



Iowa Department of Public Health



# WORKFORCE DEVELOPMENT PLAN

---

**2017-2018**

Iowa Department of Public Health  
Adopted on 8/15/2016  
Revised on 8/21/2017



*Signature Page*

---

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

8/21/2017

---

Gerd W. Clabaugh, Director Iowa Department of Public Health

8/21/2017

---

Sarah G. Reisetter, Deputy Director Iowa Department of Public Health

8/21/2017

---

Joy Harris, Modernization and Accreditation Coordinator Iowa Department of Public Health

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by
July, 2017	1	Updated data charts for training numbers, updated barriers and solutions, updated demographic information, updated social media data, updated workforce goals, updated in-house trainings offered, updated appendices	2-5, 7, 8, 15, 17-18	Vickie Strosahl, Education Coordinator

For questions about this plan, contact:

Vickie Strosahl, Education Coordinator  
Bureau of Planning Services, Iowa Department of Public Health  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, Iowa 50319  
Phone: 515-281-7689



## *Table of Contents*

---

Training and development of the workforce are part of a comprehensive strategy toward department quality improvement. Fundamental to this work is identifying knowledge gaps and addressing those gaps through targeted training and development.

This plan serves as the foundation for the Iowa Department of Public Health's ongoing commitment to the training and development of its workforce.

<b>Topic</b>	<b>See Page</b>
Agency Profile	1
Workforce Profile	7
Competencies and Workforce Skills Assessment	10
Training Needs	12
Workforce Development Goals	15
Curriculum and Training Schedules	16
Implementation and Monitoring	18
Appendices	
Appendix A: FY2014-2016 Strategic Plan and 2017-2021 Strategic Plan	
Appendix B: Table of Organization	
Appendix C: In-House Training Data	
Appendix D: LEAD Training Topics	
Appendix E: PDS Classes	
Appendix F: Crosswalk of IDPH Workforce Skills Assessment to Council on Linkages Core Competencies	
Appendix G: Executive Summary of Workforce Skills Assessment Results	
Appendix H: New Employee Orientation Agendas	

### Introduction

This section provides a broad overview of the department's mission and vision, strategic priorities, governance, learning culture, barriers and solutions, supportive workforce policies, and links to other agency policies.

### Mission and Vision

The Iowa Department of Public Health (IDPH) mission is *protecting and improving the health of Iowans*. The IDPH vision is *healthy Iowans in healthy communities*.

### Strategic Priorities

IDPH has a Strategic Operational Plan (SOP). The original version of this workforce development plan was written to directly support Goal 2 of the FY 2014-2016 plan. The FY 2014-2016 SOP was revised in October 2016 and replaced with the 2017-2021 Strategic Plan (SP) (See Appendix A). The new, five-year SP focuses on improving efficiency of the department, and its capability and capacity to improve the health of Iowans. The FY 2017-2021 SP includes three goals:

- Goal 1. Strengthen the department's role as Iowa's chief health strategist (CHS)
- Goal 2. Strengthen the department's capability and capacity to improve population health through partnerships, communications, workforce development, and quality improvement (QI)
- Goal 3. Implement a collaborative, department-wide approach to addressing Iowa's top health issues

The SP Goal 1 reflects the department's commitment to implementing strategies to address the changing needs of public health and Goal 2 specifically addresses workforce development.

### Governance

The Iowa State Board of Health is the policy-making body for IDPH. It has the power and duty to adopt, promulgate, amend, and repeal rules and regulations, and advise or make recommendations to the governor, General Assembly, and the director of the Iowa Department Public Health, on public health, hygiene, and sanitation. Under the leadership of the director, IDPH exercises general supervision of the state's public health; promotes public hygiene and sanitation; and, unless otherwise provided, enforces laws on public health. IDPH conducts its programs through five major divisions, the deputy director and the director (See Appendix B).

### Learning Culture

IDPH supports employee professional development. Employees are offered in-house trainings on a wide variety of topics such as finance contracting, quality improvement, technology skills, and many more (See Appendix C). In-house trainings are free for employees to attend during work time. Presenters are typically IDPH employees who agree to share topic-related expertise with fellow employees. Supervisors encourage employees to attend in-house trainings. The following table shows the number of in-house classes offered and the total attendance for 2015 and 2016.

