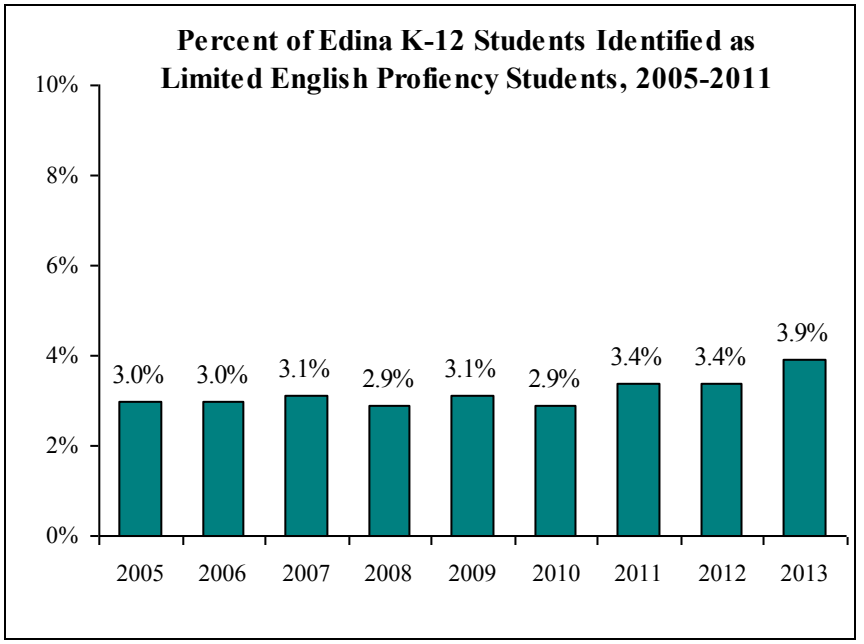
Percentage of population that speaks a language other than English at home is slightly higher than the State:

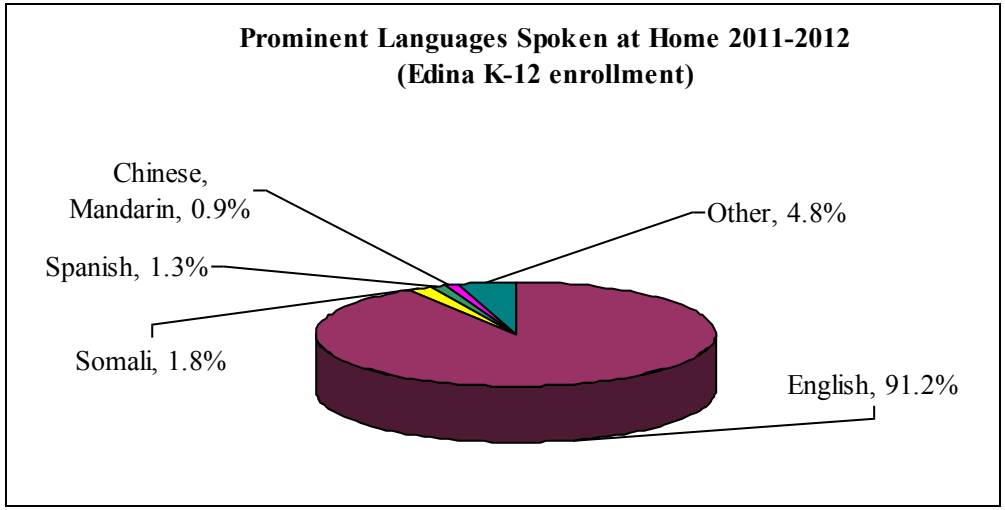
- Edina - 12%
- Minnesota - 10.3%

Continual growth in percentage of foreign-born residents

- 1990 - 3.7%
- 2000 - 6.0%
- 2010 - 9.1%
- 2011 - 10%

Source: U.S. Census Bureau, 1990, 2000, Census, 2006-2010, 2009-2011 American Community Survey 3 yr estimates and MN Department of Education, 2005-2013





Languages in Edina

The Department of Education tracks what language is the primary language spoken at home for students. In Edina, the most prominent non-English languages spoken at home for Edina students' families in the 2012-2013 school year (K-12) were:

- Somali (1.8% of students)
- Spanish (1.3% of students
- Chinese/Mandarin (.9% of students)

Source: MN Department of Education 2012-2013

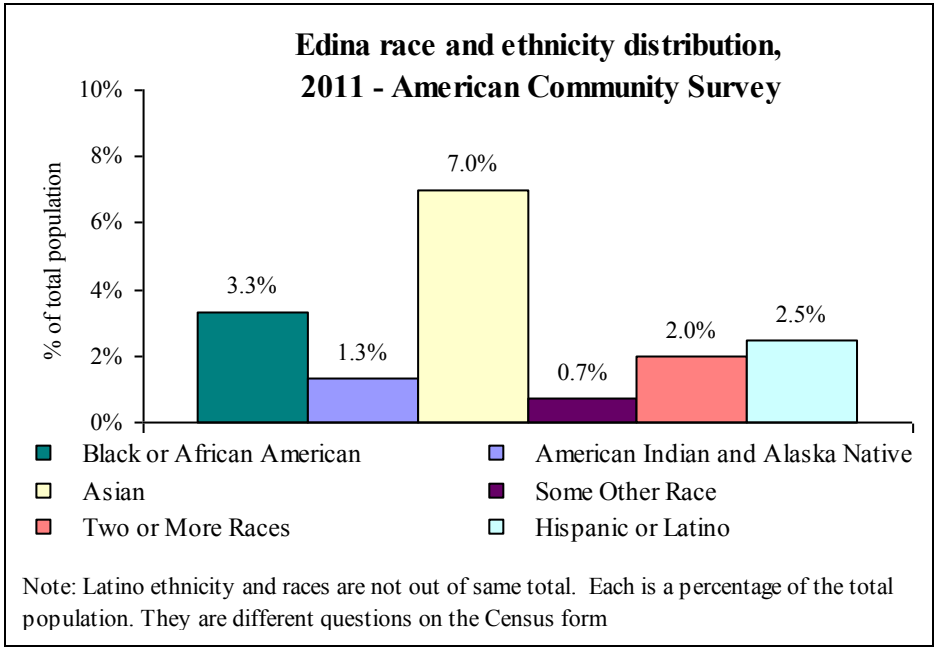
Race and Ethnicity Distribution

There was an increase in non-white racial groups from 5.7 % of the total population in 2000 to 14.3% in 2011

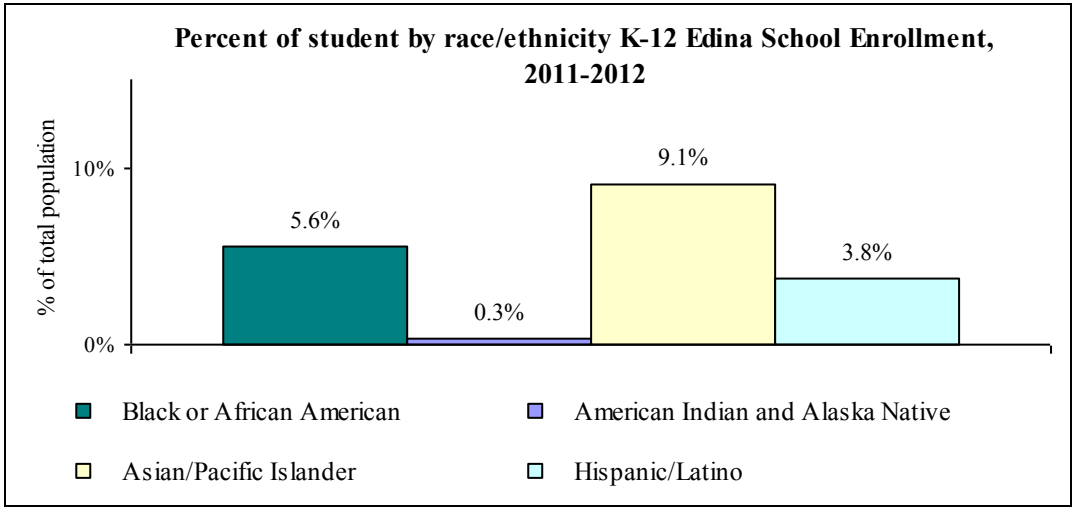
The Asian population accounts for the largest percentage of the non-white population (7.0% of Edina residents overall and over 61% of the non-White populations in Edina)

Edina has a small, but growing Latino population. In the 2000 Census, 1.1% of the population of Edina reported their ethnicity as Hispanic/Latino, in 2011, this increased to 2.5%

Source: 2000 U.S. Census; 2009-2011 American Community Survey



Note: Latino ethnicity and races are not out of same total. Each is a percentage of the total population. They are different questions on the Census form



Diversity in Schools

Similar to the total population of Edina, Asian students accounted for the largest percentage of students of color in 2011(9.1%)

Student population in Edina has become more diverse over the past decade:

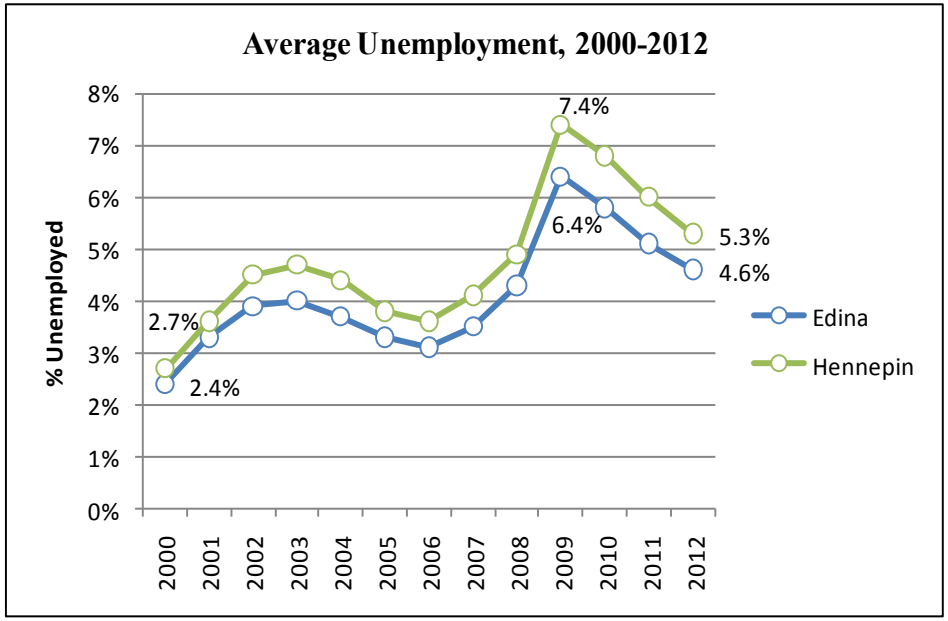
- 2000– 6.6% populations of color
- 2010-18.8% populations of color

Source: MN Department of Education 2010-2011

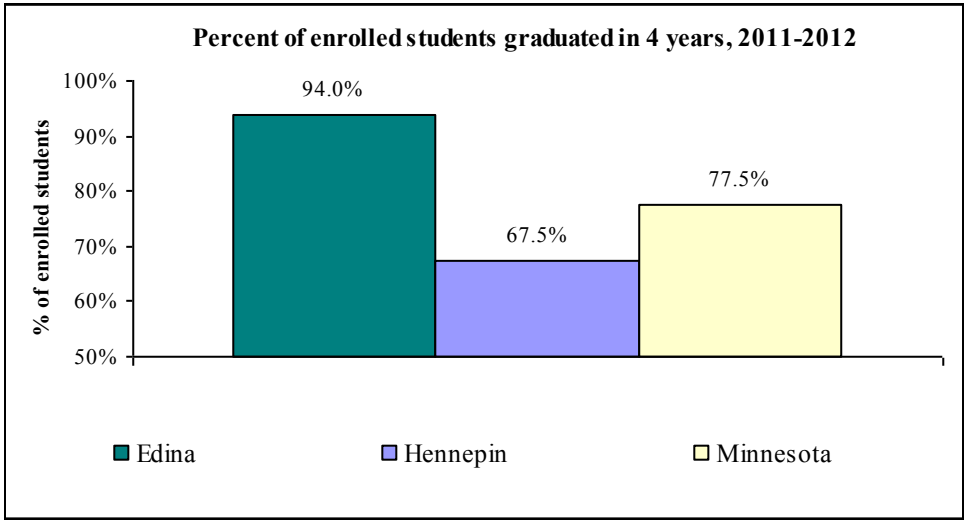
Employment

Nearly 50,000 people worked in Edina in 2012.

In the same year, 4.6% of Edina residents were unemployed. This is down nearly 2% form a 22 year high of 6.4% in 2009. Hennepin county, while following a similar unemployment trend, has slightly higher unemployment than Edina. Minnesota's unemployment rate was slightly higher (5.5%) than both Edina and Hennepin County.



Source: Local Area Unemployment Statistics, Minnesota Depart-



Graduation Rates

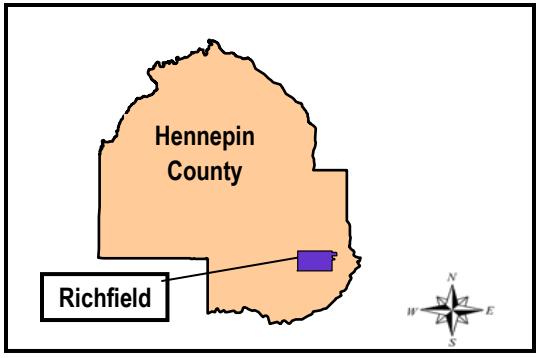
94% of students enrolled in Edina schools graduated in 2012. More than Hennepin County or Minnesota

84% of those students receiving free or reduced lunch graduated in 2013.

Source: MN Department of Education 2012-2013

City of Richfield Population Profile

*Geography ** Population ** Seniors ** Income ** Diversity ** School Enrollment*



Geography

Richfield, population 35,348, is an inner-ring suburb in Hennepin County. The city is seven square miles and includes 14,639 housing units with an average of 2.39 persons per household. Approximately 64.1% (22,333 persons) of those units are owner occupied and 35.9% (12,613 persons) are rented. An additional 402 persons reside in group quarters such as nursing home facilities or other group-living facilities. *(U.S. Census Bureau 2009-2011 American Community Survey)*

Richfield is located immediately south of Minneapolis and directly west of the Minneapolis/St. Paul International airport . It is bordered by Interstate 494 to the south and Highway 62 to the North. The top three employment industries in Richfield are retail trade (14%), management of companies and enterprises (18%), and healthcare and social services (13%). Best Buy headquarters is the top employer in Richfield, employing over 5,000 people. *(Metropolitan Council, 2012 Richfield Community Profile, City of Richfield website, www.ci.richfield.org)*

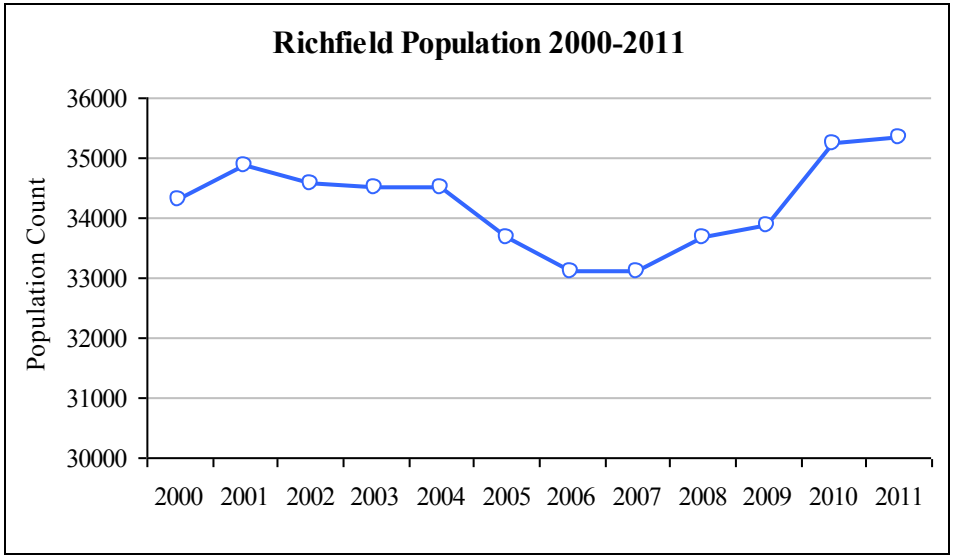
Unique Features

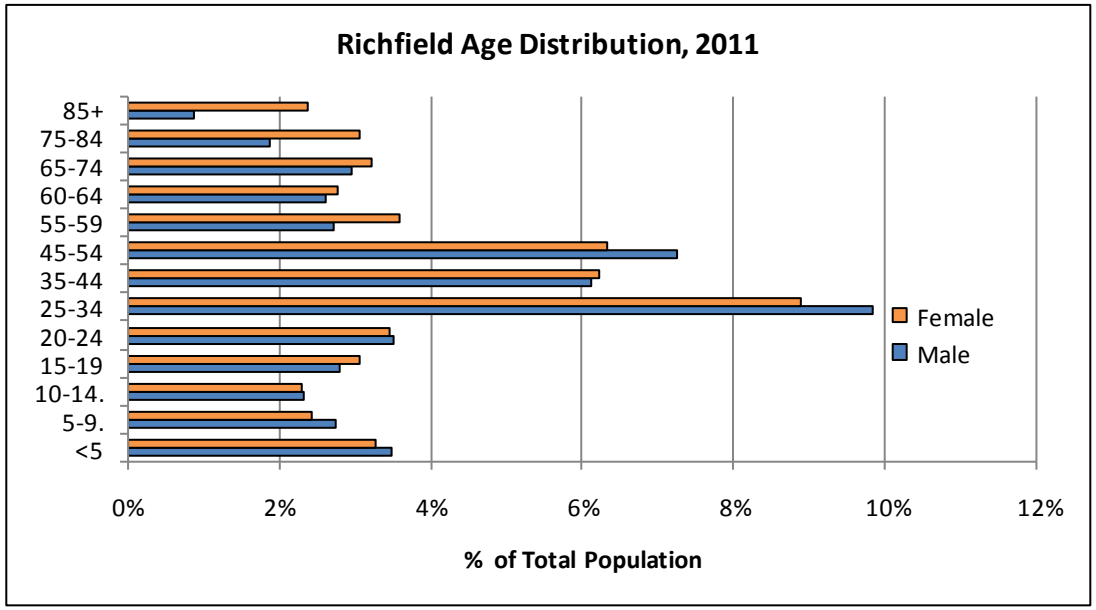
Richfield has various recreational, residential, and commercial districts. The City of Richfield oversees 22 parks and open space totaling 417 acres. One of these recreational areas, Woodlake Nature Center, is a 150-acre nature preserve dedicated to environmental education, wildlife observation and outdoor recreation. Richfield is also home to Augsburg Public Library, a community center serving youths, seniors and the disabled, two farmers markets, six public schools and four parochial schools, and numerous retail locations. *(City of Richfield website, www.cityofrichfield.org)*

Population

Richfield's population has fluctuated over the past decade seeing a ten year low of 33,000 people in 2006. Metropolitan Council population estimates showed a decline in Richfield's population from 2001-2006. In 2007, the population increased for the next four years, to a high in 2011 of 35,348 people

Source: Metropolitan Council, Population Estimates, 2010 U.S. Census; 2009-2011 American Community Survey 3yr estimate





Richfield Population Distribution of Age

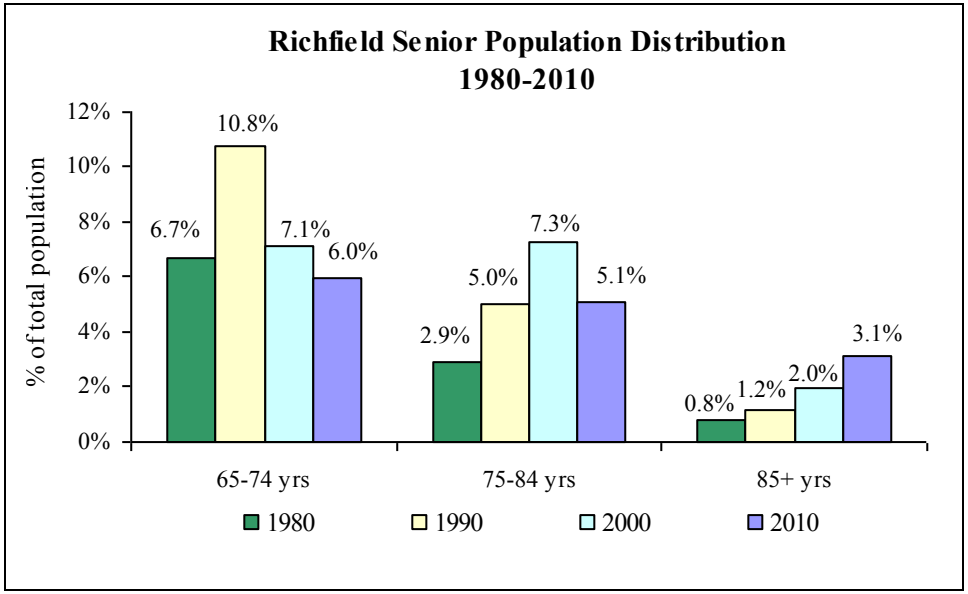
- Largest age group is 25-34 year olds (younger than the State)
- Slightly higher percent of population is female (50.9%) compared to males (49.1%)
- More residents under 18 years of age than over 65 years of age

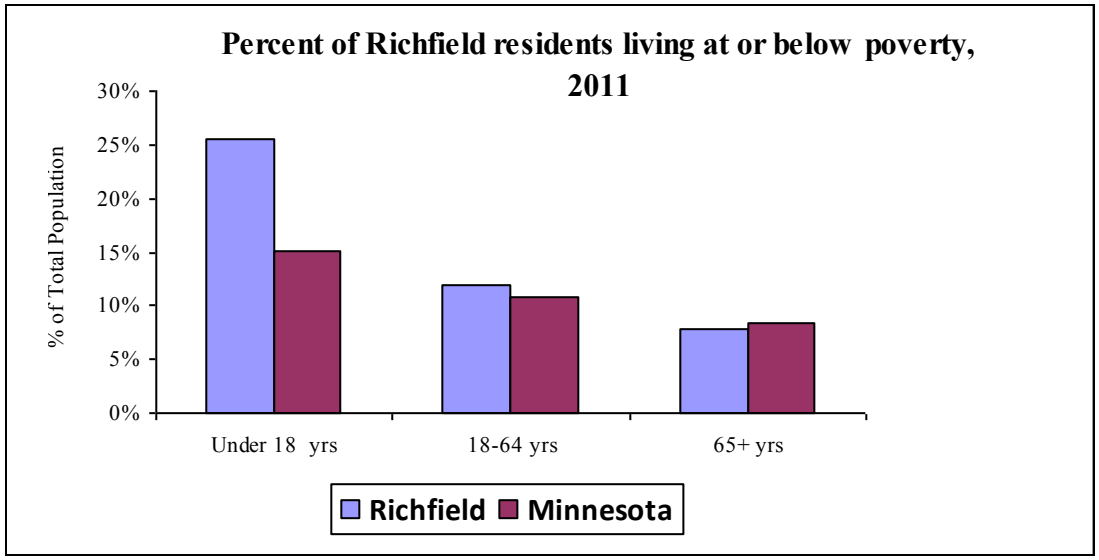
Source: U.S. Census Bureau 2009-2011 American Community Survey 3 yr estimate

Richfield Senior Population

- Adults 65 years and older comprise 14.3% of the total population of Richfield
- Seniors 85 years and older have increased as a percentage of the total population every decade for the last 40 years

Source: U.S. Census, 1980, 1990, 2000, 2010;
U.S. Census Bureau 2009-2011 American Community Survey





Residents in Poverty

- Higher percent of youth living at or below poverty compared to adults 18 years and older
- Median household income in Richfield is $52,884. Federal poverty level in 2011 was $22,350 for a family of four
- Median household income among families in SNAP food assistance program: $17,737

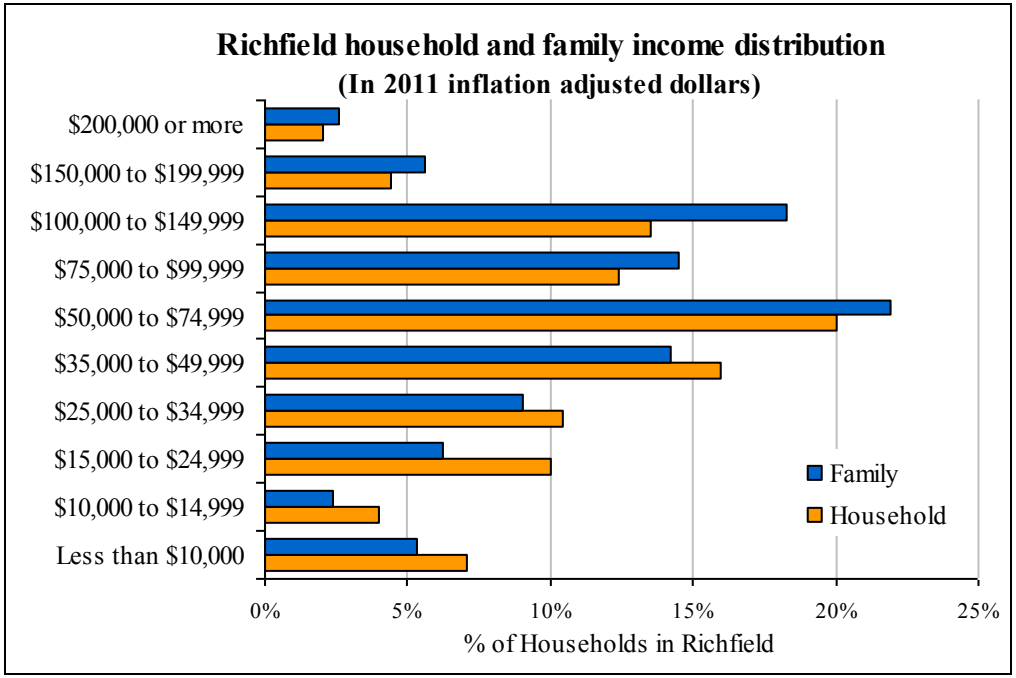
Source: U.S. Census Bureau American Community Survey 2009-2011 3 yr estimates

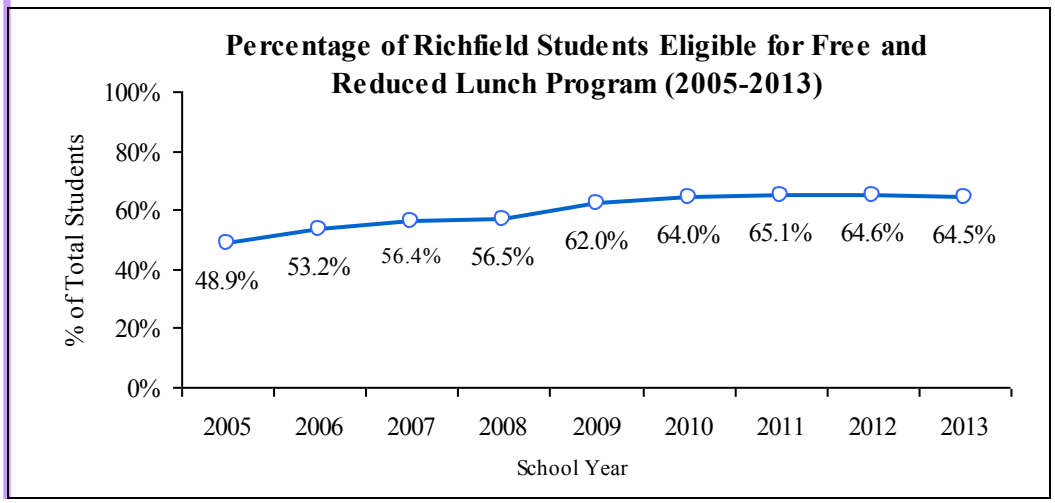
Income

Richfield has an estimated median household income of $52,884, which is lower than Minnesota. The median family income in Richfield is $63,596, also lower than the State. In Richfield, the average household size for 2009-2011was 2.39, the average family size was 3.04

Note: The difference between household and family is a family consists of two or more people related by birth, marriage, or adoption residing in the same housing unit. A household consists of all people who live in a housing unit regardless of relationship. It may consist of a person living alone or multiple unrelated individuals or families living together.

Source: American Community Survey 2009-2011
3 yr estimates





Free and Reduced Price Lunch Program

In the Richfield Public School District, the percent of students eligible for the Free and Reduced Lunch Program increased from 49% in 2005 to 65% in 2011. Since 2011, this proportion has remained steady.

Source 2005-2013 MDE enrollment data

Limited English Proficiency

The proportion of Limited English Proficiency (LEP) K-12 students has steadily increased from 22% in 2005 to 32% in 2013, higher than Minnesota overall (12.7%).

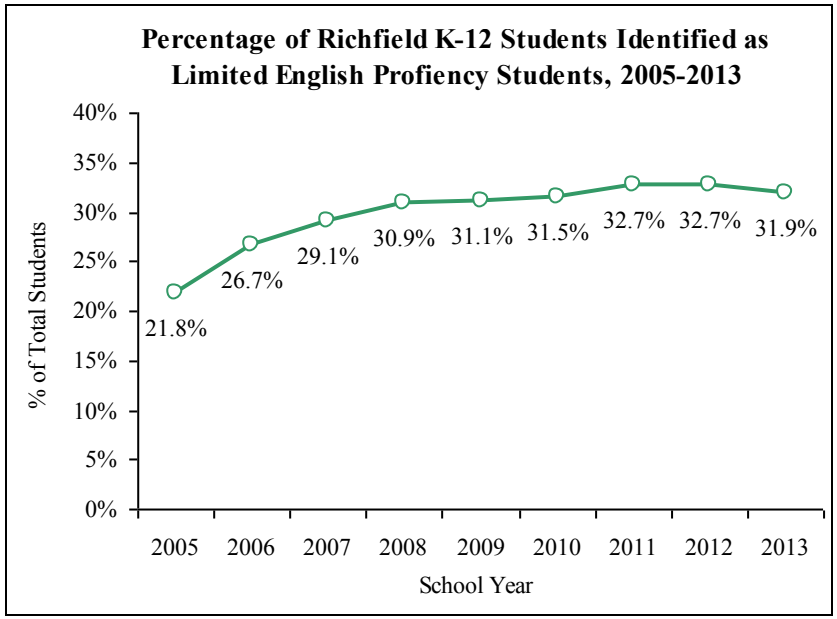
The proportion of Richfield residents who speak a language other than English at home is higher than the State

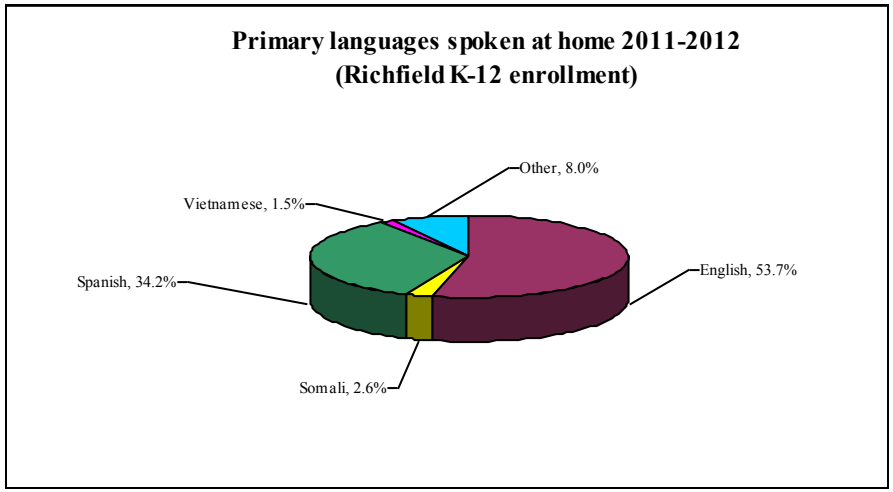
- Richfield: 25.9%
- Minnesota: 10.7%

There has been continual growth in proportion of foreign-born residents since 1990

- 1990: 3.9%
- 2000: 11.4%
- 2010: 18.7%
- 2011: 20.2%

Source: U.S. Census Bureau American Community Survey 2009-2011





Languages in Richfield

The Department of Education tracks what language is the primary language spoken at home for students. In Richfield, the most prominent non-English languages spoken at home for Richfield students' families in the 2012-2013 school year (K-12) were:

- Spanish (34.2% of students)
- Somali (2.6% of students
- Vietnamese (1.5% of students)

Source: MN department of Education 2012-2013

Racial and Ethnic Diversity

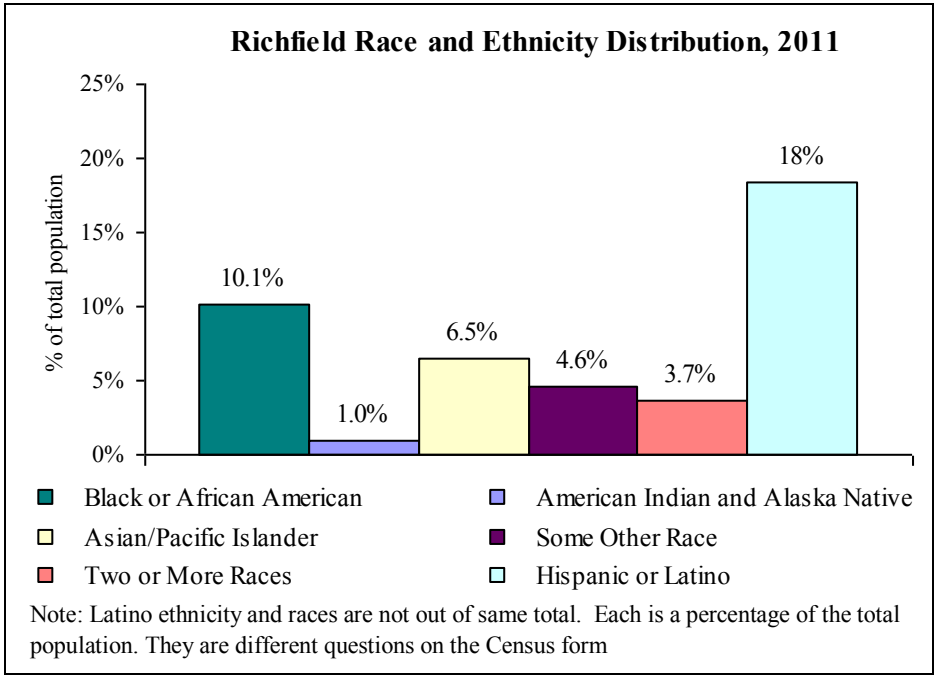
Percent of population that identified their race as White decreased from 81.2% in 2000 to 73.8% in 2011

The Latino population increased from 6.3% in 2000 to 18.4% in 2011

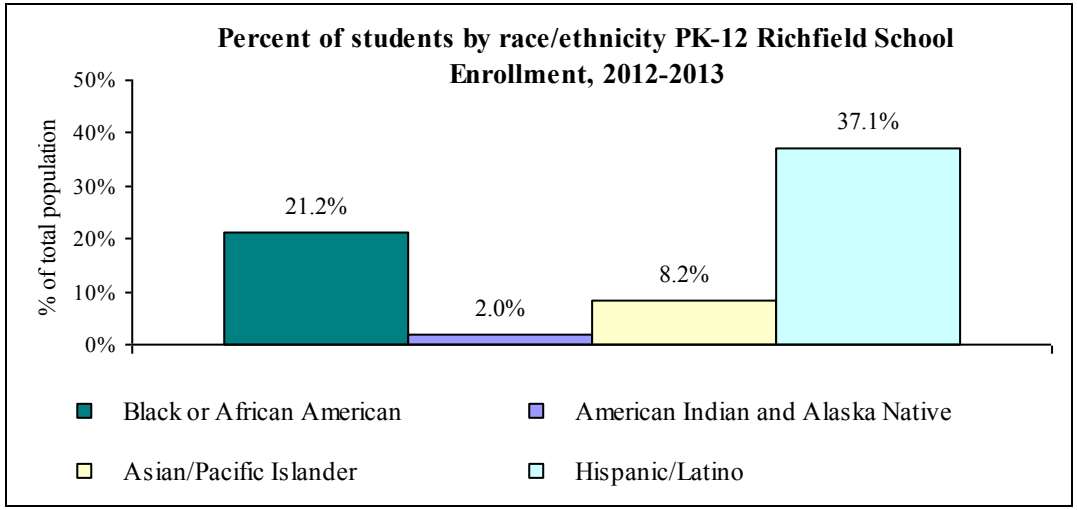
The 2011 median ages for populations of color are lower than Non-Latino Whites (41.0 years)

- Asian - 31.7 years
- African American/African - 28.9 years
- Latino - 27.0 years
- Some Other race - 20.8 years
- 2 or more races - 17.8 years

Source: U.S. Census Bureau 2009-2011 American Community Survey



Note: Latino ethnicity and races are not out of same total. Each is a percentage of the total population. They are different questions on the Census form



Diversity in Schools

Similar to the total population of Richfield, Hispanic/Latino students are the largest minority among Richfield students (37.1%).

Student population in Richfield has become more diverse since 2000

- 2000 - 35% populations of color
- 2013 - 68% populations of color

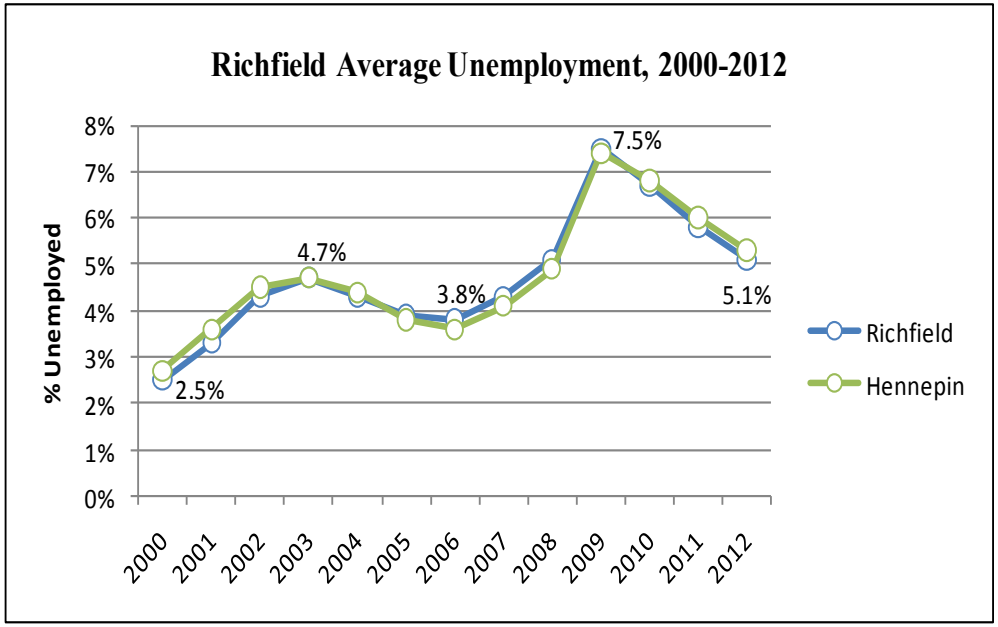
Source: MN Department of Education 2000-2013

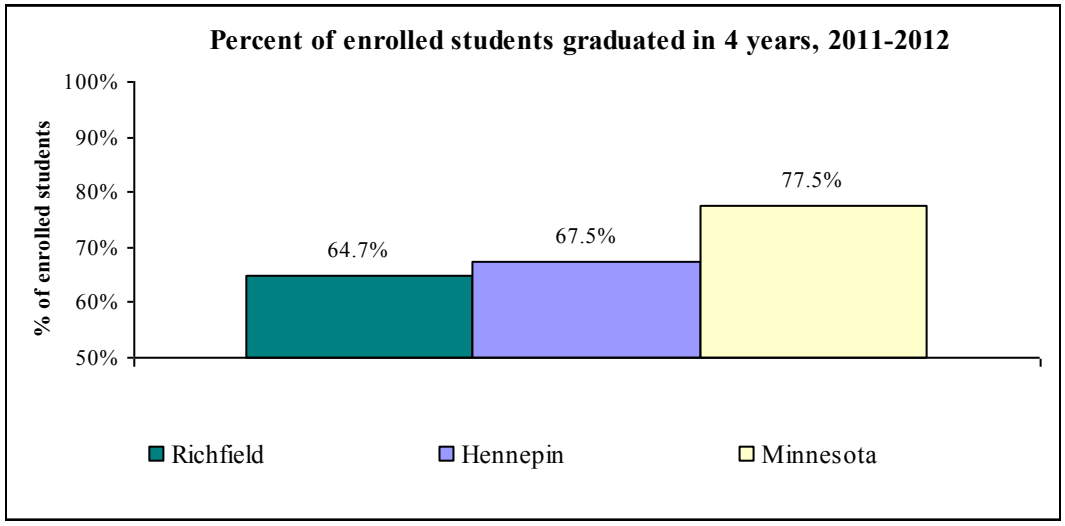
Employment

Over 17,000 people worked in Richfield in 2012. In the same year, 5.1% of Richfield residents were unemployed. This is down more than 2% from a 22 year high of 7.5% in 2009.

Richfield has closely followed the unemployment trend of Hennepin County. Minnesota's 2012 unemployment rate (5.5%) was slightly higher than both Richfield and Hennepin County.

Source: Local Area Unemployment Statistics, Minnesota Department of Employment and Economic Development





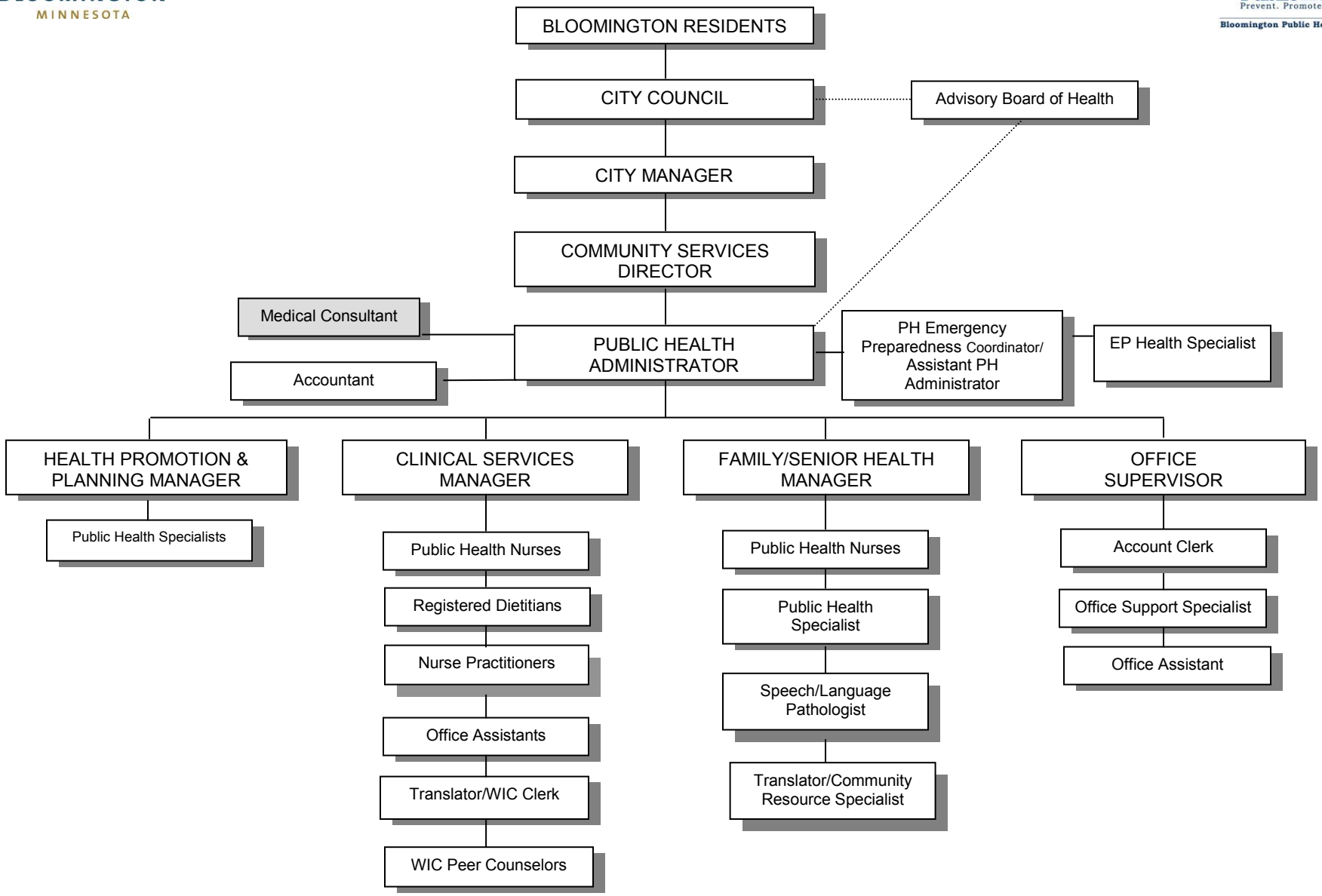
Graduation Rates

65% percent of students enrolled in Richfield schools graduated in 2012. Less than Hennepin County or Minnesota.

40% of Latino or Hispanic students graduated in 2012.

Source: MN Department of Education 2012-2012

BLOOMINGTON PUBLIC HEALTH ORGANIZATIONAL CHART



May 2014

Staff Training Needs Assessment
Bloomington Public Health

Purpose

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

Background

In 2014, BPH chose the *Council on Linkages Core Competencies for Public Health Professionals,* as those most needed for the division's success as a public health agency. These competencies represent BPH's expectations of competent performance in public health and will be used to guide professional development and training in its workforce.

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

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

The *Council on Linkages Core Competencies for Public Health Professionals* are described in detail here: http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Methods

In 2014, in collaboration with the Minnesota Department of Health (MDH) Office of Performance Improvement (OPI), all staff were asked to complete the Council on Linkages Core Competencies for Public Health Professionals assessments. These assessments varied by tier, with front-line staff completing the tier 1 assessment, grant coordinators and program supervisors completing tier 2 and program managers and Administrators completing tier 3. While this structure differs somewhat from other agency's administration of the assessments, the tier distribution was determined adequate for BPH due to the agency's smaller size comparative to the Core Competencies intended design. Core Competencies are assessed on a 4 point scale of self-reported competency in the area, 4 being the highest level. Aggregate results of this assessment by tier and overall are attached (Appendix A).

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

Detailed information on methods of analysis are provided by the Public Health Foundation and Council on Linkages attached (Appendix D).

Staff Training Needs Assessment
Bloomington Public Health

Results

Core Competency Assessment Results:

The analysis of the competency assessment and prioritization process differed by Tier and so will be assessed here by each tier. Competency assessment results are also displayed on figures in Appendix A.

Tier 1:

Tier 1 results represent frontline staff. This tier had a response rate of 79.4%. From highest competency to lowest competency, the results are as follows:

Domain (average competency rating)

1. Cultural Competency (2.90)
2. Communication (2.48)
3. Leadership and Systems Thinking (2.44)
4. Community Dimensions of Practice (2.42)
5. Analytical Assessment (2.37)
6. Public Health Sciences (2.24)
7. Policy Development/Program Planning (2.21)
8. Financial Planning and Management (2.07)

Tier 2:

Tier 2 results represent coordinators and supervisors. This tier had a response rate of 87.5%. From highest competency to lowest competency, the results are as follows:

Domain (average competency rating)

1. Cultural Competency (3.07)
2. Public Health Sciences (2.83)
3. Leadership and Systems Thinking (2.82)
4. Analytical Assessment (2.76)
5. Communication (2.64)
6. Community Dimensions of Practice (2.51)
7. Policy Development/Program Planning (2.39)
8. Financial Planning and Management Skills (2.20)

Staff Training Needs Assessment
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Tier 3:

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

Domain (average competency rating)

1. Leadership and Systems Thinking (3.17)
2. Communication (3.16)
3. Community Dimensions of Practice (3.01)
4. Analytical Assessment (2.96)
5. Cultural Competency (2.96)
6. Financial Planning and Management (2.91)
7. Policy Development/Program Planning (2.90)
8. Public Health Sciences (2.57)

Tiers Average:

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

Domain (average competency rating)

1. Cultural Competency (2.98)
2. Communication (2.90)
3. Leadership and Systems Thinking (2.81)
4. Analytical Assessment (2.70)
5. Community Dimensions of Practice (2.65)
6. Public Health Sciences (2.55)
7. Policy Development/Program Planning (2.50)
8. Financial Planning and Management (2.39)

Domain Prioritization Results:

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

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

For a detailed figure of the prioritization results see Appendix B.

Staff Training Needs Assessment
Bloomington Public Health

High Yield Analysis Results:

The combination of the core competency analysis and domain prioritizations results in a four sector grid of training needs distribution. The first section of the grid contains higher priority areas where competency is relatively low. The second sector contains higher priority areas where competency is relatively high. The third sector contains lower priority areas where competency is relatively high. The fourth sector contains lower priority areas where competency is relatively low. Table 1 contains the combined high yield analysis for each tier as well as the aggregated results for all tiers.