	<b>Total # of Separate In-House Training Sessions Offered (Includes duplicate classes of some topics)</b>	<b>Total Yearly Attendance for All Offerings in a Given Year</b>
<b>2015</b>	90	974
<b>2016</b>	93	1819

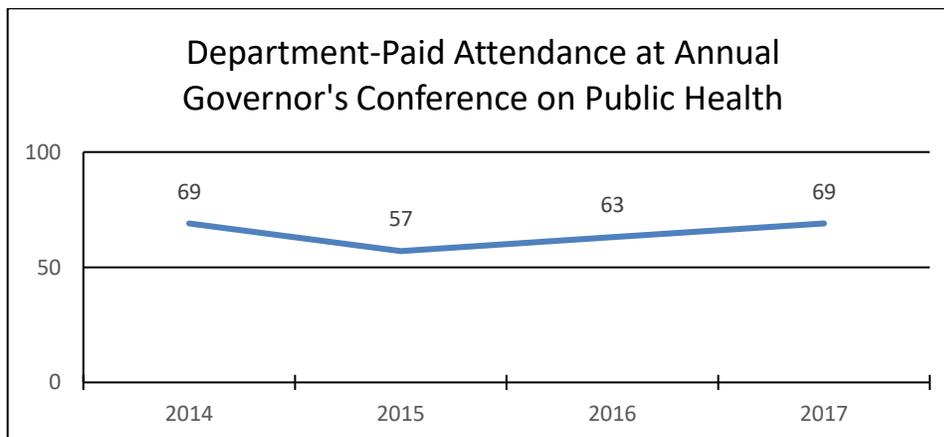
Employees are invited to subscribe to a training distribution list. Members receive monthly emails on in-house training offerings. In-house training offerings are also posted on the Intranet.

*In the Know* is a bi-annual training newsletter to promote training resources. The newsletter is distributed by email and archived editions are posted on the Intranet.

A series of five leadership development classes are taught annually. The series is titled Leading through Engagement, Activities and Development, or LEAD. Employees apply to attend the LEAD series (See appendix D for LEAD dates and attendance).

IDPH employees have access to the Department of Administrative Service’s (DAS) Professional Development Solutions (PDS) classes. PDS offers both classroom and on-line formats. PDS has courses in a wide range of topic areas, offers certificate programs, and provides leadership development training. Most PDS classes have registration fees and require supervisor approval. From 1/1/2014 to 12/31/2016, IDPH employees attended over 400 PDS classes (See Appendix E).

Iowa has an annual, two-day Governor’s Conference on Public Health. The department allows employees to participate on work time and pays registration fees. Conference session topics address a wide range of public health issues. The conference draws participants from local public health agencies and health organizations. IDPH employees often present at the annual conference. In 2016, 22 IDPH employees helped present at 15 sessions. Department-paid attendance to this conference for the past few years is shown below.



The department has strong partnerships with the state’s academic institutions. IDPH employees have collaborated with the Midwestern Public Health Training Center (MPHTC) through the University of Iowa to develop training programs like Gaining Ground. Gaining Ground (funded by the Robert Wood Johnson Foundation) is an initiative designed to promote public health accreditation in the state. IDPH worked in partnership with the MPHTC, the Iowa Public Health Association, and other members of Iowa’s Gaining Ground Coalition to develop videos and seminars for Gaining Ground.

To promote communication and support a learning culture, a monthly series of Bus Stop trainings began in January 2016. The intent of the Bus Stop title is to create a fun theme around “getting on the bus” for IDPH’s journey to accreditation. Bus Stop trainings describe Public Health Accreditation Board (PHAB) domain requirements, inform of accreditation progress, and highlight important IDPH initiatives and programs. Attendance is open to all employees. The sessions are advertised through the training distribution list, on the Intranet Training Calendar, and by monthly emails from the director. Sessions are videotaped for employees who are unable to attend in person. All Bus Stop materials are posted on a central location of the Intranet under a PHAB heading. The following table describes the monthly Bus Stop topics from January 2016 to July 2017.