Table 1:

Bloomington Public Health Core Competency High-Yield Analysis

Matrix Key	**I Develop:** Higher priority areas where competency is still relatively low	**II Leverage:** higher priority areas where competency is relatively high	Hi
	IV De-emphasize: Lower priority areas where competency is relatively low.	**III Maintain:** Lower priority areas where competency is relatively high	Lo
Tier 1	Financial Planning and Management Skills	Cultural Competency Skills Communication Skills Leadership and Systems Thinking Skills	Hi
	Analytical Assessment Skills Public Health Sciences Skills Policy Development/Program Planning Skills	Community Dimensions of Practice Skills	Lo
Tier 2	Financial Planning and Management Skills Cultural Competency Skills	Communication Skills Leadership and Systems Thinking Skills	Hi
	Public Health Sciences Skills Policy Development/Program Planning Skills	Community Dimensions of Practice Skills Analytical Assessment Skills	Lo
Tier 3	Cultural Competency Skills Financial Planning and Management Skills	Leadership and Systems Thinking Skills Communication Skills	Hi
	Policy Development/Program Planning Skills Public Health Sciences Skills	Community Dimensions of Practice Skills Analytical Assessment Skills	Lo
All Tiers	Financial Planning and Management Skills	Cultural Competency Skills Leadership and Systems Thinking Skills Communication Skills	Hi
	Community Dimensions of Practice Skills Public Health Sciences Skills Policy Development/Program Planning Skills	Analytical Assessment Skills	Lo
		Lo	Hi

Priority For Future Success

Current Competency

:

Staff Training Needs Assessment
Bloomington Public Health

Conclusions

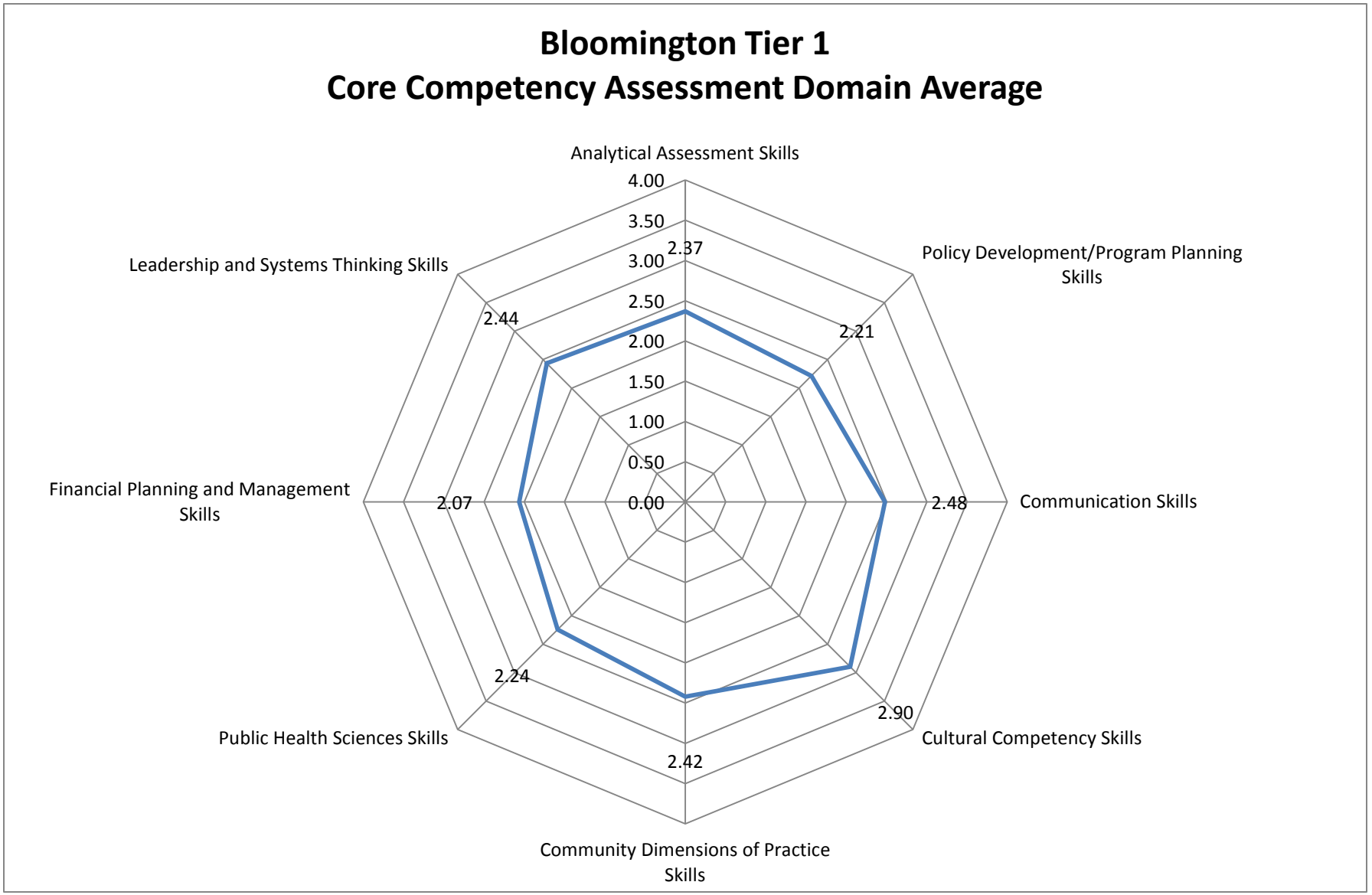
Staff training plans will be developed based on the final result of the Core Competency High Yield analysis. As such, priorities for training will focus on those resources that will best develop higher priority areas where competency is relatively low and leverage higher priority areas where competency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

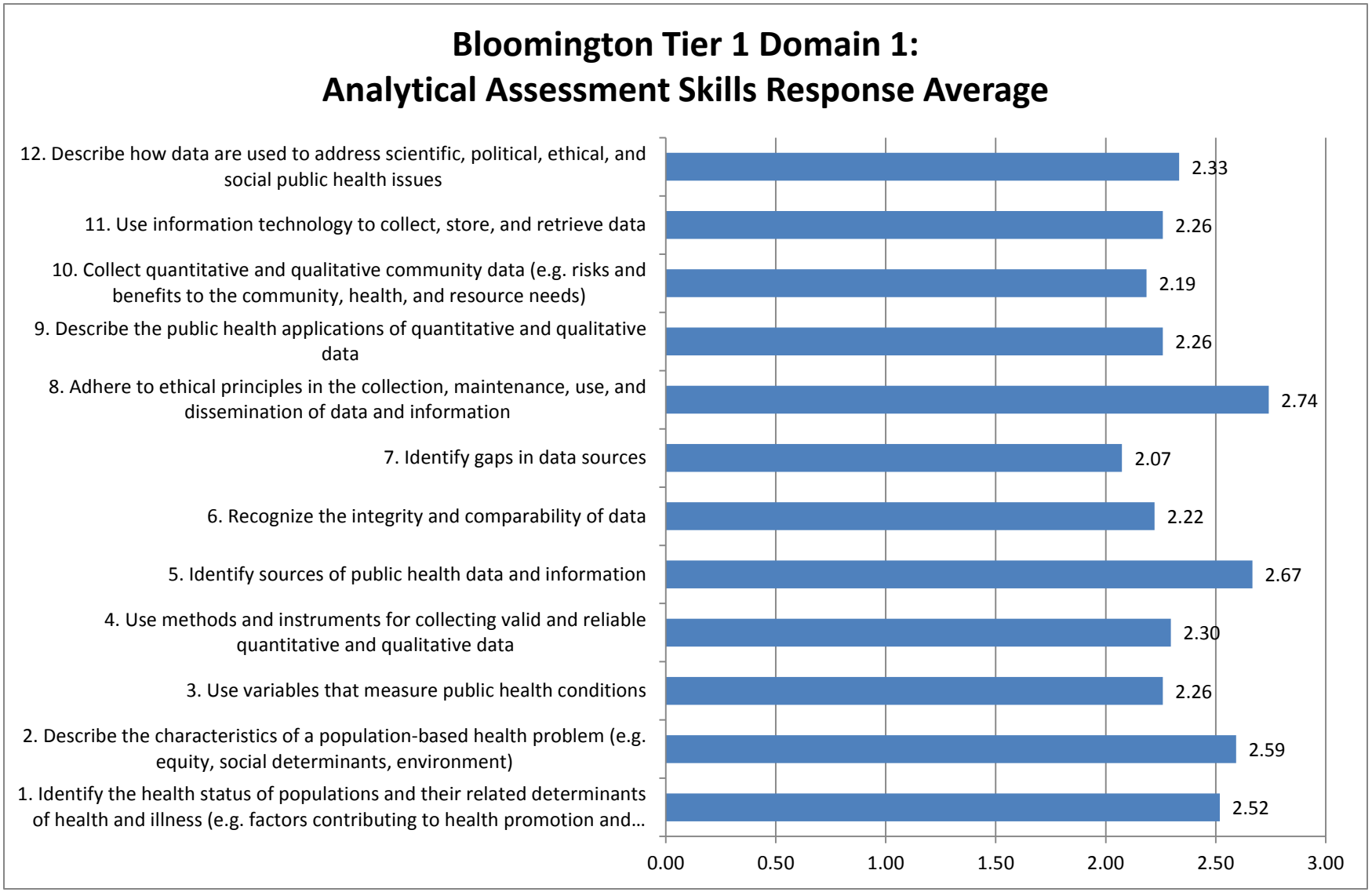
Development of Financial Planning and Management skills

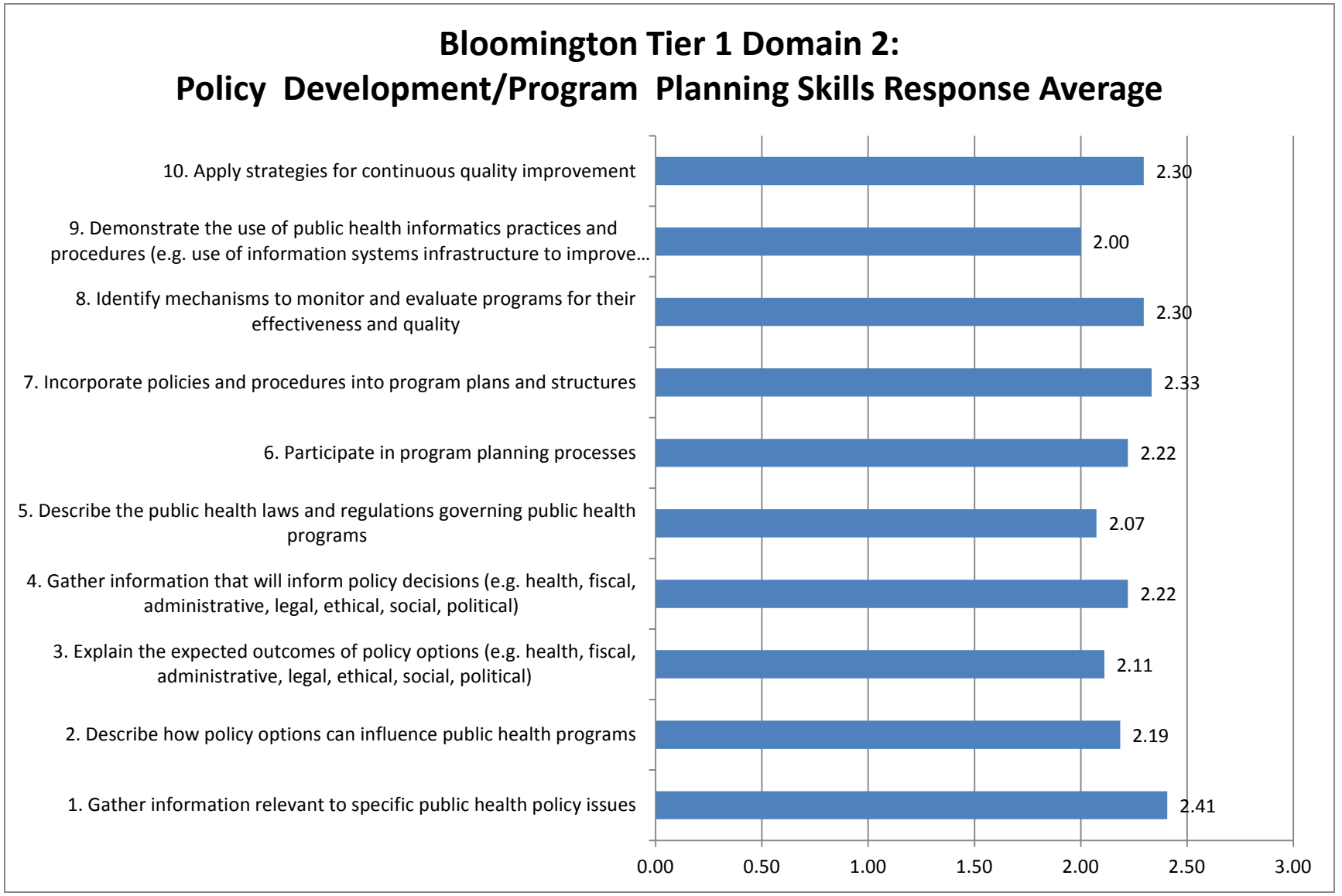
Leveraging of Cultural Competency, Leadership and Systems Thinking and Communication Skills.

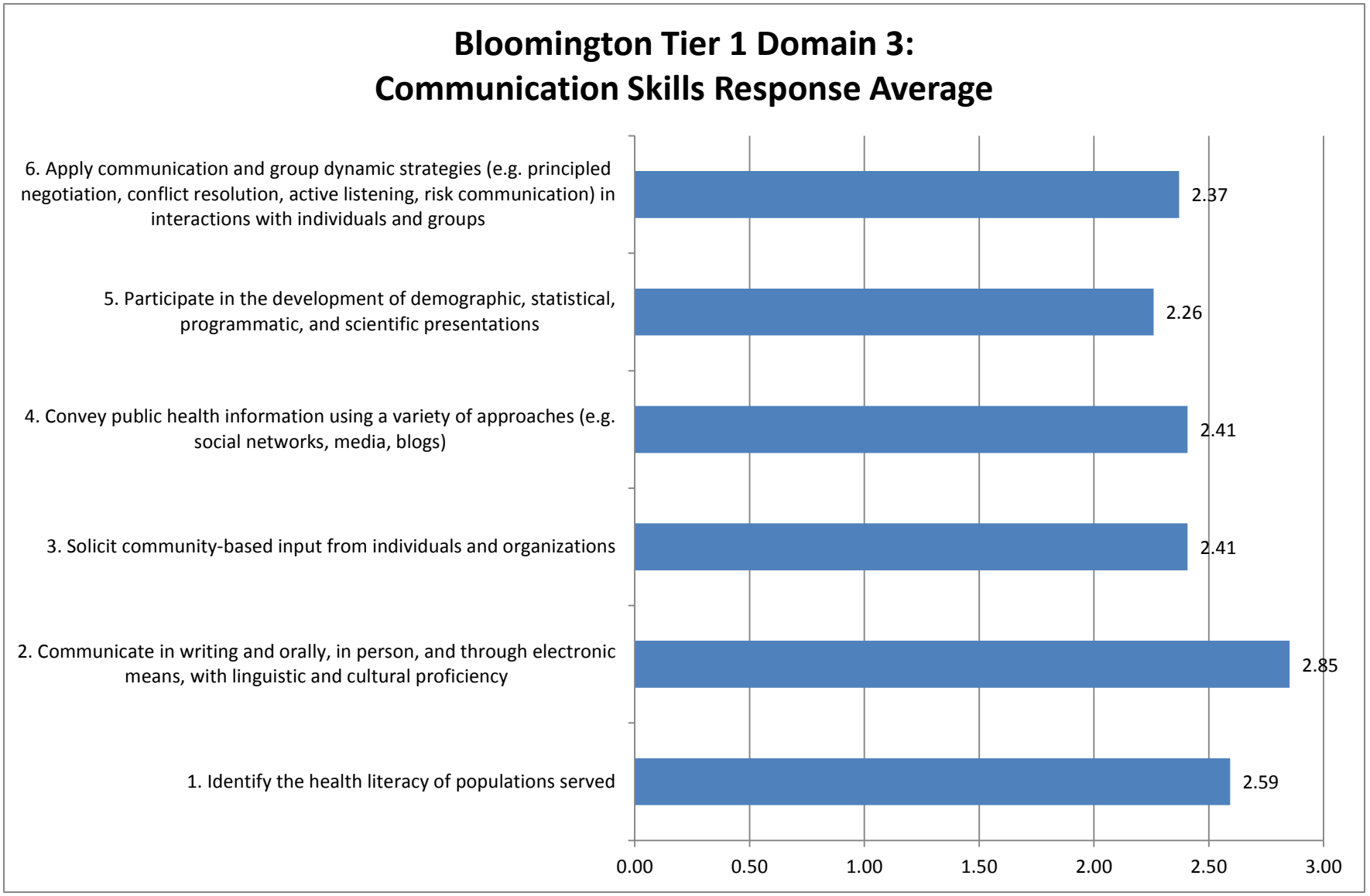
Other areas determined by the high-yield analysis to be either maintained or de-emphasized include those trainings focused on the following areas:

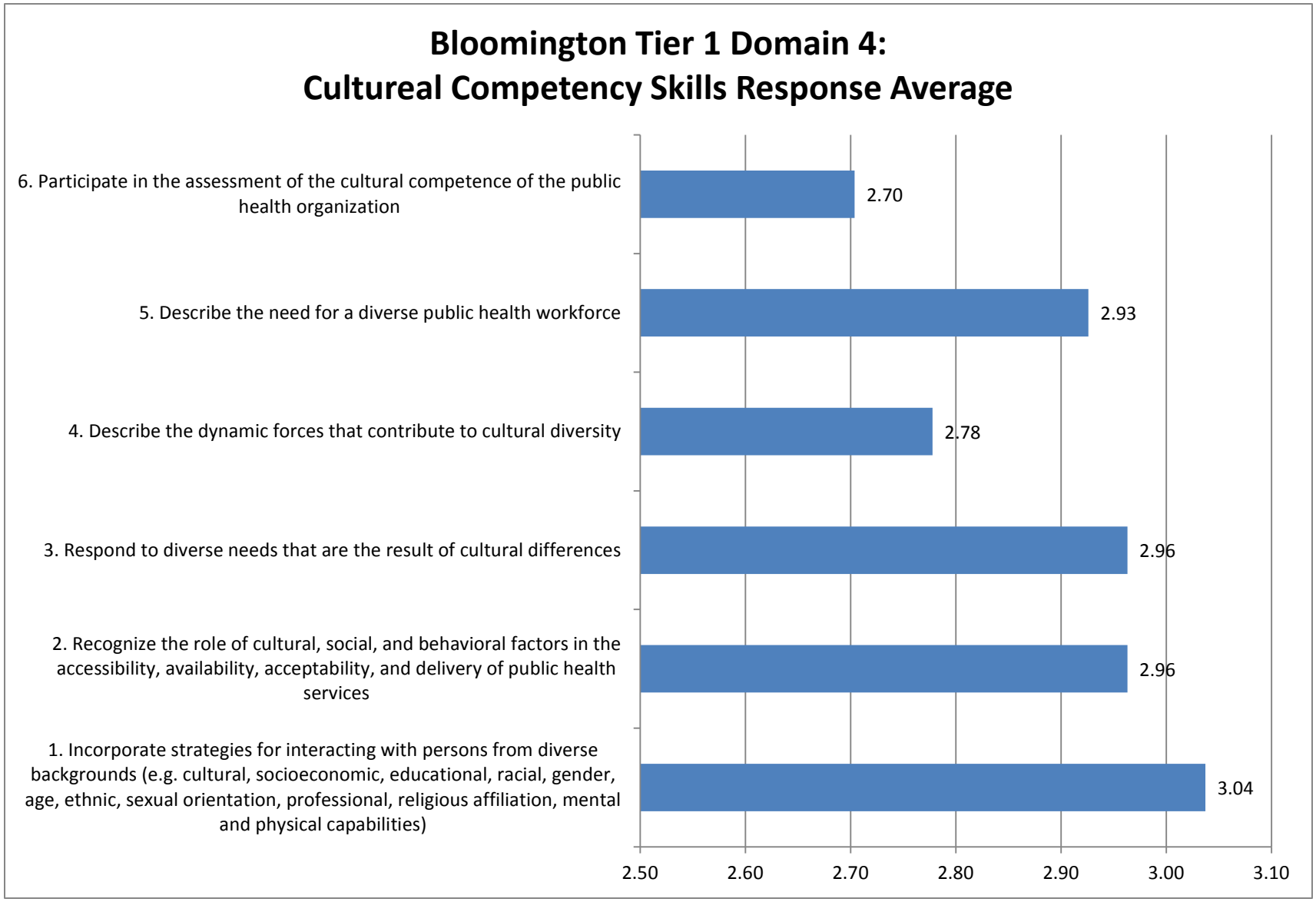
Community Dimensions of Thinking, Public Health Sciences, Policy Development/Program Planning and Analytical Assessment skills.

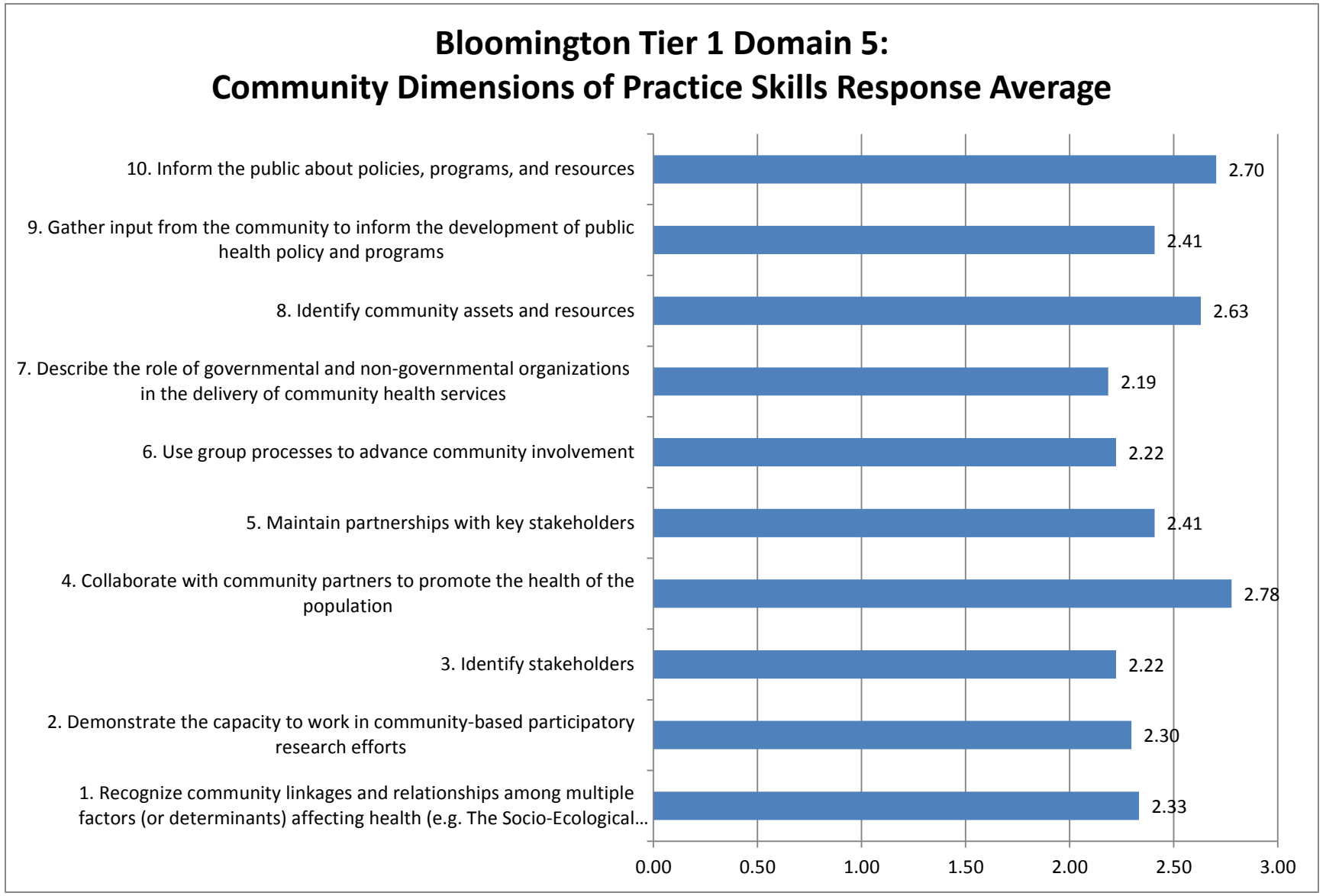

Bloomington Tier 1
Core Competency Assessment Domain Average
Analytical Assessment Skills
Policy Development/Program Planning Skills
Communication Skills
Cultural Competency Skills
Community Dimensions of Practice Skills
Public Health Sciences Skills
Financial Planning and Management Skills
Leadership and Systems Thinking Skills
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
2.37
2.21
2.48
2.90
2.42
2.24
2.07
2.44

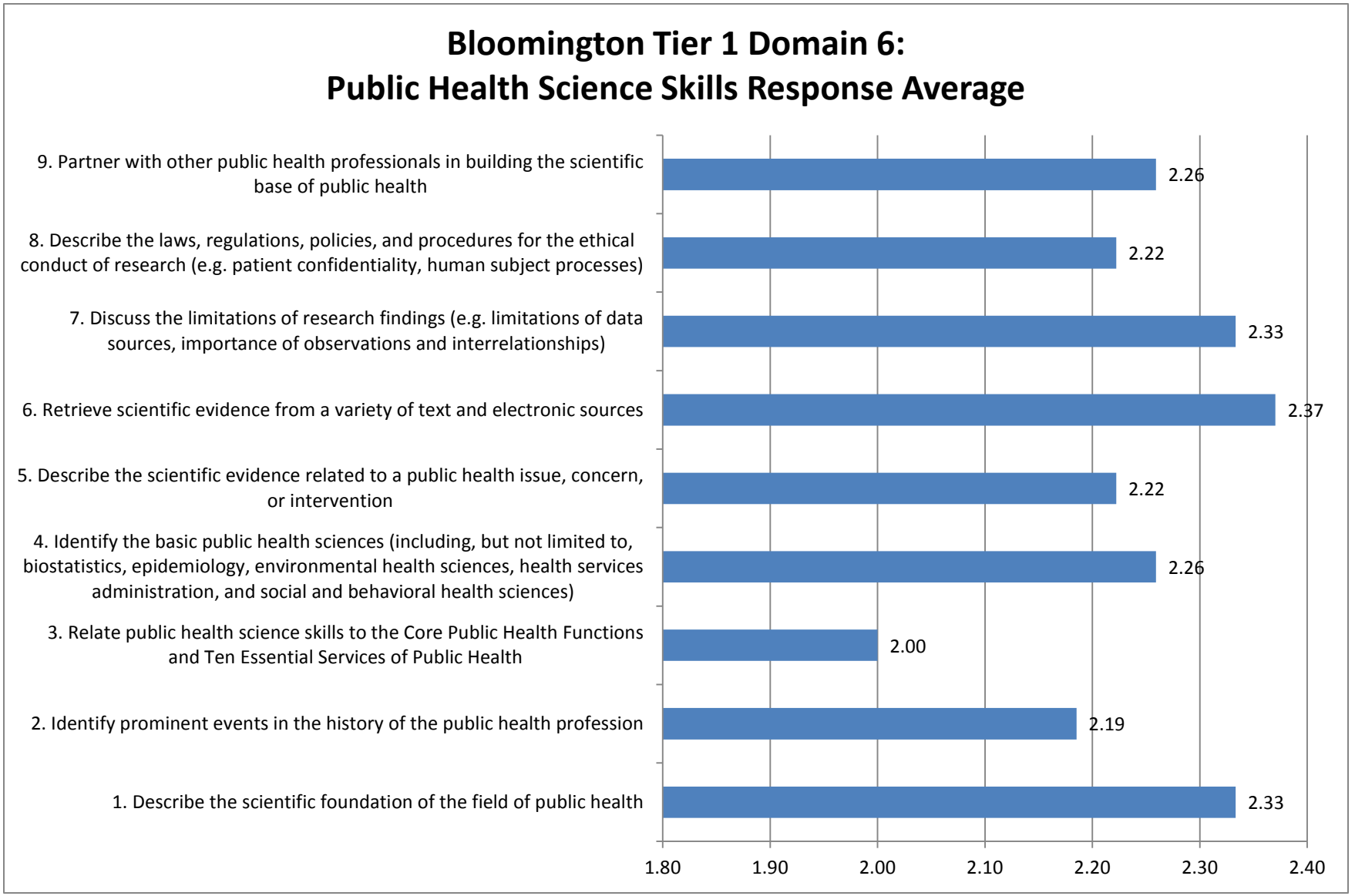

Bloomington Tier 1 Domain 1:
Analytical Assessment Skills Response Average
12. Describe how data are used to address scientific, political, ethical, and social public health issues
2.33
11. Use information technology to collect, store, and retrieve data
2.26
10. Collect quantitative and qualitative community data (e.g. risks and benefits to the community, health, and resource needs)
2.19
9. Describe the public health applications of quantitative and qualitative data
2.26
8. Adhere to ethical principles in the collection, maintenance, use, and dissemination of data and information
2.74
7. Identify gaps in data sources
2.07
6. Recognize the integrity and comparability of data
2.22
5. Identify sources of public health data and information
2.67
4. Use methods and instruments for collecting valid and reliable quantitative and qualitative data
2.30
3. Use variables that measure public health conditions
2.26
2. Describe the characteristics of a population-based health problem (e.g. equity, social determinants, environment)
2.59
1. Identify the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and…
2.52
0.00
0.50
1.00
1.50
2.00
2.50
3.00

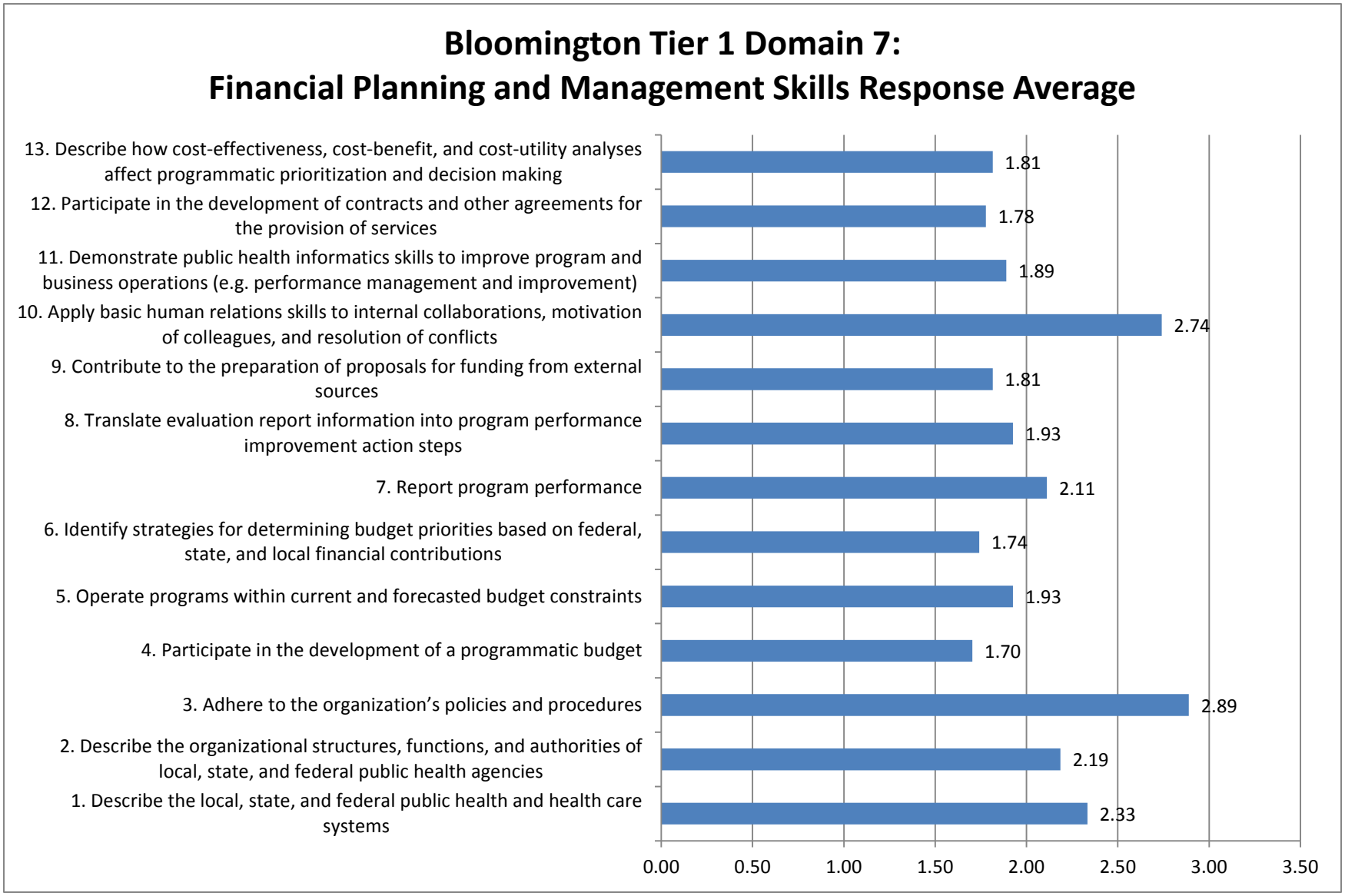

Bloomington Tier 1 Domain 2:
Policy Development/Program Planning Skills Response Average
10. Apply strategies for continuous quality improvement
2.30
9. Demonstrate the use of public health informatics practices and procedures (e.g. use of information systems infrastructure to improve…
2.00
8. Identify mechanisms to monitor and evaluate programs for their effectiveness and quality
2.30
7. Incorporate policies and procedures into program plans and structures
2.33
6. Participate in program planning processes
2.22
5. Describe the public health laws and regulations governing public health programs
2.07
4. Gather information that will inform policy decisions (e.g. health, fiscal, administrative, legal, ethical, social, political)
2.22
3. Explain the expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)
2.11
2. Describe how policy options can influence public health programs
2.19
1. Gather information relevant to specific public health policy issues
2.41
0.00
0.50
1.00
1.50
2.00
2.50
3.00

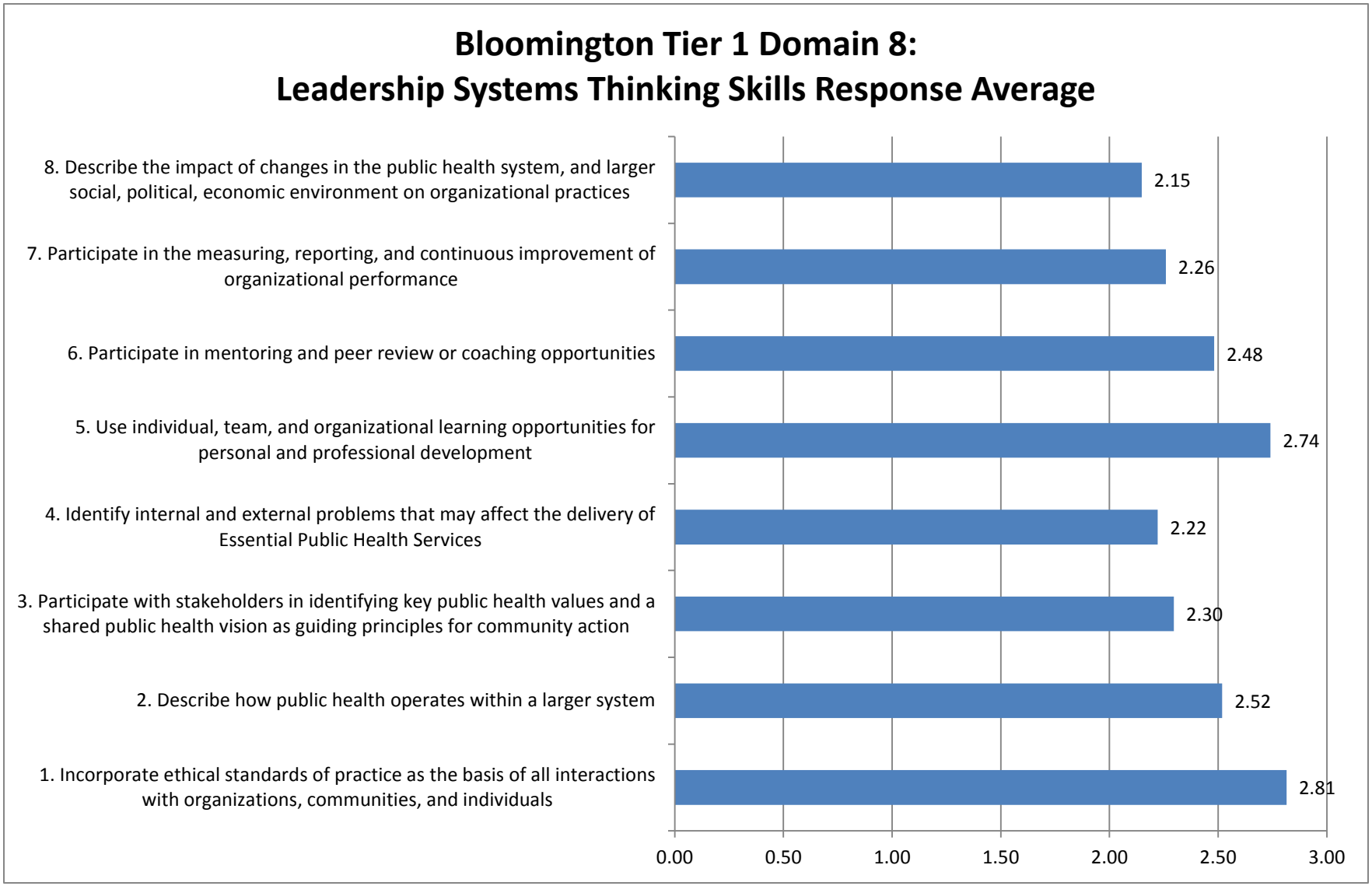

Bloomington Tier 1 Domain 3:
Communication Skills Response Average
6. Apply communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
2.37
5. Participate in the development of demographic, statistical, programmatic, and scientific presentations
2.26
4. Convey public health information using a variety of approaches (e.g. social networks, media, blogs)
2.41
3. Solicit community-based input from individuals and organizations
2.41
2. Communicate in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
2.85
1. Identify the health literacy of populations served
2.59
0.00
0.50
1.00
1.50
2.00
2.50
3.00

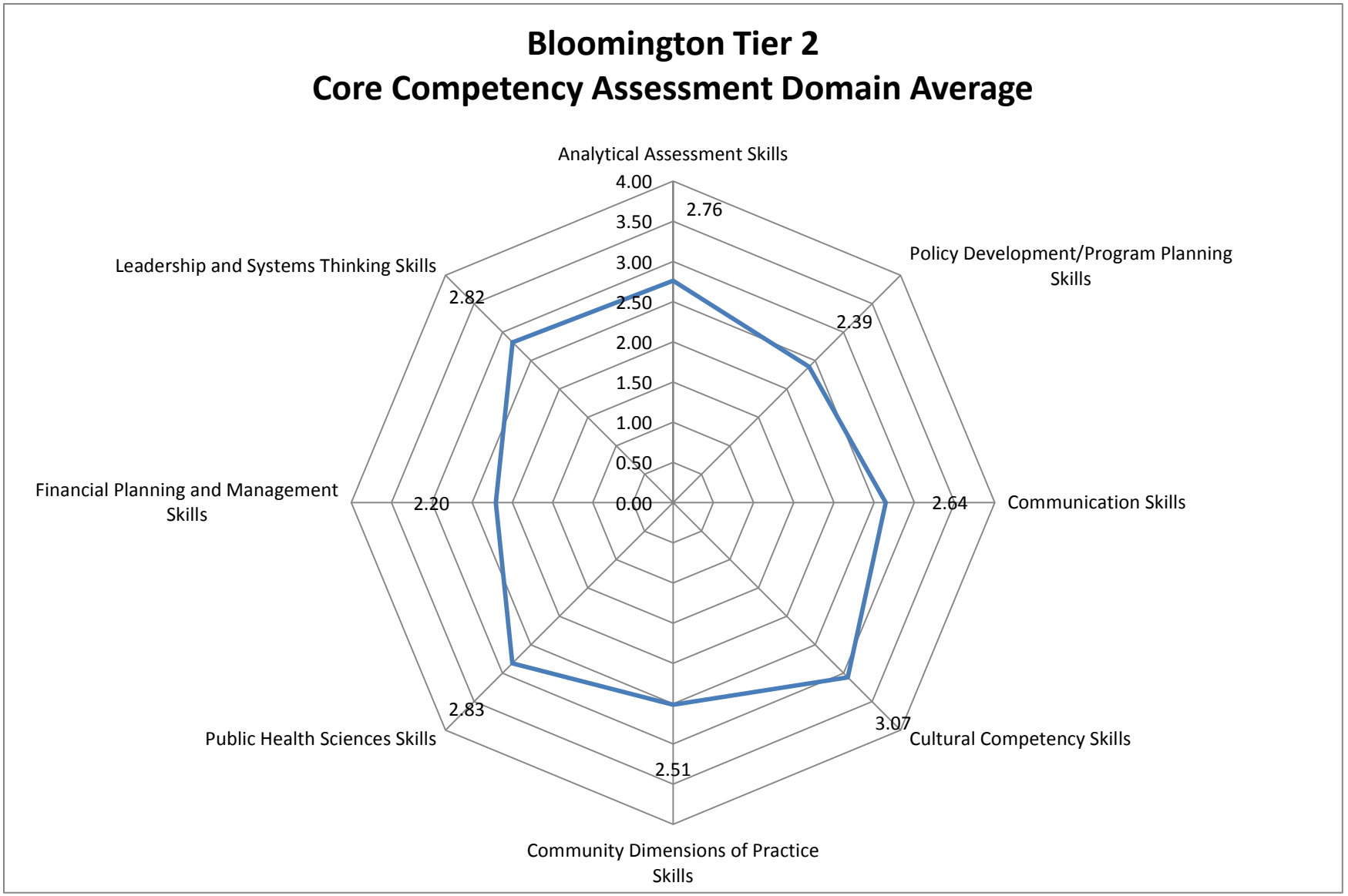

Bloomington Tier 1 Domain 4:
Cultureal Competency Skills Response Average
6. Participate in the assessment of the cultural competence of the public health organization
2.70
5. Describe the need for a diverse public health workforce
2.93
4. Describe the dynamic forces that contribute to cultural diversity
2.78
3. Respond to diverse needs that are the result of cultural differences
2.96
2. Recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability, and delivery of public health services
2.96
1. Incorporate strategies 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)
3.04
2.50
2.60
2.70
2.80
2.90
3.00
3.10

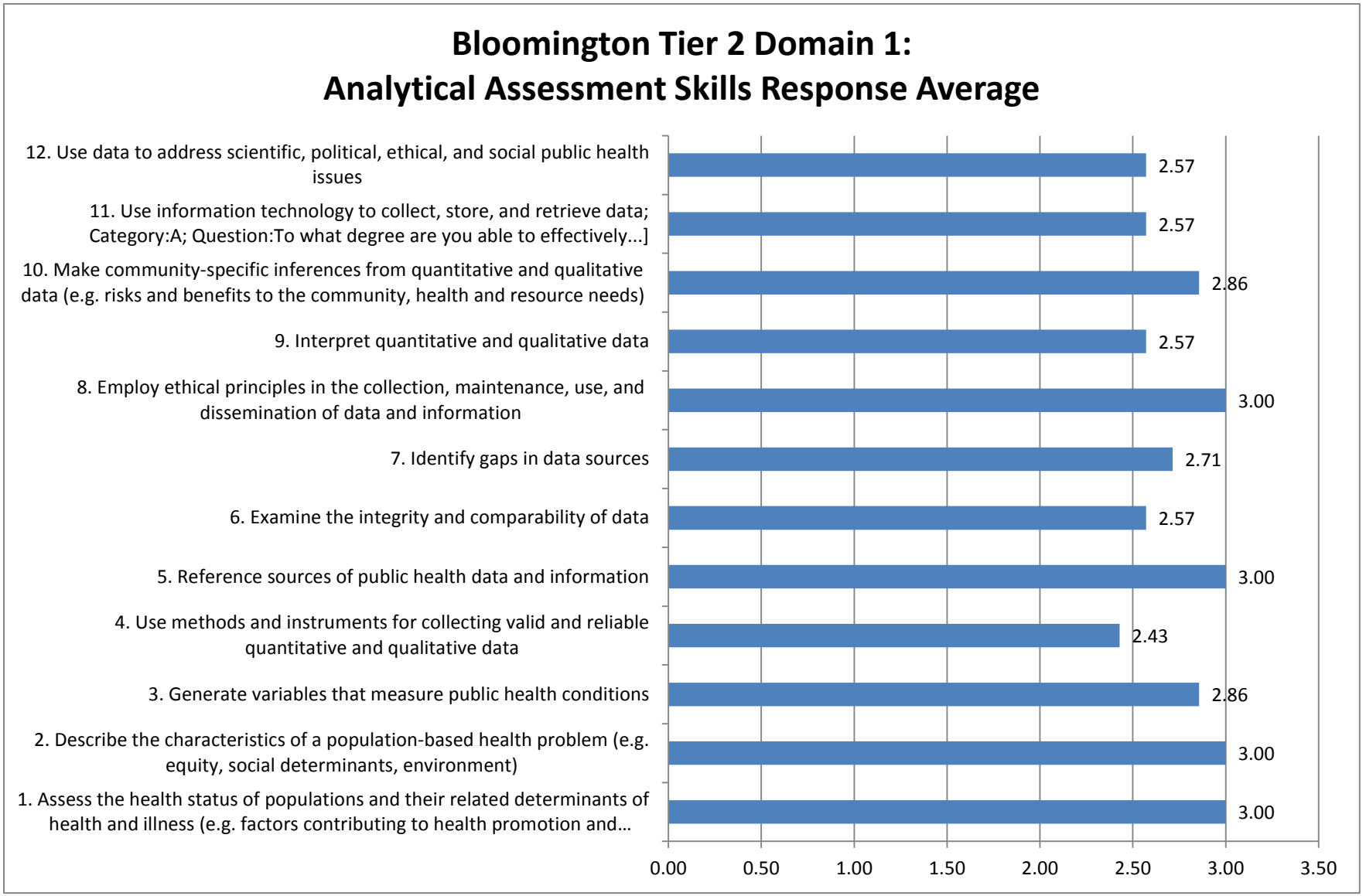

Bloomington Tier 1 Domain 5:
Community Dimensions of Practice Skills Response Average
10. Inform the public about policies, programs, and resources
2.70
9. Gather input from the community to inform the development of public health policy and programs
2.41
8. Identify community assets and resources
2.63
7. Describe the role of governmental and non-governmental organizations in the delivery of community health services
2.19
6. Use group processes to advance community involvement
2.22
5. Maintain partnerships with key stakeholders
2.41
4. Collaborate with community partners to promote the health of the population
2.78
3. Identify stakeholders
2.22
2. Demonstrate the capacity to work in community-based participatory research efforts
2.30
1. Recognize community linkages and relationships among multiple factors (or determinants) affecting health (e.g. The Socio-Ecological...
2.33
0.00
0.50
1.00
1.50
2.00
2.50
3.00

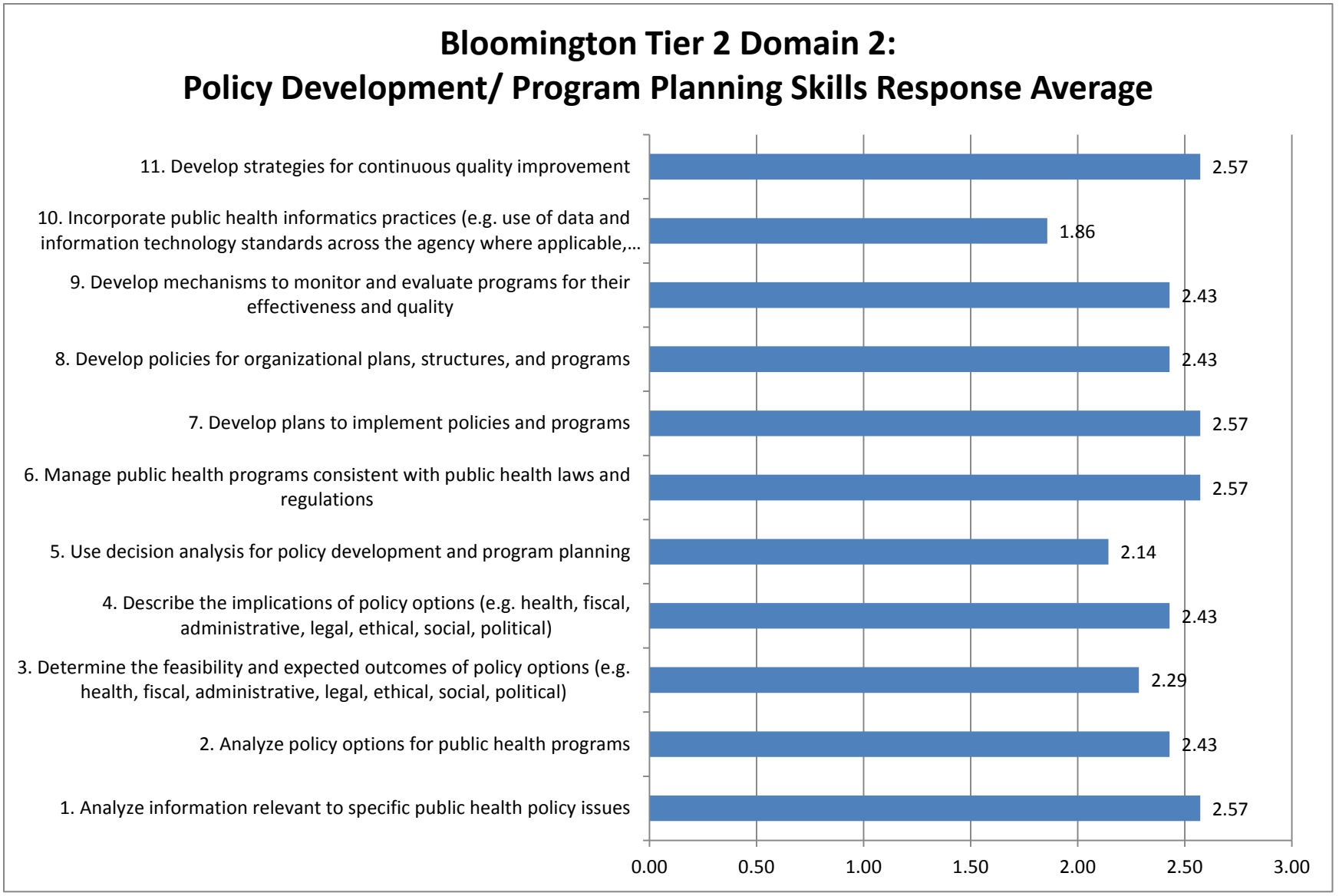

Bloomington Tier 1 Domain 6:
Public Health Science Skills Response Average
9. Partner with other public health professionals in building the scientific base of public health
2.26
8. Describe the laws, regulations, policies, and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)
2.22
7. Discuss the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)
2.33
6. Retrieve scientific evidence from a variety of text and electronic sources
2.37
5. Describe the scientific evidence related to a public health issue, concern, or intervention
2.22
4. Identify the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)
2.26
3. Relate public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health
2.00
2. Identify prominent events in the history of the public health profession
2.19
1. Describe the scientific foundation of the field of public health
2.33
1.80
1.90
2.00
2.10
2.20
2.30
2.40