<b>Month</b>	<b>Bus Stop Title</b>
January 2016	<i>Public Health Accreditation</i>
February 2016	<i>IDPH’s Performance Management System-Cultivating an Organization of Quality Improvement</i>
March 2016	<i>Employee Surveys, Workforce Skills Assessment, and the Workforce Development Plan</i>
April 2016	<i>Healthy Iowans: Iowa’s State Health Assessment</i>
May 2016	<i>Kaizen Project for Quality Improvement</i>
June 2016	<i>Legislative Session and IDPH Budget</i>
July 2016	<i>The Future of Public Health: The 2030 Public Health Chief Strategies</i>
August 2016	<i>Governance: The duties and membership of the Iowa State Board of Health</i>
September 2016	<i>Public Health Law</i>
October 2016	<i>IDPH’s data tracking portal, processes for data use, and PHAB requirements around data</i>
November 2016	<i>Collaboration- It matters!</i>
January 2017	<i>Emergency Operations</i>
February 2017	<i>IDPH’s 2017-2021 Strategic Plan</i>
March 2017	<i>State Hygienic Lab</i>
April 2017	<i>Employee Survey Results and Director’s Report</i>
May 2017	<i>State Medical Examiner’s Office</i>
June 2017	<i>Opioid Crisis</i>
July 2017	<i>HIV/STD/Hepatitis</i>

## Barriers and Solutions

**General Funding:** Recent state and federal funding cuts will require changes to the department's programs; they present barriers for workforce development. The uncertainty of funding streams impacts all bureaus and programs. The new strategic plan addresses the need for the department to become a chief health strategist, which will require cross-cutting skill development to help the department deal with things like systems changes, change management and communicating persuasively. The department is beginning to investigate needs for these types of trainings.

**Training Funding:** The lack of a department-wide budget for training is an ongoing challenge.

**Communicating Value and Need:** An ongoing challenge is to balance legislative and media priorities with public health goals and functions. This requires key department personnel to educate legislators, the public and other partners in what we do. The cross-cutting skill of learning ways to communicate persuasively is one way this challenge could be addressed. To help address this communication need, the department has offered trainings in data use and how to communicate data through infographics and social math.

**Limitations of the Learning Management System:** IDPH has access to a Learning Management System (LMS) called Prepare Iowa, which focuses on preparedness. However, Prepare Iowa is not adaptable to all trainings. To address this issue, a registration process was created to allow employees to electronically register for and receive confirmation of in-house trainings. While the current system allows for in-house registrations, it does not apply to registration for external professional development. The lack of a functional LMS makes it challenging for employees and managers to track individual professional development. The department has done initial investigation of LMS platforms including the Public Health Foundation's TRAIN, but funding sources are a barrier.

**Limited Experience with ELearning Development:** ELearning is a training platform for which IDPH has little experience. ELearning programs would be especially helpful for ongoing training needs. The challenges around eLearning include funding for software and staffing time to create programs. Many eLearning software programs are designed to work only when hosted on a learning management system (LMS). ELearning activities such as progress tracking and quizzes will not work without a LMS. The department has started to record trainings as an alternative eLearning method.

**Employee Turnover Rate:** The average turnover rate for IDPH (2011-2016) is 8 percent. Approximately 26 percent of the permanent workforce qualifies for retirement in the next five years (See Workforce Profile page 7). To address this challenge, the department provided supervisory staff a training session on succession planning and employee retention in the fall of 2016.

**Space Issues and Communication Challenges:** IDPH employees are not all in one building. Some of the professional licensure boards and the Office of the State Medical Examiner's Office are in separate locations from the majority of the department's programs in the Lucas State Office Building (LSOB). There are regional staff and employees who work out of field offices. The LSOB is crowded with limited storage space. Separate working areas and overcrowded conditions create challenges to communication and to making employees feel part of a cohesive group/organization. To help with communication, a monthly series of trainings called "Bus Stops" address issues occurring in different programs and bureaus.