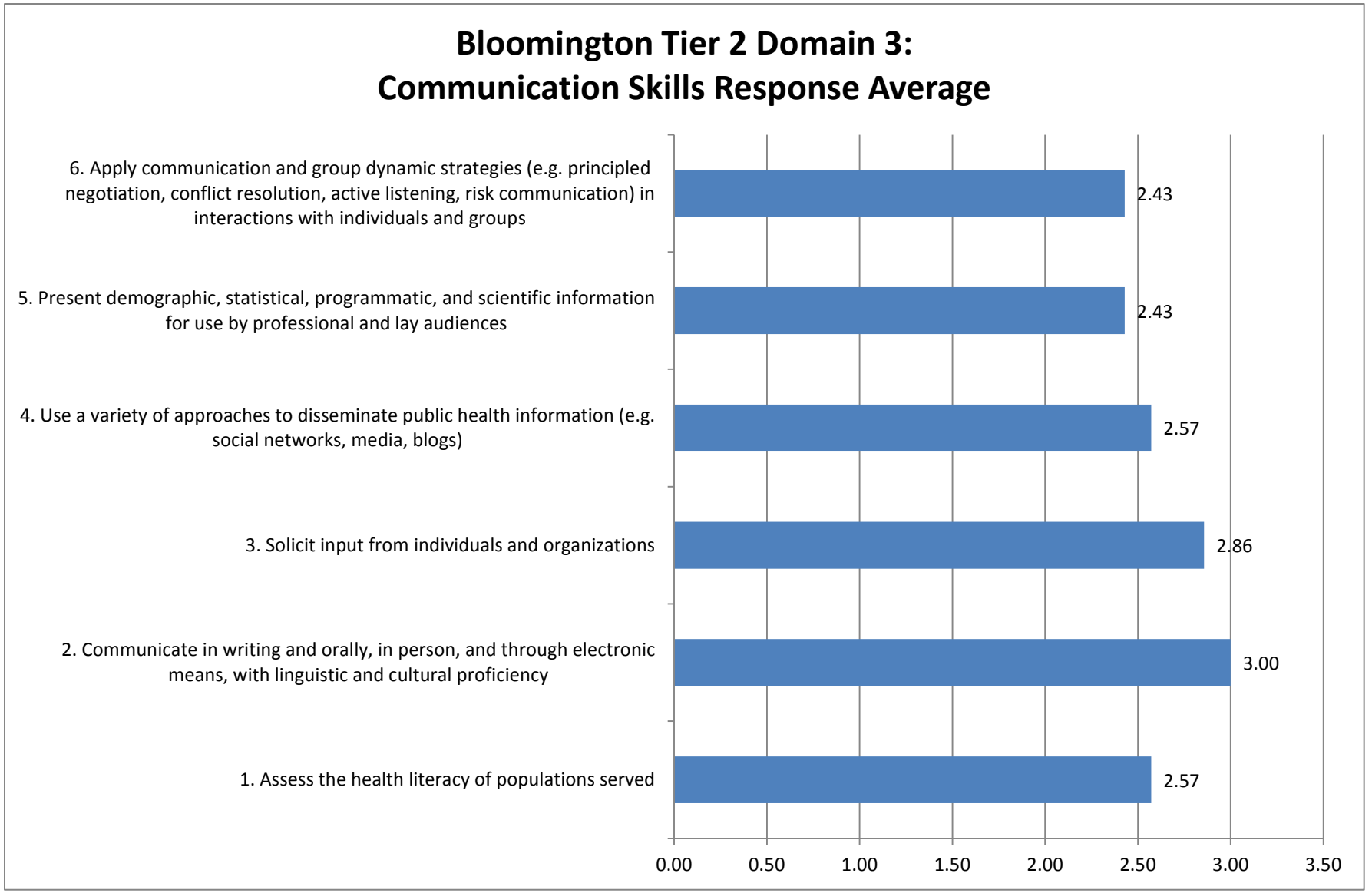

Bloomington Tier 1 Domain 7:
Financial Planning and Management Skills Response Average
13. Describe how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making
1.81
12. Participate in the development of contracts and other agreements for the provision of services
1.78
11. Demonstrate public health informatics skills to improve program and business operations (e.g. performance management and improvement)
1.89
10. Apply basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts
2.74
9. Contribute to the preparation of proposals for funding from external sources
1.81
8. Translate evaluation report information into program performance improvement action steps
1.93
7. Report program performance
2.11
6. Identify strategies for determining budget priorities based on federal, state, and local financial contributions
1.74
5. Operate programs within current and forecasted budget constraints
1.93
4. Participate in the development of a programmatic budget
1.70
3. Adhere to the organization's policies and procedures
2.89
2. Describe the organizational structures, functions, and authorities of local, state, and federal public health agencies
2.19
1. Describe the local, state, and federal public health and health care systems
2.33
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50

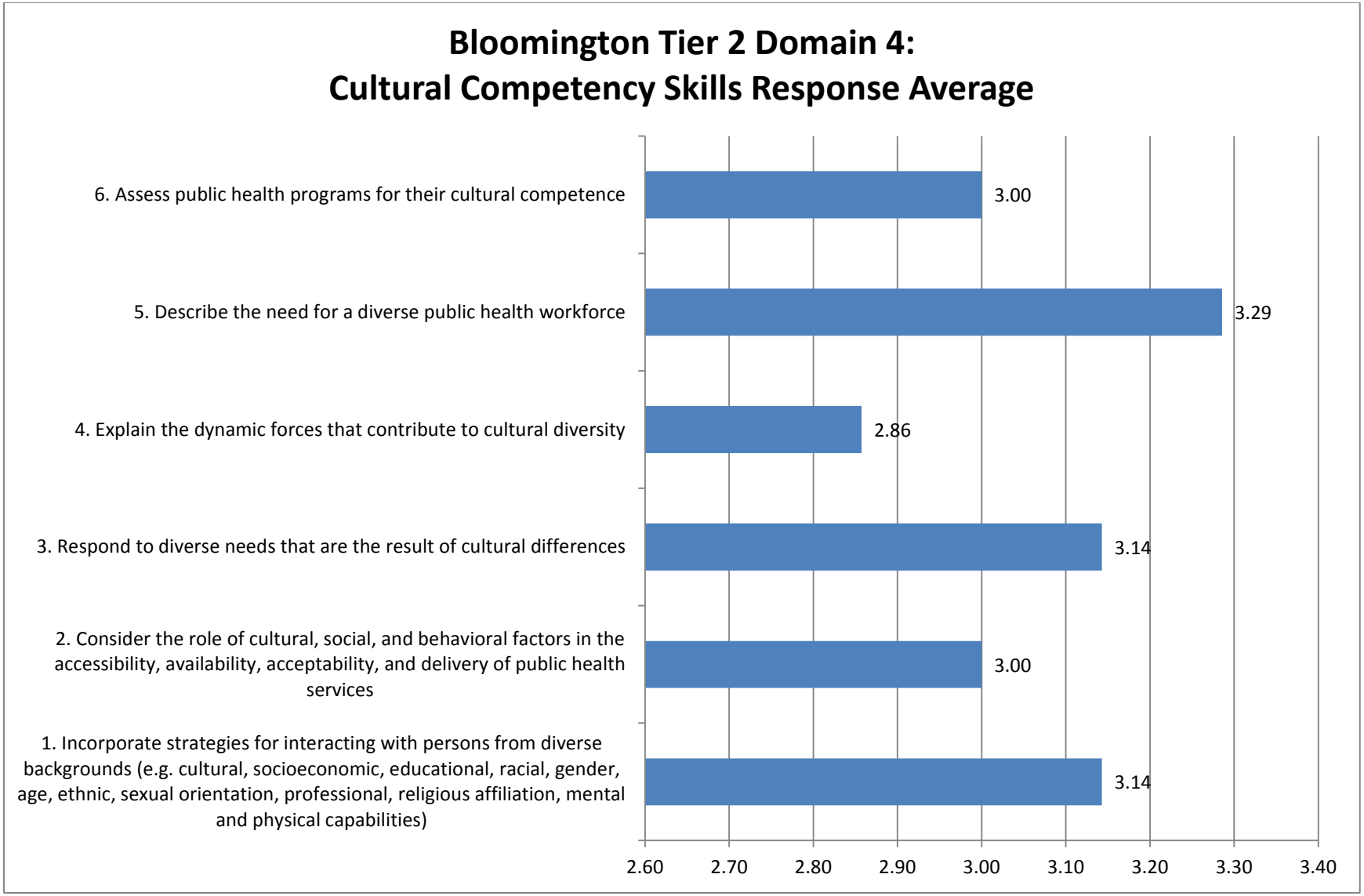

Bloomington Tier 1 Domain 8:
Leadership Systems Thinking Skills Response Average
8. Describe the impact of changes in the public health system, and larger social, political, economic environment on organizational practices
2.15
7. Participate in the measuring, reporting, and continuous improvement of organizational performance
2.26
6. Participate in mentoring and peer review or coaching opportunities
2.48
5. Use individual, team, and organizational learning opportunities for personal and professional development
2.74
4. Identify internal and external problems that may affect the delivery of Essential Public Health Services
2.22
3. Participate with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action
2.30
2. Describe how public health operates within a larger system
2.52
1. Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
2.81
0.00
0.50
1.00
1.50
2.00
2.50
3.00

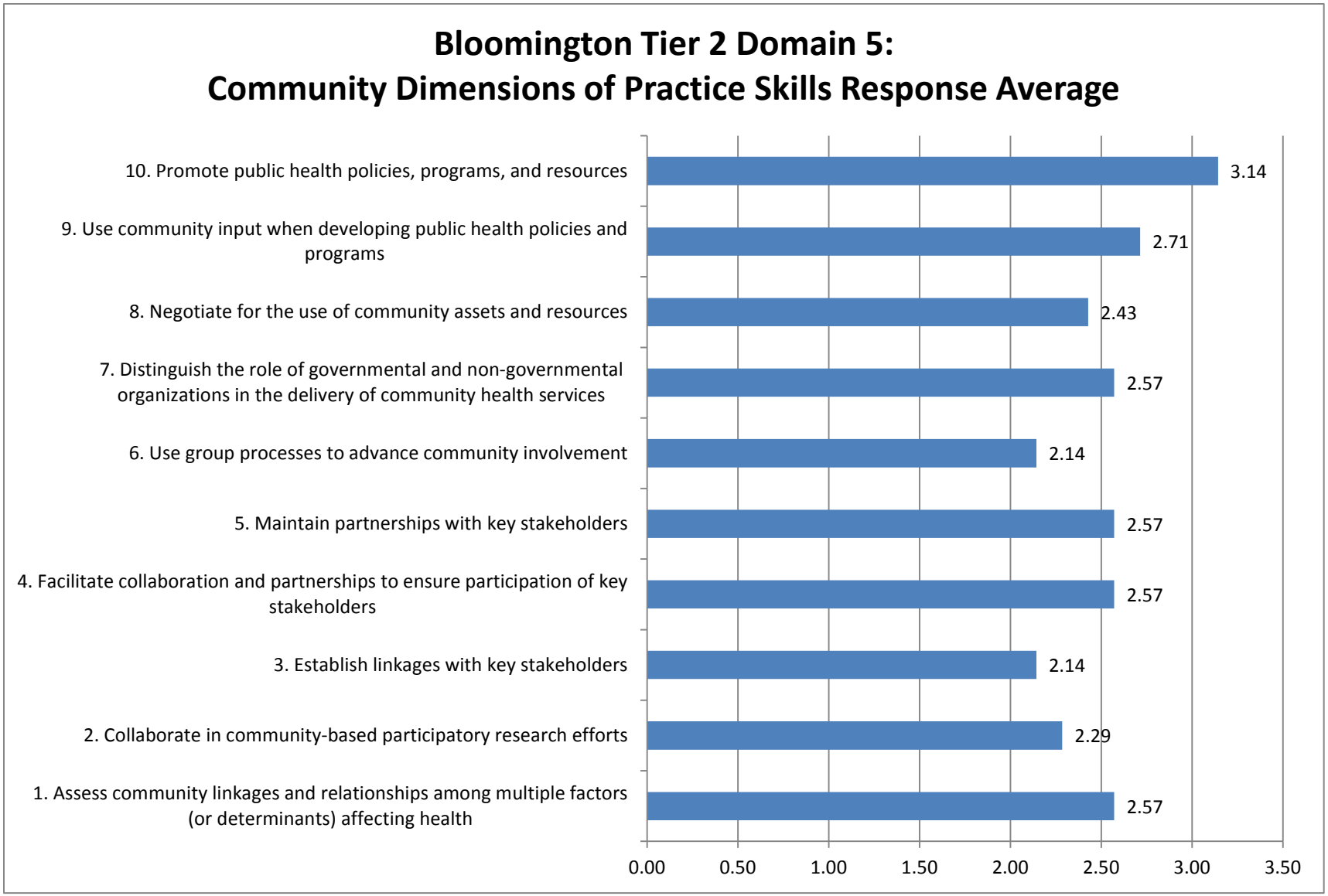

Bloomington Tier 2
Core Competency Assessment Domain Average
Analytical Assessment Skills
Policy Development/Program Planning Skills
Communication Skills
Cultural Competency Skills
Community Dimensions of Practice Skills
Public Health Sciences Skills
Financial Planning and Management Skills
Leadership and Systems Thinking Skills
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
2.76
2.39
2.64
3.07
2.51
2.83
2.20
2.82

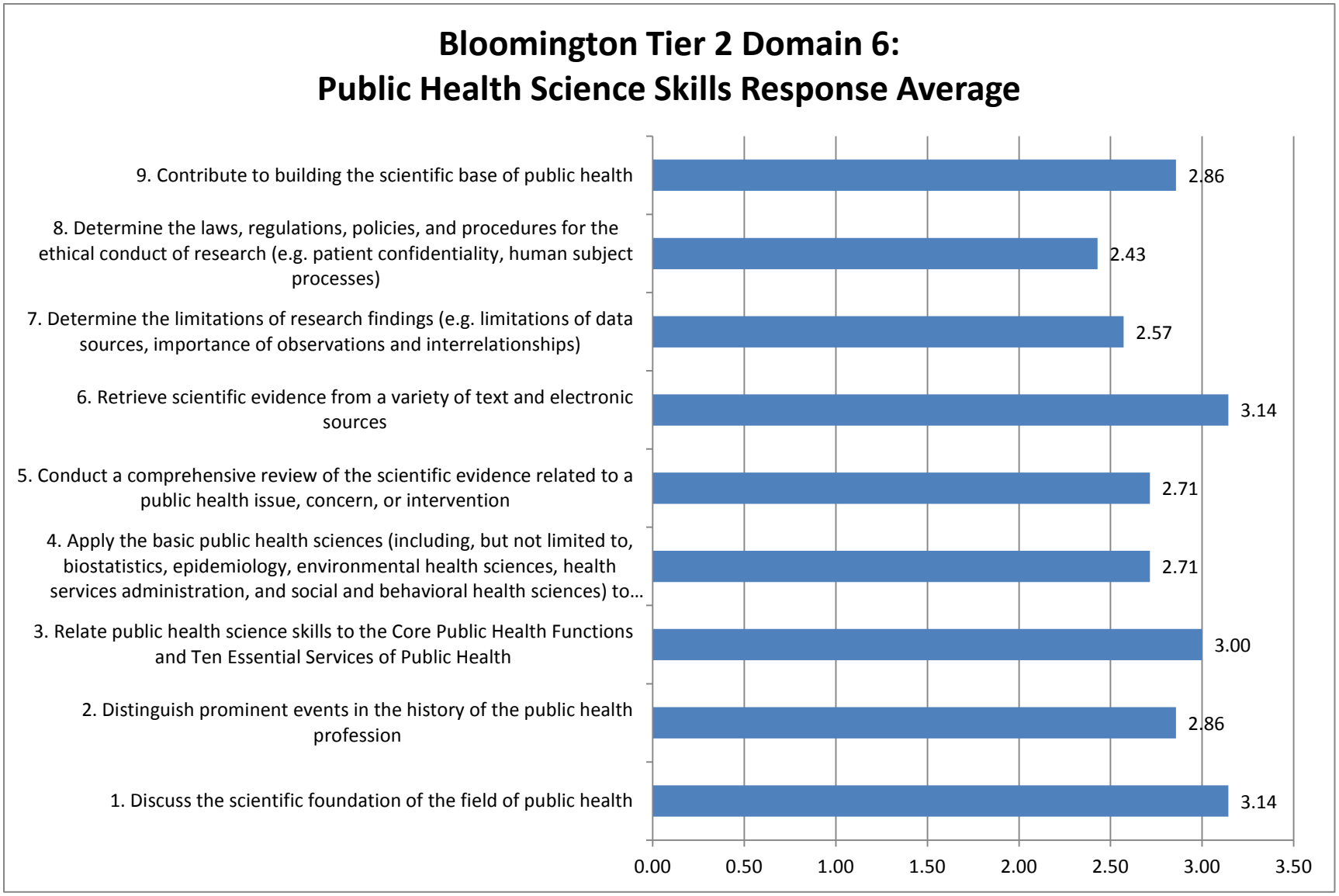

Bloomington Tier 2 Domain 1:
Analytical Assessment Skills Response Average
12. Use data to address scientific, political, ethical, and social public health issues
11. Use information technology to collect, store, and retrieve data; Category:A; Question:To what degree are you able to effectively...]
10. Make community-specific inferences from quantitative and qualitative data (e.g. risks and benefits to the community, health and resource needs)
9. Interpret quantitative and qualitative data
8. Employ ethical principles in the collection, maintenance, use, and dissemination of data and information
7. Identify gaps in data sources
6. Examine the integrity and comparability of data
5. Reference sources of public health data and information
4. Use methods and instruments for collecting valid and reliable quantitative and qualitative data
3. Generate variables that measure public health conditions
2. Describe the characteristics of a population-based health problem (e.g. equity, social determinants, environment)
1. Assess the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and…
2.57
2.57
2.86
2.57
3.00
2.71
2.57
3.00
2.43
2.86
3.00
3.00
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50

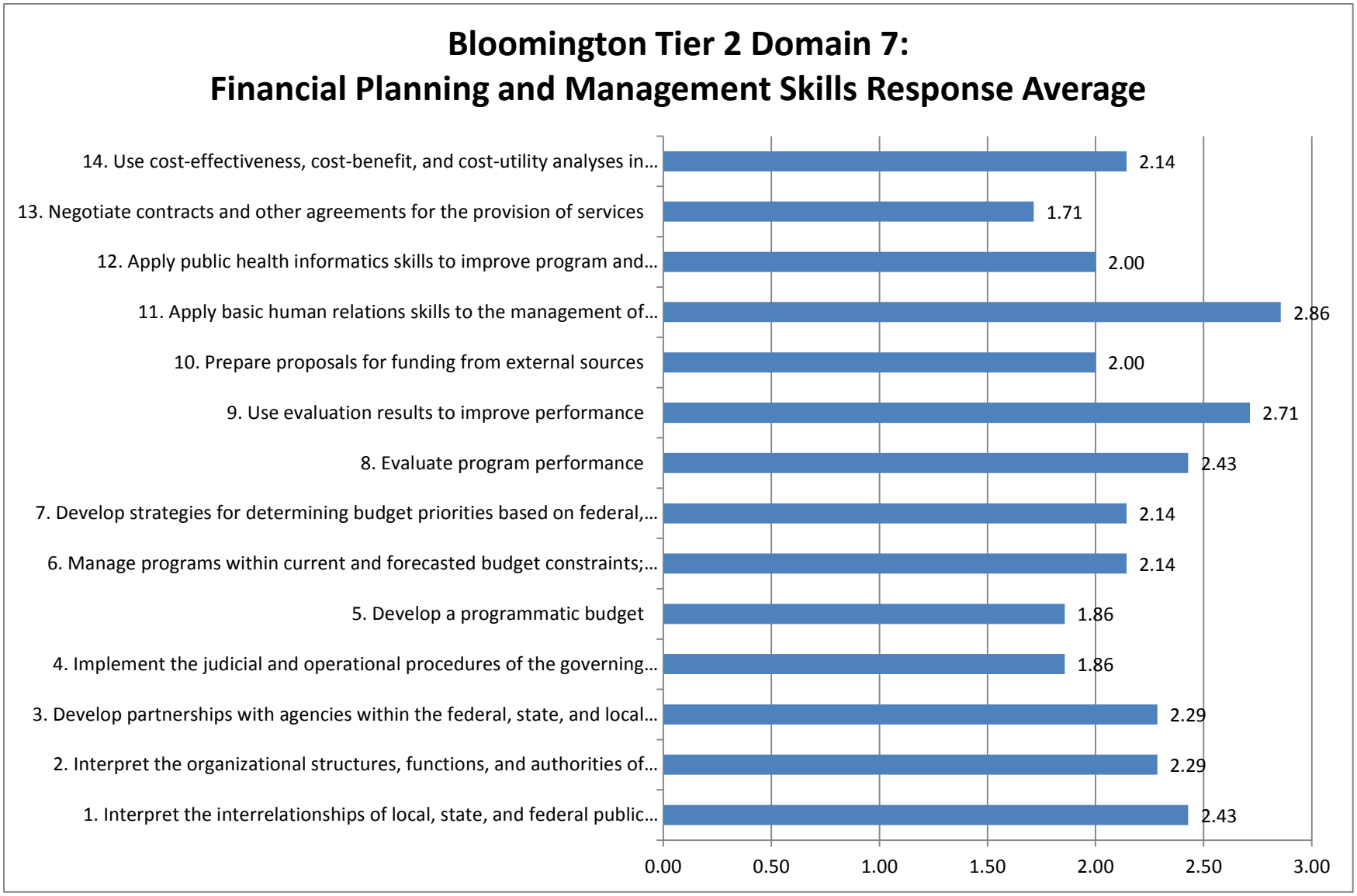

Bloomington Tier 2 Domain 2:
Policy Development/ Program Planning Skills Response Average
11. Develop strategies for continuous quality improvement
2.57
10. Incorporate public health informatics practices (e.g. use of data and information technology standards across the agency where applicable,...
1.86
9. Develop mechanisms to monitor and evaluate programs for their effectiveness and quality
2.43
8. Develop policies for organizational plans, structures, and programs
2.43
7. Develop plans to implement policies and programs
2.57
6. Manage public health programs consistent with public health laws and regulations
2.57
5. Use decision analysis for policy development and program planning
2.14
4. Describe the implications of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)
2.43
3. Determine the feasibility and expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)
2.29
2. Analyze policy options for public health programs
2.43
1. Analyze information relevant to specific public health policy issues
2.57
0.00
0.50
1.00
1.50
2.00
2.50
3.00

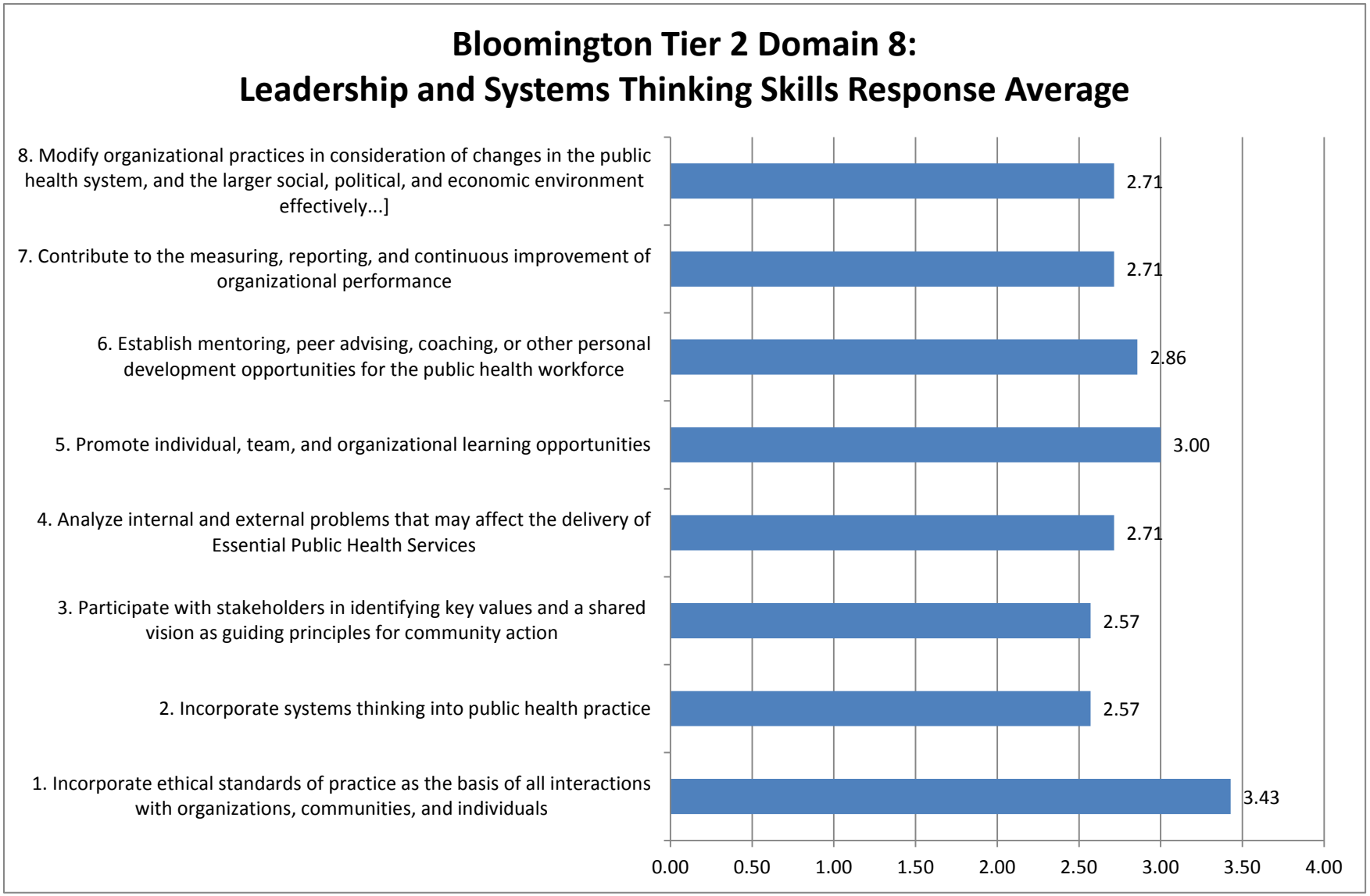

Bloomington Tier 2 Domain 3:
Communication Skills Response Average
6. Apply communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
2.43
5. Present demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
2.43
4. Use a variety of approaches to disseminate public health information (e.g. social networks, media, blogs)
2.57
3. Solicit input from individuals and organizations
2.86
2. Communicate in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3.00
1. Assess the health literacy of populations served
2.57
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50

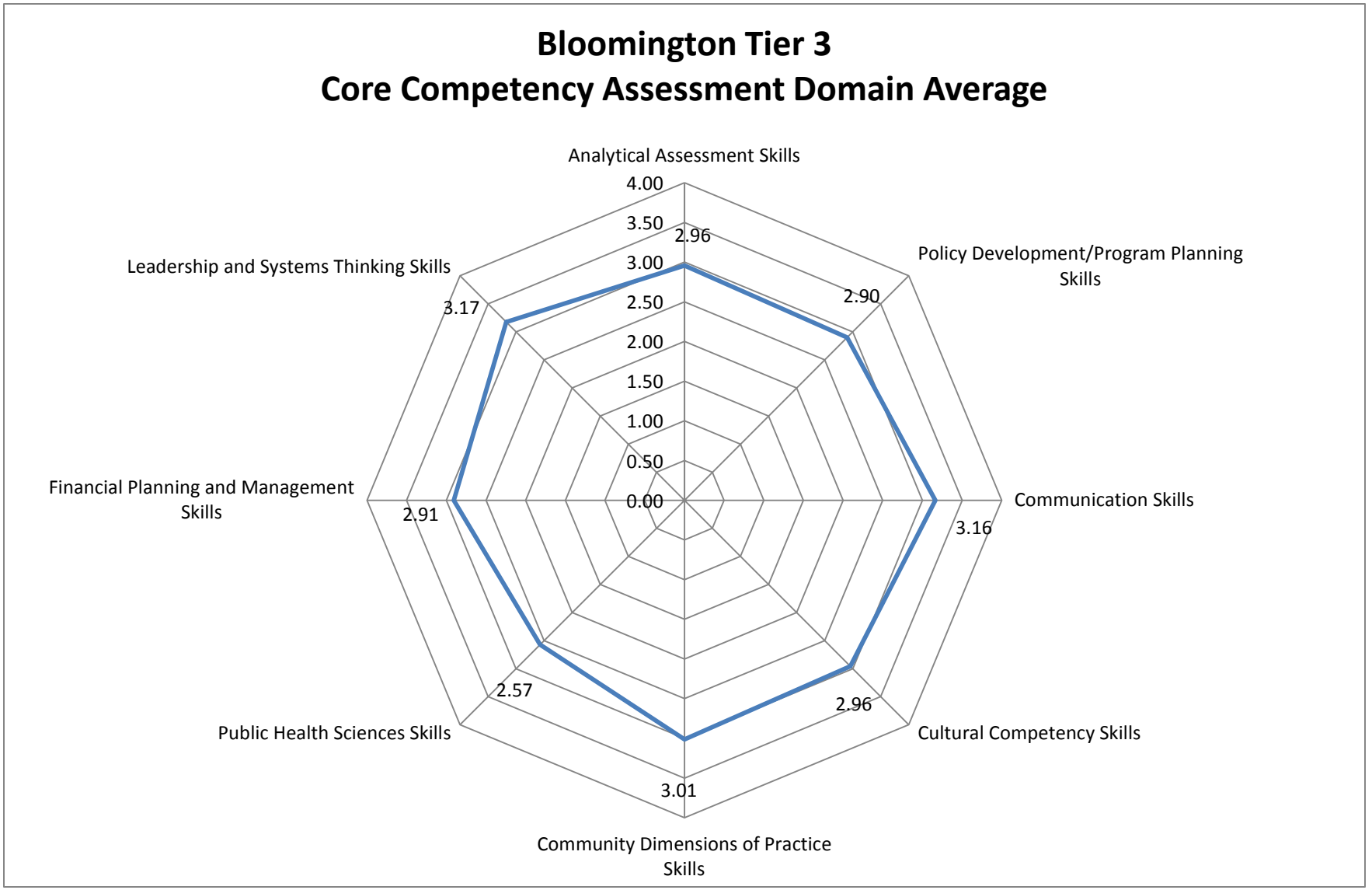

Bloomington Tier 2 Domain 4:
Cultural Competency Skills Response Average
6. Assess public health programs for their cultural competence
3.00
5. Describe the need for a diverse public health workforce
3.29
4. Explain the dynamic forces that contribute to cultural diversity
2.86
3. Respond to diverse needs that are the result of cultural differences
3.14
2. Consider the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability, and delivery of public health services
3.00
1. Incorporate strategies 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)
3.14
2.60
2.70
2.80
2.90
3.00
3.10
3.20
3.30
3.40

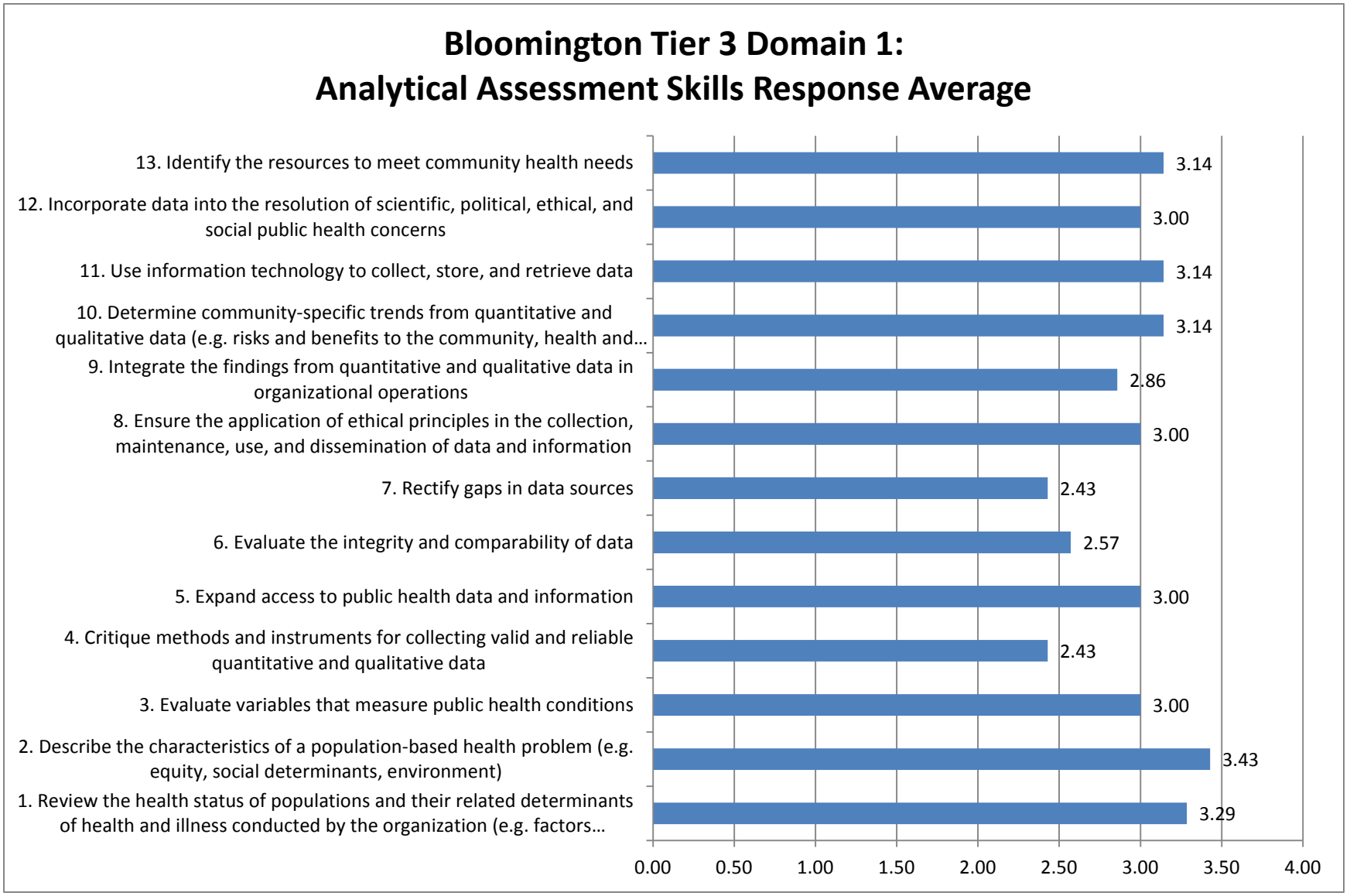

Bloomington Tier 2 Domain 5:
Community Dimensions of Practice Skills Response Average
10. Promote public health policies, programs, and resources
3.14
9. Use community input when developing public health policies and programs
2.71
8. Negotiate for the use of community assets and resources
2.43
7. Distinguish the role of governmental and non-governmental organizations in the delivery of community health services
2.57
6. Use group processes to advance community involvement
2.14
5. Maintain partnerships with key stakeholders
2.57
4. Facilitate collaboration and partnerships to ensure participation of key stakeholders
2.57
3. Establish linkages with key stakeholders
2.14
2. Collaborate in community-based participatory research efforts
2.29
1. Assess community linkages and relationships among multiple factors (or determinants) affecting health
2.57
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50

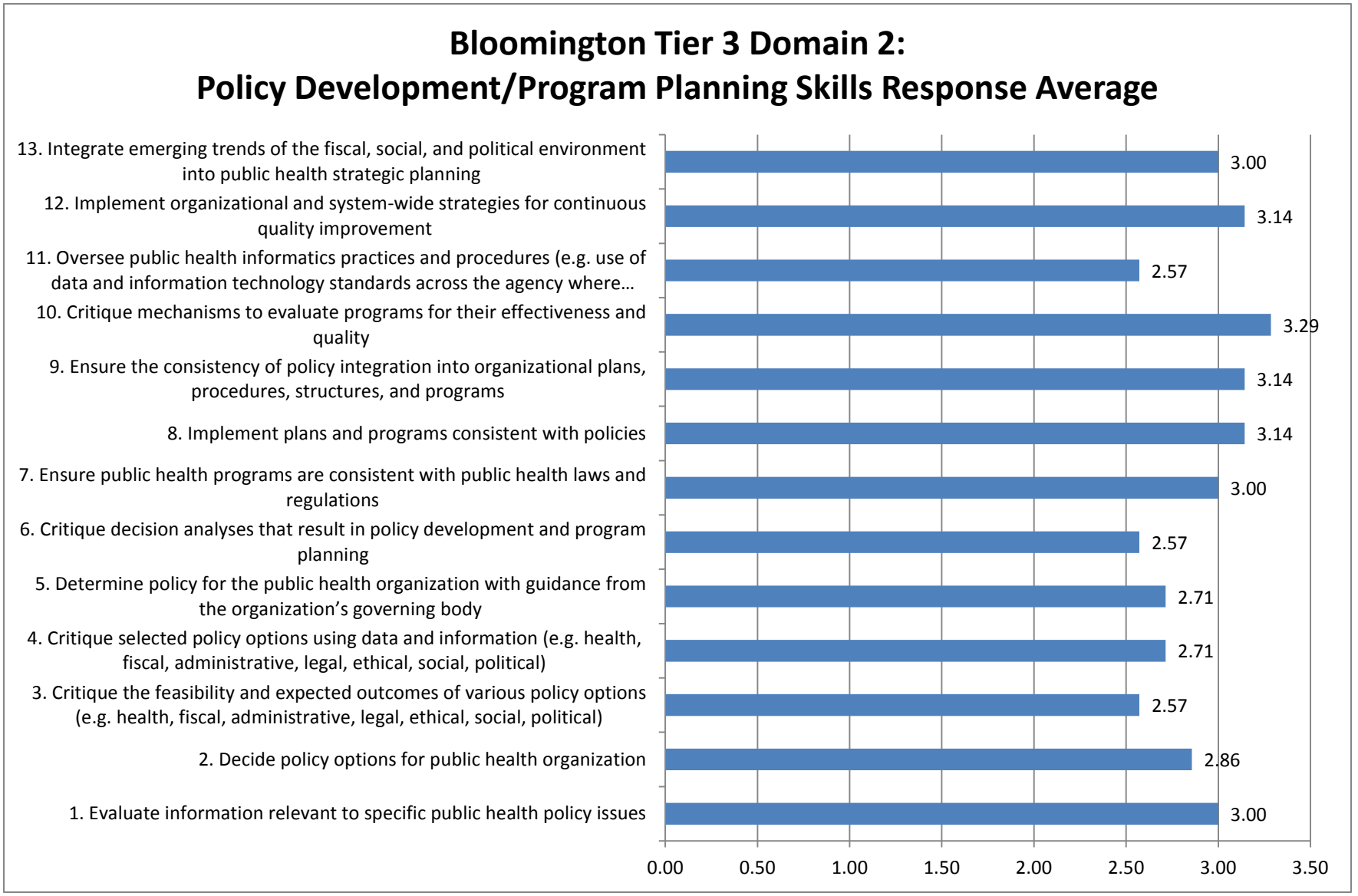

Bloomington Tier 2 Domain 6:
Public Health Science Skills Response Average
9. Contribute to building the scientific base of public health
2.86
8. Determine the laws, regulations, policies, and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)
2.43
7. Determine the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)
2.57
6. Retrieve scientific evidence from a variety of text and electronic sources
3.14
5. Conduct a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention
2.71
4. Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to…
2.71
3. Relate public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health
3.00
2. Distinguish prominent events in the history of the public health profession
2.86
1. Discuss the scientific foundation of the field of public health
3.14
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50

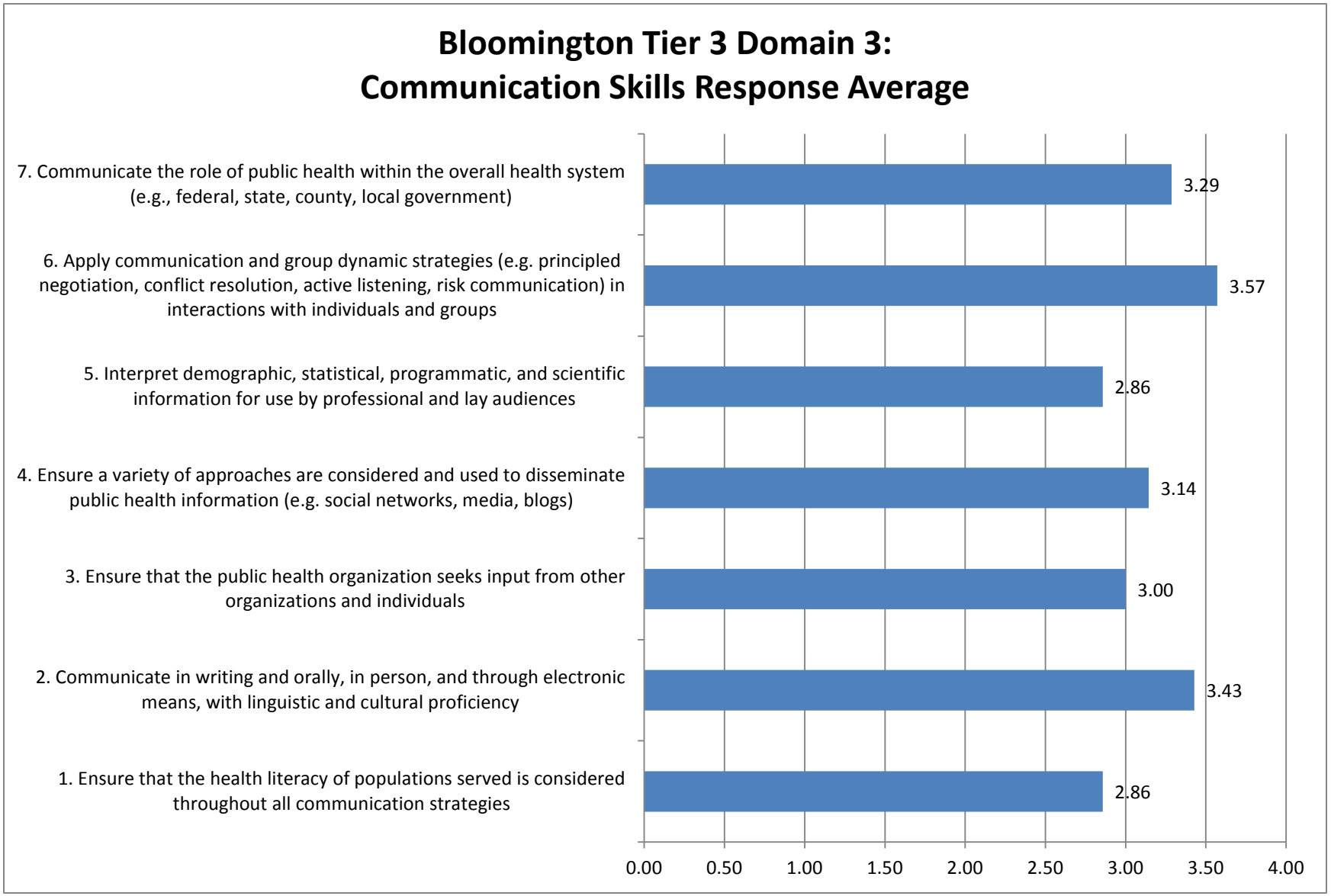

Bloomington Tier 2 Domain 7:
Financial Planning and Management Skills Response Average
14. Use cost-effectiveness, cost-benefit, and cost-utility analyses in...
2.14
13. Negotiate contracts and other agreements for the provision of services
1.71
12. Apply public health informatics skills to improve program and...
2.00
11. Apply basic human relations skills to the management of...
2.86
10. Prepare proposals for funding from external sources
2.00
9. Use evaluation results to improve performance
2.71
8. Evaluate program performance
2.43
7. Develop strategies for determining budget priorities based on federal,...
2.14
6. Manage programs within current and forecasted budget constraints;...
2.14
5. Develop a programmatic budget
1.86
4. Implement the judicial and operational procedures of the governing...
1.86
3. Develop partnerships with agencies within the federal, state, and local...
2.29
2. Interpret the organizational structures, functions, and authorities of...
2.29
1. Interpret the interrelationships of local, state, and federal public...
2.43
0.00
0.50
1.00
1.50
2.00
2.50
3.00

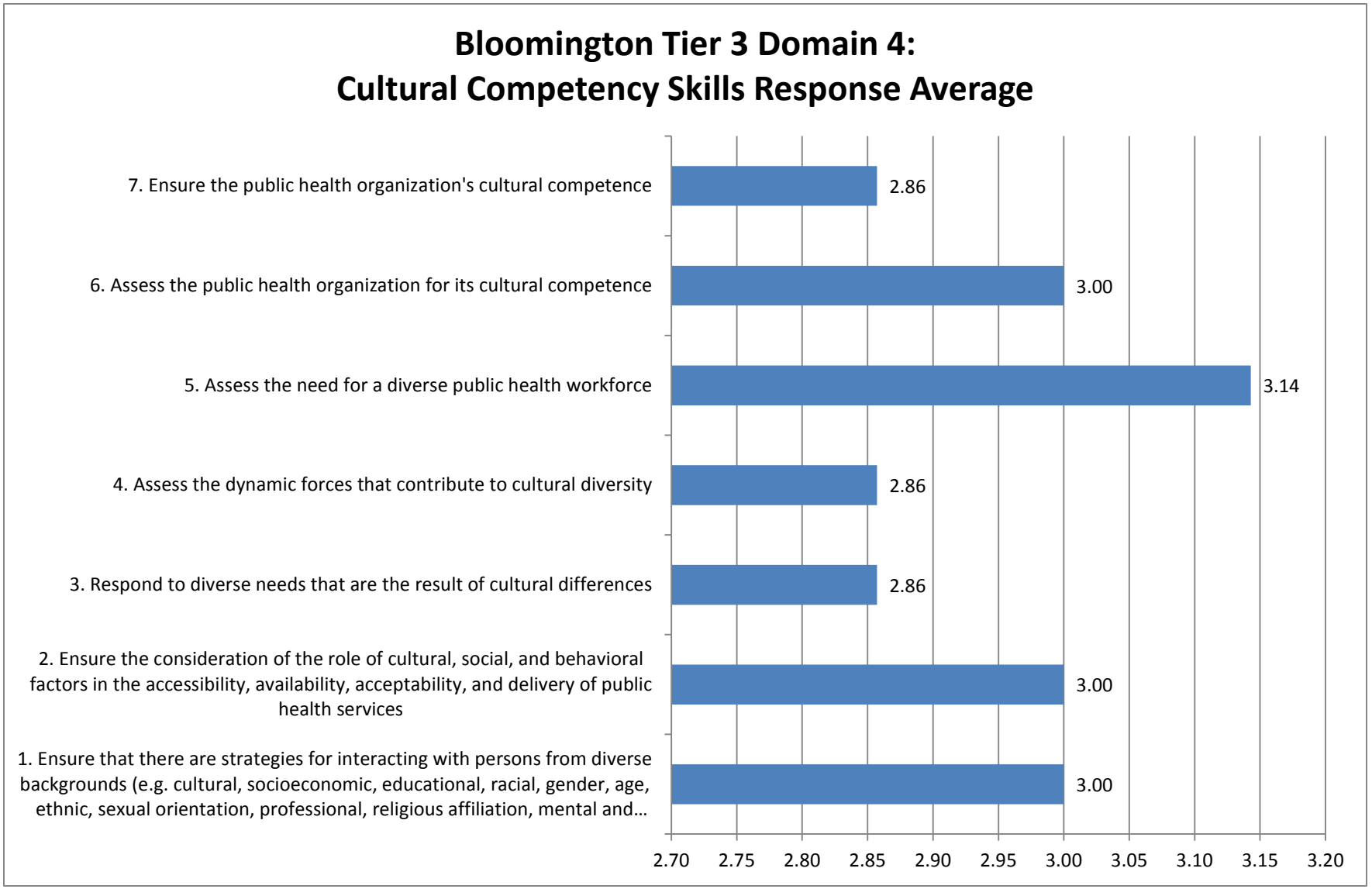

Bloomington Tier 2 Domain 8:
Leadership and Systems Thinking Skills Response Average
8. Modify organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment effectively...]
7. Contribute to the measuring, reporting, and continuous improvement of organizational performance
6. Establish mentoring, peer advising, coaching, or other personal development opportunities for the public health workforce
5. Promote individual, team, and organizational learning opportunities
4. Analyze internal and external problems that may affect the delivery of Essential Public Health Services
3. Participate with stakeholders in identifying key values and a shared vision as guiding principles for community action
2. Incorporate systems thinking into public health practice
1. Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
2.71
2.71
2.86
3.00
2.71
2.57
2.57
3.43
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50
4.00

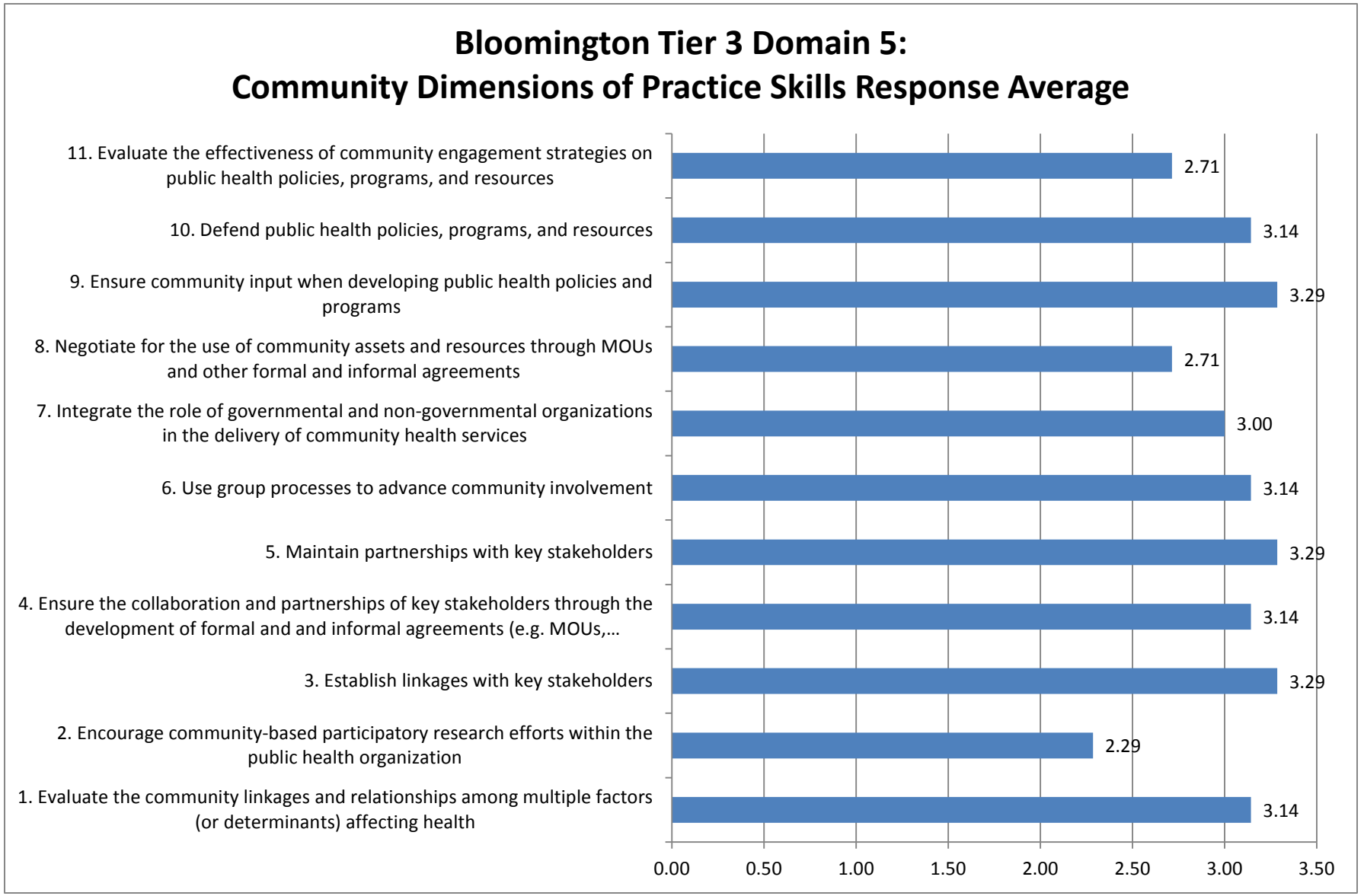

Bloomington Tier 3
Core Competency Assessment Domain Average
Analytical Assessment Skills
Policy Development/Program Planning Skills
Communication Skills
Cultural Competency Skills
Community Dimensions of Practice Skills
Public Health Sciences Skills
Financial Planning and Management Skills
Leadership and Systems Thinking Skills
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00
2.96
2.90
3.16
2.96
3.01
2.57
2.91
3.17

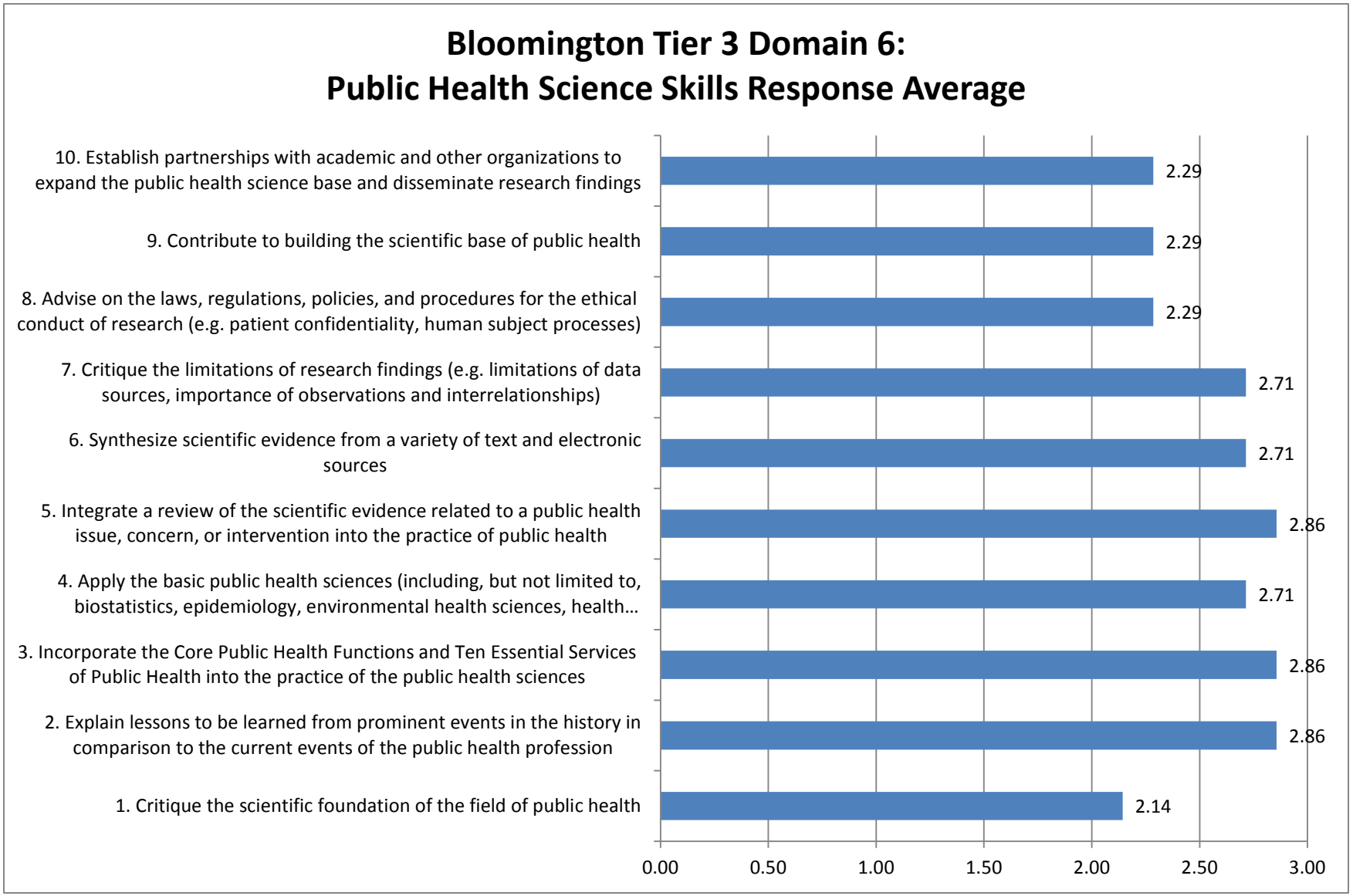

Bloomington Tier 3 Domain 1:
Analytical Assessment Skills Response Average
13. Identify the resources to meet community health needs
3.14
12. Incorporate data into the resolution of scientific, political, ethical, and social public health concerns
3.00
11. Use information technology to collect, store, and retrieve data
3.14
10. Determine community-specific trends from quantitative and qualitative data (e.g. risks and benefits to the community, health and…
3.14
9. Integrate the findings from quantitative and qualitative data in organizational operations
2.86
8. Ensure the application of ethical principles in the collection, maintenance, use, and dissemination of data and information
3.00
7. Rectify gaps in data sources
2.43
6. Evaluate the integrity and comparability of data
2.57
5. Expand access to public health data and information
3.00
4. Critique methods and instruments for collecting valid and reliable quantitative and qualitative data
2.43
3. Evaluate variables that measure public health conditions
3.00
2. Describe the characteristics of a population-based health problem (e.g. equity, social determinants, environment)
3.43
1. Review the health status of populations and their related determinants of health and illness conducted by the organization (e.g. factors…
3.29
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50
4.00

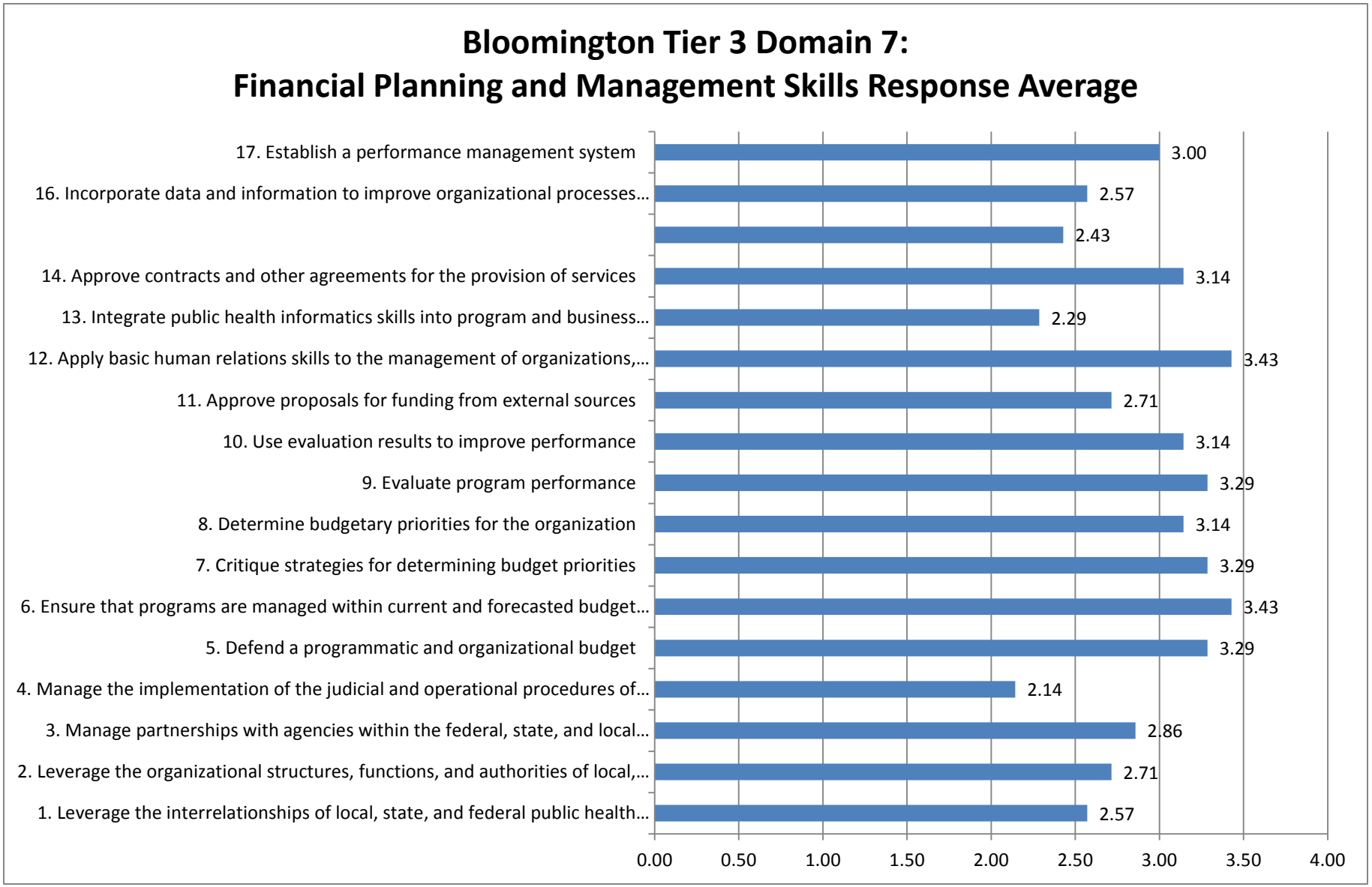

Bloomington Tier 3 Domain 2:
Policy Development/Program Planning Skills Response Average
13. Integrate emerging trends of the fiscal, social, and political environment into public health strategic planning
12. Implement organizational and system-wide strategies for continuous quality improvement
11. Oversee public health informatics practices and procedures (e.g. use of data and information technology standards across the agency where…
10. Critique mechanisms to evaluate programs for their effectiveness and quality
9. Ensure the consistency of policy integration into organizational plans, procedures, structures, and programs
8. Implement plans and programs consistent with policies
7. Ensure public health programs are consistent with public health laws and regulations
6. Critique decision analyses that result in policy development and program planning
5. Determine policy for the public health organization with guidance from the organization's governing body
4. Critique selected policy options using data and information (e.g. health, fiscal, administrative, legal, ethical, social, political)
3. Critique the feasibility and expected outcomes of various policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)
2. Decide policy options for public health organization
1. Evaluate information relevant to specific public health policy issues
3.00
3.14
2.57
3.29
3.14
3.14
3.00
2.57
2.71
2.71
2.57
2.86
3.00
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50


Bloomington Tier 3 Domain 3:
Communication Skills Response Average
7. Communicate the role of public health within the overall health system (e.g., federal, state, county, local government)
3.29
6. Apply communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
3.57
5. Interpret demographic, statistical, programmatic, and scientific information for use by professional and lay audiences
2.86
4. Ensure a variety of approaches are considered and used to disseminate public health information (e.g. social networks, media, blogs)
3.14
3. Ensure that the public health organization seeks input from other organizations and individuals
3.00
2. Communicate in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3.43
1. Ensure that the health literacy of populations served is considered throughout all communication strategies
2.86
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50
4.00


Bloomington Tier 3 Domain 4:
Cultural Competency Skills Response Average
7. Ensure the public health organization's cultural competence
2.86
6. Assess the public health organization for its cultural competence
3.00
5. Assess the need for a diverse public health workforce
3.14
4. Assess the dynamic forces that contribute to cultural diversity
2.86
3. Respond to diverse needs that are the result of cultural differences
2.86
2. Ensure the consideration of the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability, and delivery of public health services
3.00
1. Ensure that there are strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and…
3.00
2.70
2.75
2.80
2.85
2.90
2.95
3.00
3.05
3.10
3.15
3.20


Bloomington Tier 3 Domain 5:
Community Dimensions of Practice Skills Response Average
11. Evaluate the effectiveness of community engagement strategies on public health policies, programs, and resources
2.71
10. Defend public health policies, programs, and resources
3.14
9. Ensure community input when developing public health policies and programs
3.29
8. Negotiate for the use of community assets and resources through MOUs and other formal and informal agreements
2.71
7. Integrate the role of governmental and non-governmental organizations in the delivery of community health services
3.00
6. Use group processes to advance community involvement
3.14
5. Maintain partnerships with key stakeholders
3.29
4. Ensure the collaboration and partnerships of key stakeholders through the development of formal and and informal agreements (e.g. MOUs,…
3.14
3. Establish linkages with key stakeholders
3.29
2. Encourage community-based participatory research efforts within the public health organization
2.29
1. Evaluate the community linkages and relationships among multiple factors (or determinants) affecting health
3.14
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50


Bloomington Tier 3 Domain 6:
Public Health Science Skills Response Average
10. Establish partnerships with academic and other organizations to expand the public health science base and disseminate research findings
9. Contribute to building the scientific base of public health
8. Advise on the laws, regulations, policies, and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)
7. Critique the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)
6. Synthesize scientific evidence from a variety of text and electronic sources
5. Integrate a review of the scientific evidence related to a public health issue, concern, or intervention into the practice of public health
4. Apply the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health…
3. Incorporate the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences
2. Explain lessons to be learned from prominent events in the history in comparison to the current events of the public health profession
1. Critique the scientific foundation of the field of public health
2.29
2.29
2.29
2.71
2.71
2.86
2.71
2.86
2.86
2.14
0.00
0.50
1.00
1.50
2.00
2.50
3.00


Bloomington Tier 3 Domain 7:
Financial Planning and Management Skills Response Average
17. Establish a performance management system
16. Incorporate data and information to improve organizational processes...
14. Approve contracts and other agreements for the provision of services
13. Integrate public health informatics skills into program and business...
12. Apply basic human relations skills to the management of organizations,...
11. Approve proposals for funding from external sources
10. Use evaluation results to improve performance
9. Evaluate program performance
8. Determine budgetary priorities for the organization
7. Critique strategies for determining budget priorities
6. Ensure that programs are managed within current and forecasted budget...
5. Defend a programmatic and organizational budget
4. Manage the implementation of the judicial and operational procedures of...
3. Manage partnerships with agencies within the federal, state, and local...
2. Leverage the organizational structures, functions, and authorities of local,...
1. Leverage the interrelationships of local, state, and federal public health...
3.00
2.57
2.43
3.14
2.29
3.43
2.71
3.14
3.29
3.14
3.29
3.43
3.29
2.14
2.86
2.71
2.57
0.00
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1.00
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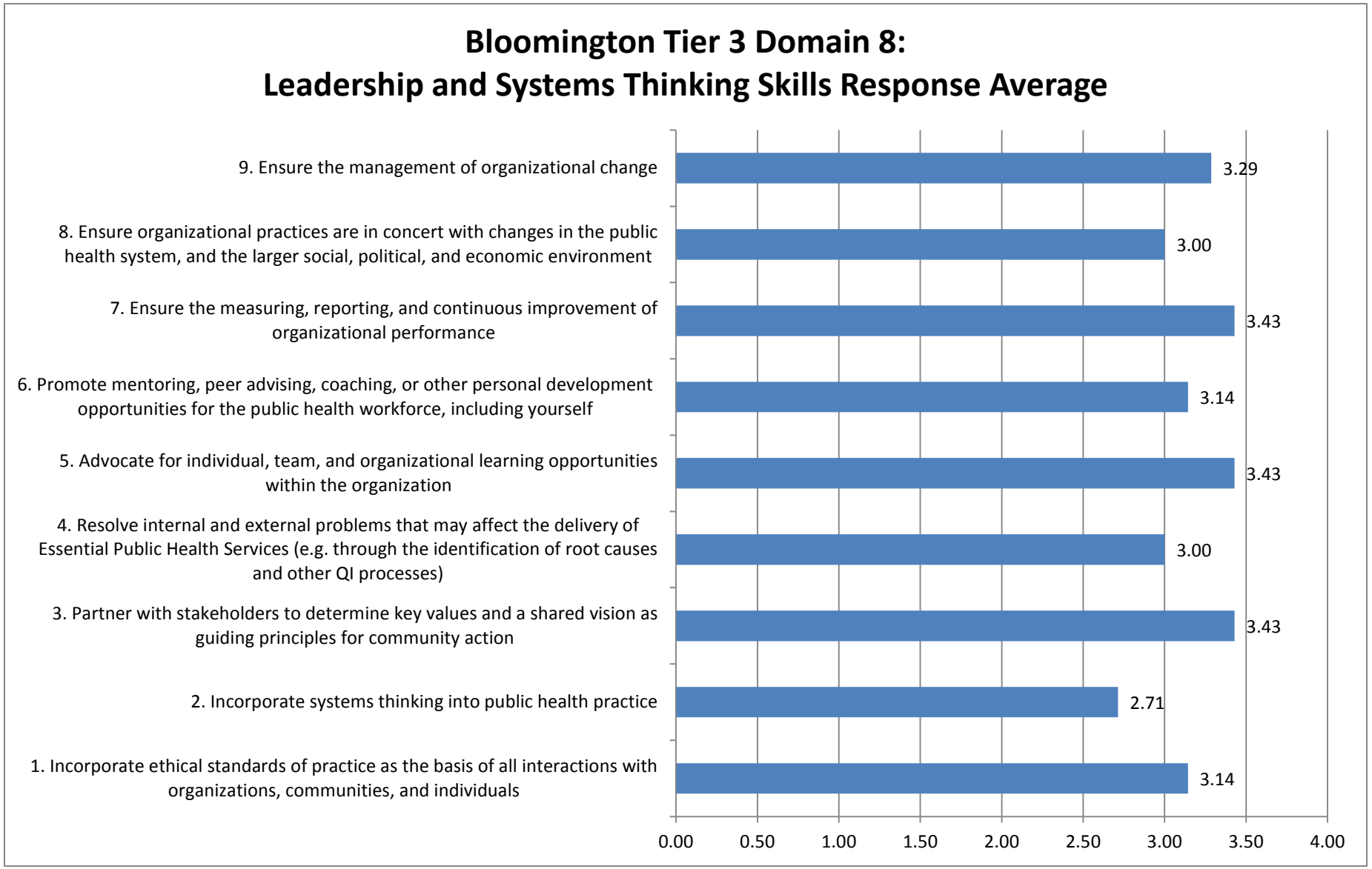
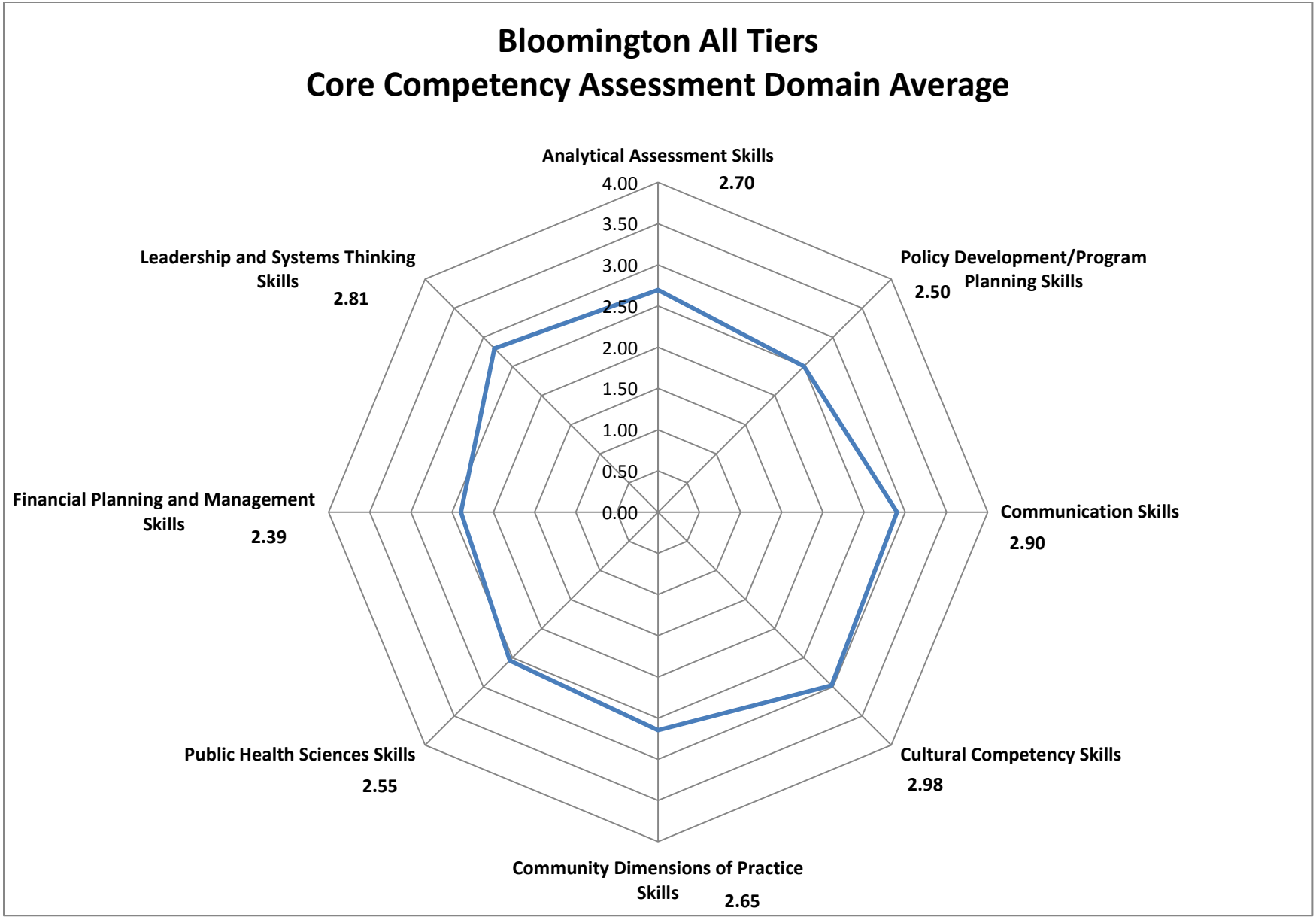
2.50
3.00
3.50
4.00


Bloomington Tier 3 Domain 8:
Leadership and Systems Thinking Skills Response Average
9. Ensure the management of organizational change
3.29
8. Ensure organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment
3.00
7. Ensure the measuring, reporting, and continuous improvement of organizational performance
3.43
6. Promote mentoring, peer advising, coaching, or other personal development opportunities for the public health workforce, including yourself
3.14
5. Advocate for individual, team, and organizational learning opportunities within the organization
3.43
4. Resolve internal and external problems that may affect the delivery of Essential Public Health Services (e.g. through the identification of root causes and other QI processes)
3.00
3. Partner with stakeholders to determine key values and a shared vision as guiding principles for community action
3.43
2. Incorporate systems thinking into public health practice
2.71
1. Incorporate ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
3.14
0.00
0.50
1.00
1.50
2.00
2.50
3.00
3.50
4.00


Bloomington All Tiers
Core Competency Assessment Domain Average
Analytical Assessment Skills
2.70
Policy Development/Program Planning Skills
2.50
Communication Skills
2.90
Cultural Competency Skills
2.98
Community Dimensions of Practice Skills
2.65
Public Health Sciences Skills
2.55
Financial Planning and Management Skills
2.39
Leadership and Systems Thinking Skills
2.81
4.00
3.50
3.00
2.50
2.00
1.50
1.00
0.50
0.00

BLOOMINGTON - Core Competency Prioritization Matrix (02/07/2014)

	Analytical Assessment	Policy Development Program Planning	Communication	Cultural Competency	Community Practice Dimensions	PH Sciences	Financial Planning Management	Leadership Systems Thinking	SCORE	RANK
Analytical Assessment		1.0	0.2	0.2	1.0	5.0	1.0	0.2	**8.6**	**7**
Policy Development Program Planning	1.0		1.0	1.0	1.0	5.0	0.2	0.2	**9.4**	**6**
Communications	5.0	1.0		1.0	1.0	5.0	0.2	0.1	**13.3**	**4**
Cultural Competency	5.0	1.0	1.0		1.0	5.0	0.2	1.0	**14.2**	**3**
Community Practice Dimensions	1.0	1.0	1.0	1.0		5.0	0.2	1.0	**10.2**	**5**
PH Sciences	0.2	0.2	0.2	0.2	0.2		0.2	0.2	**1.4**	**8**
Financial Planning Management	1.0	5.0	5.0	5.0	5.0	5.0		5.0	**31.0**	**1**
Leadership Systems Thinking	5.0	5.0	10.0	1.0	1.0	5.0	0.2		**27.2**	**2**

Rating Scale:

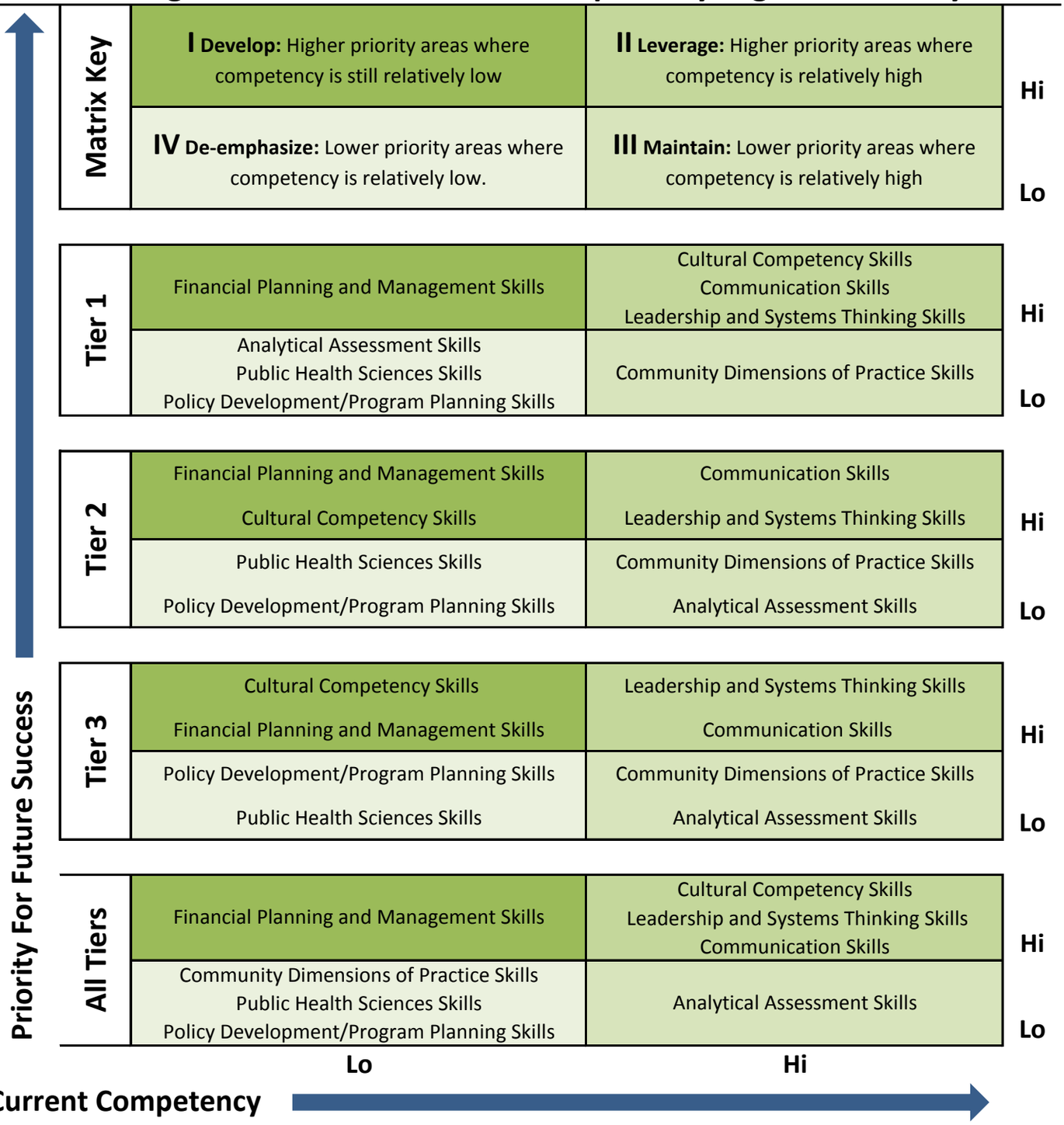
10: Exceedingly more important
5: Significantly more important
1: Equally important
0: No relationship
.2: Significantly less important
.1: Exceedingly less important

Brief Instructions

Compare the item on the first row to the item in the first column by asking the following questions:

1. Are the items related to each other? If no, place the number **0** in the cell; if yes, ask the following question:
2. Are they equally important in influencing each other? If yes, place the number **1** in the cell; if no, ask the following question:
3. Does having __ contribute more than __ in achieving our goals? The factor that contributes more than the other will get a **5 or 10** in the row
4. Each time a number is inserted into a row, the reciprocal value should be recorded in the corresponding cell for the same pair of factors. The reciprocal values are **10/0.1** and **5/0.2**.
5. The score column will auto-sum based on the ratings entered in the preceding columns.
6. The ranking column will need to be completed manually with the highest score receiving a 1 and the lowest score receiving an 8

Bloomington Public Health Core Competency High-Yield Analysis



Based on competency assessment using Council on Linkages Core Competencies for Public Health Professionals

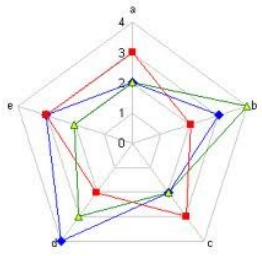
Staff Response Rates:

Tier 1: 79.40%
Tier 2: 87.50%
Tier 3: 100%

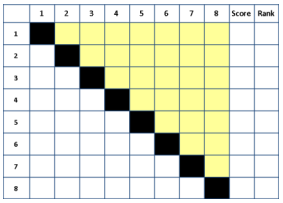
3-Step Competency Prioritization Sequence

The Core Competencies for Public Health Professionals (Core Competencies), a consensus set of competencies developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), are widely used by public health organizations.[1] Three quality improvement (QI) tools can be used in sequence to help public health organizations and professionals effectively prioritize competency development efforts.

I. Competency Gap Assessment

Goal	Steps	QI Tool
Identify the public health organization's relative strengths and areas for development across the 8 Core Competencies domains	Gather competency baseline data by either: • Aggregating data drawn from individual assessment activities, or • Assessing organization-wide competencies using a group exercise	Radar Chart 

II. Competency Prioritization

Goal	Steps	QI Tool
Identify the relative importance of the 8 Core Competencies domains within the context of the public health organization's strategic objectives	• Identify primary goal • Develop a numerical scale for comparing domains • Develop judging standards for comparing domains • Make pairwise comparisons • Develop numerical scores for domains by consensus • Sum and rank scores for domains	Prioritization Matrix 

III. High-Yield Competency Analysis

Goal	Steps	QI Tool
Select Core Competencies domains for immediate development and other appropriate actions	• Rank the 8 domains on current competency (top 4 and bottom 4) • Rank the 8 domains on current priority (top 4 and bottom 4) • Based on the rankings, place each domain in one quadrant of the matrix	Matrix Diagram 

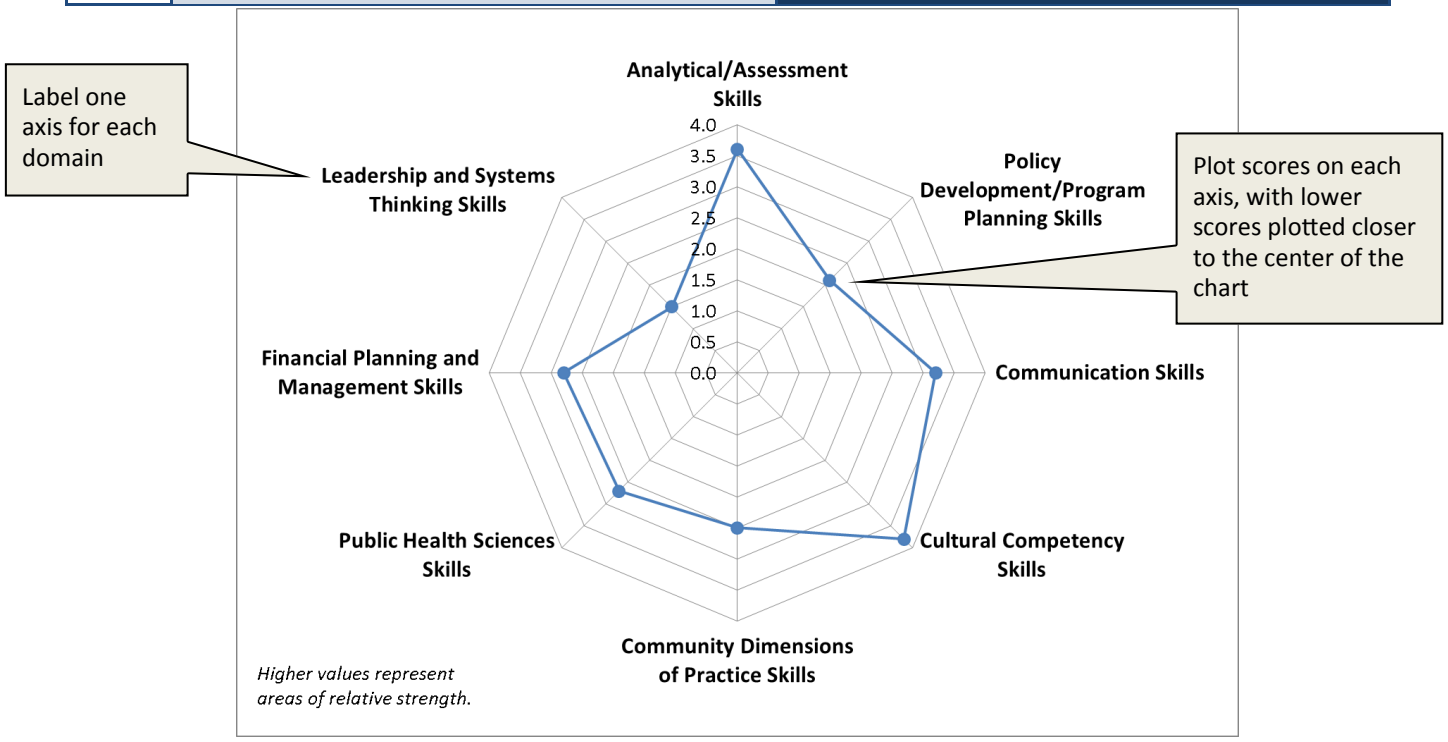
Develop and monitor high-yield domains

[1] The Core Competencies for Public Health Professionals and related tools are available at: http://www.phf.org/programs/corecompetencies

I. Competency Gap Assessment

Goal: Identify the public health organization's relative strengths and areas for development across the 8 Core Competencies domains. A sample follows the description of steps, and a blank radar chart template is provided on the following page.

	Option 1 Aggregate Individual Competency Data	Option 2 Estimate Organization-wide Competencies
Steps	• Gather individual-level data on current competencies in the workforce in all 8 Core Competencies domains. This may be done using a competency assessment tool (self-assessment).[2] Different versions of the tool are available for progressive career stages. • Calculate an average score for each domain for each individual; then calculate an average score across all individuals in each domain. • Plot average domain scores[3] on a radar chart (example shown below).	• Convene a group of 8-10 individuals who are collectively familiar with the skills and performance of a broad cross-section of the workforce. • Agree on a rating scale (e.g., 0 to 4) and reach consensus on the current competency of the workforce in each of the 8 Core Competencies domains. • Capture the rationale for the consensus rating on each domain. • Plot scores for each domain on a radar chart (example shown below).
Pros	Individual-level is ideal for capturing specifics and variations across the workforce. The data can be grouped by tenure, role, or other factors to assist in pinpointing areas of relative strength and opportunities for development.	Ideal for making a global assessment of overall workforce needs as a snapshot in time. Can be completed by a small group of individuals during a two-hour meeting.
Cons	Can be time-consuming to gather and analyze the data. No norms exist for the assessment tool.	Because group members have exposure to a limited sample of the workforce, the data may suffer from sampling bias.



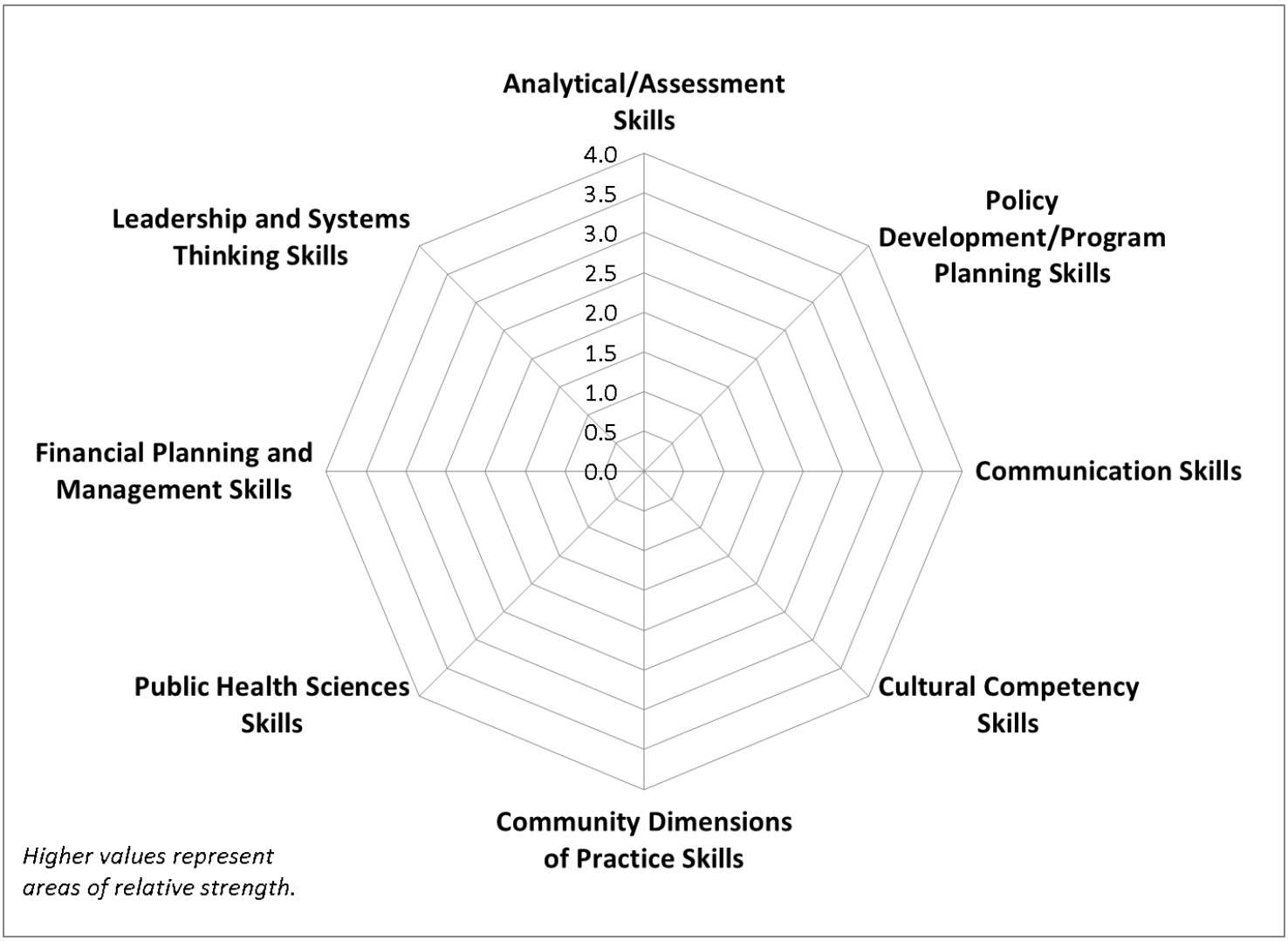
[2] The tools were designed as self-assessments to be completed by individual public health workers; they can also be used by managers to assess competencies of their team members. Competency assessment tools provided by the Council on Linkages are available at: http://www.phf.org/competencyassessments

[3] Optional step: Calculate and plot the range and/or standard deviation for the workforce on each domain to examine the variation in competencies across the workforce.

I. Competency Gap Assessment (continued)

Use the blank radar chart to record the competency scores for your organization.

Which Core Competencies domains represent relative strengths and opportunities for potential improvement?



Higher values represent areas of relative strength.

II. Competency Prioritization

Goal: Identify the relative importance of the 8 Core Competencies domains within the context of the public health organization's strategic objectives. A sample follows the description of steps, and a blank prioritization matrix template is provided on the following page.

Steps: Construct and complete a matrix in which all domains are compared to all other domains (one at a time) with the relative importance of domains evaluated according to programmatic goals.

- Identify decision criteria driver or goal (e.g., improved outcomes, improved efficiency, improved client satisfaction, improved financial results, improved flexibility).
- Develop a numerical scale to represent each judgment based on the decision criteria selected. The scale will be used to assign values to each comparison of one domain to another. For example: 0—no relationship, 1—equally important, 5—significantly more important, 10—exceedingly more important, 1/5—significantly less important, 1/10—exceedingly less important.
- Develop standards for judging to make sure each domain gets a thorough evaluation.
- Develop numerical scores by consensus by making pairwise comparisons between all domains (e.g., domain 1 vs. domain 2, domain 2 vs. domain 3). Let the experts decide; expertise will tend to vary from one domain to another during the exercise.
    - Does having ____ contribute more than ____ in achieving the goal?
    - Will _____ lead toward the goal more than ____?
- Sum and rank scores for each domain.

Assign a score to each pairwise comparison; scores in white cells are the inverse of scores in the yellow cells for the same domain pair

In yellow cells, values less than 1 indicate the row's domain is less important than the column's domain

Total the cell values in each row to reach scores for each domain

Rank order the scores; lower ranks are the higher priorities according to the group's consensus

	1	2	3	4	5	6	7	8	Score	Rank
1. Analytical/Assessment Skills		1/5	1	10	1/10	1	1/5	1/5	12.7	7
2. Policy Development/Program Planning Skills	5		1/5	1	10	10	5	5	36.2	1
3. Communication Skills	1	5		1	1	5	10	1	24.0	4
4. Cultural Competency Skills	1/10	1	1		5	1	1/5	5	13.3	5
5. Community Dimensions of Practice Skills	10	10	1	5		1	1/10	1	28.1	2
6. Public Health Sciences Skills	1	1	1/5	1/10	1		1	1/5	4.5	8
7. Financial Planning and Management Skills	5	5	1/10	1/5	10	1		5	26.3	3
8. Leadership and Systems Thinking Skills	5	1/5	1	1/5	1	5	1/5		12.8	6

II. Competency Prioritization (continued)

Use the blank matrix below to complete the prioritization exercise.

Which Core Competencies domains are most important to realizing your organization's strategic objectives?

	1	2	3	4	5	6	7	8	Score	Rank
1. Analytical/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										

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

This rating scale is only a sample. Scales with finer gradation can also be used (e.g., 1/3, 1/4, 1/5, 1/6); however, scales with fewer gradations (such as the one to the right) emphasize differences between options and make ranking domains much easier.

III. High-Yield Competency Analysis

Goal: Select Core Competencies domains for immediate development and other appropriate actions. A sample is provided below, and blank grid templates are provided on the following page.

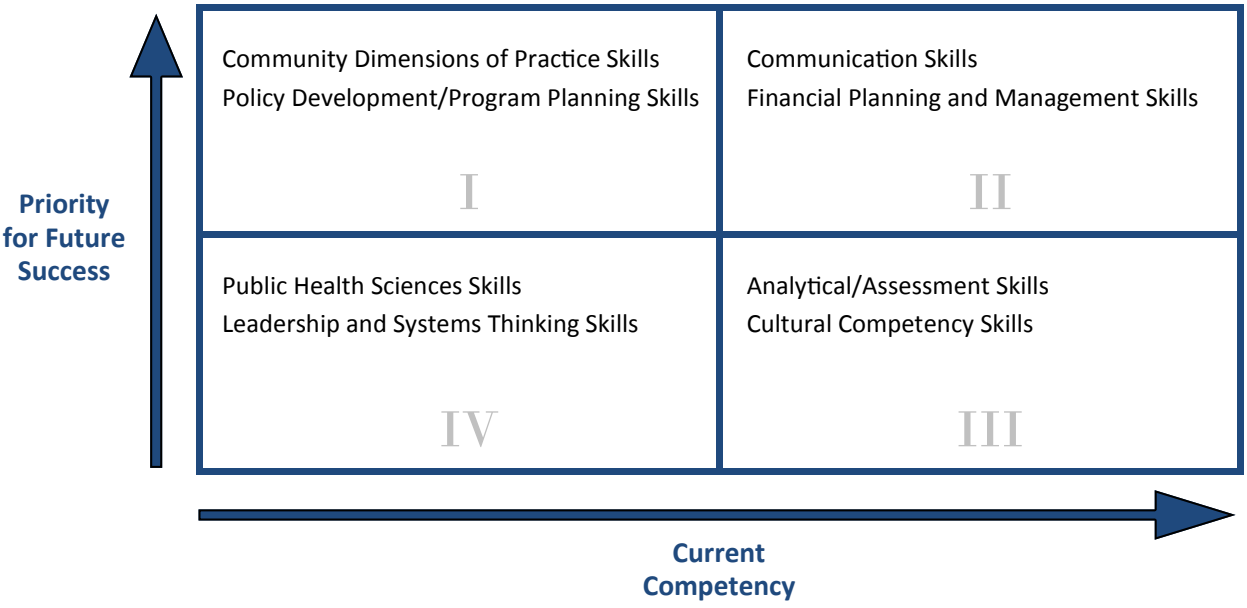
Steps: Using the data from Exercise I, rank the 8 domains on current competency.

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

Using the data from Exercise II, rank the 8 domains on current priority for future success.

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

Based on the rankings, place each domain in one quadrant of the Matrix Diagram below.



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

III. High-Yield Competency Analysis (continued)

Use the blank tables below to identify high-yield Core Competencies domains.

Which Core Competencies domains shall we prioritize for workforce development in the short-term?

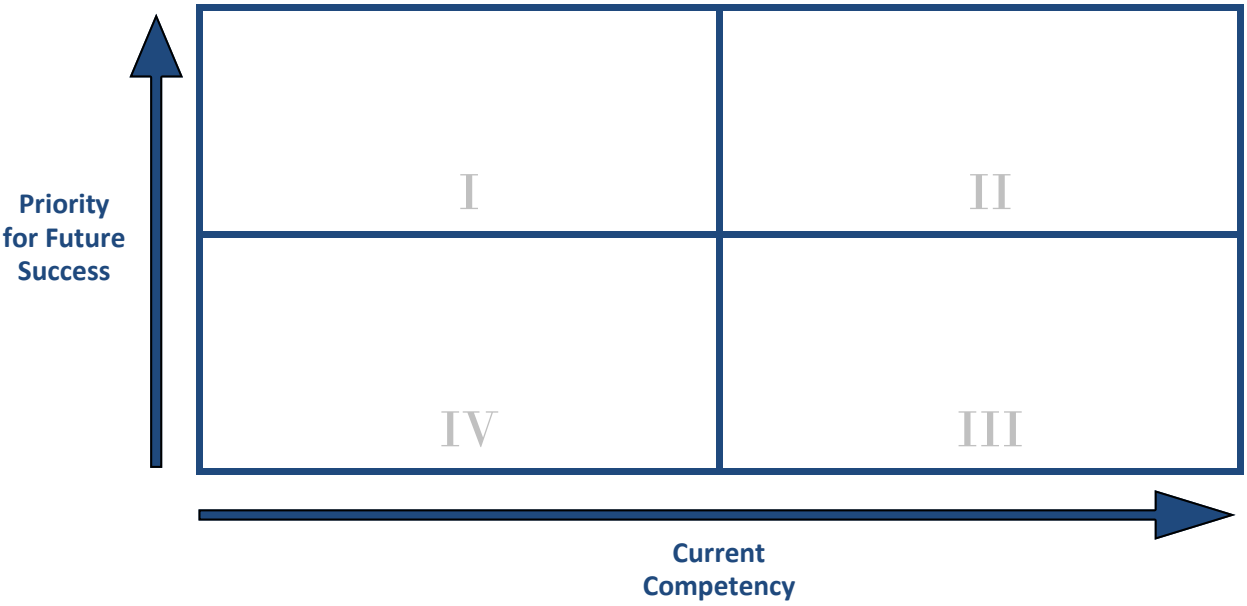
Steps: Using the data from Exercise I, rank the 8 domains on current competency.

Higher Competency Domains	Lower Competency Domains

Using the data from Exercise II, rank the 8 domains on current priority for future success.

Higher Priority Domains	Lower Priority Domains

Based on the rankings, place each domain in one quadrant of the Matrix Diagram below.



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