**Technology Issues:** Other challenges for the department include making documents, policies, trainings and forms more accessible on different mobile platforms such as mobile phones or tablets. Currently, most documents are only available through the department website and in hard copy. The department

moved from Microsoft to Google formats in 2016. This has created additional challenges with document functionality and ongoing technology training needs

### **Supportive Workforce Policies**

IDPH has a number of policies that support its workforce. The following table represents a few.

<b>Policy Name</b>	<b>General Overview</b>	<b>Where Located</b>
Academic Education Reimbursement Policy	Outlines eligibility and process for department reimbursement for academic education	On the Intranet under Policies
Employee Dress-Business and Casual Attire Guidelines	Outlines acceptable dress codes and allows for casual/jean Fridays	On the Intranet under Policies
Intermittent Telework and Satellite Office Policies	Details the steps for employees to apply to telework either on a permanent (satellite office) or an intermittent basis	On the Intranet under Policies
New Worker Orientation Policy	Formal policy to ensure new employees are supported in attending orientation sessions	On the Intranet under Policies
Memberships Policy	Establishes policies and procedures for memberships in professional organizations that allow supervisors to approve employee participation in appropriate professional organizations during normal business hours at the department's expense	On the Intranet under Policies

### **Wellness Activities**

IDPH supports and promotes employee wellness activities. In 2015, a Climb to Mt. Everest stairwell challenge encouraged stair use. In 2016, a walking promotion encouraged employees to log daily steps and incorporated fun nutrition facts. In 2017, the department launched Hike the World, a combined walking and stair climbing initiative. The director kicked off these wellness events at all-staff pep rallies, followed by all-staff emails.

IDPH partnered with the Department of Administrative Services to promote a Farmer's Market and to identify and promote walking paths around the Capitol Complex. The department also worked with the state to make sure the cafeteria in the Lucas Building offers healthy food options.

### **Links to Other Agency Plans and Policies**

As previously mentioned, this workforce development plan has a direct tie to the IDPH 2014-2016 Strategic Operational Plan (SOP), Goal #2: The Right People with the Right Skills (See Strategic Priorities on page 1). There is also a direct tie to the revised 2017-2021 SP, Goal 2.

This workforce development plan also has direct linkages to plans listed below.

<b>Plan</b>	<b>Tie-in</b>
Quality Improvement (QI) Plan	New employees are given a handout on basic QI in new employee orientation QI classes specifically designed for new employees are offered biannually QI classes for all staff are offered 2x/year
Employee Recognition Policy	A formal recognition plan was initiated in 2016 to improve employee morale, increase retention rates, increase attention on the provision of outstanding customer service, and promote QI

## Workforce Profile

### Introduction

This section provides a description of IDPH's current demographics and anticipated future workforce needs.

### Current Workforce Demographics

The table below is a summary of the demographics of IDPH's current workforce.

Category	As of 2.11.2016	As of 5.18.2017
Total # of Employees:	473	487
Permanent Full-time (FT)	417	425
Permanent Part-time (PT)	9	8
Temporary (includes temp. employees and interns)	47	54
Total # of Permanent Employees by Gender: (FT & PT only)		
Female	315	318
Male	111	115
Total # of Permanent Employees by Race: (FT & PT only)		
Hispanic		
American Indian / Alaska Native	6	8
Asian	1	1
African American	9	11
Caucasian	17	19
Other	387	393
<b>Two+ Races</b>	6	1
Total # of Permanent Employees by Age Groups: (FT & PT only)		
< 20	0	0
20 – 29	30	25
30 – 39	99	93
40 – 49	97	114
50 – 59	122	120
>60	78	81
Retention Rate Percentages per 5 and 10 Years:		
5 years	86.29%	72.29%
10 years	73%	78.39%
*Calculated by # of employees still working/# hired in a given period		
Turnover Rate Percentages by Fiscal Years:		
	For FY '15	For FY '16
	8.62%	8.10%
Total # of Employees < 5 Years from qualifying for retirement:		
Management	7	7
Non-Management	117	107
*Calculated as sum of employees age 65+; employees age 62 with 20 yrs. service; and employees who have reached the Rule of 88.		

## Future Workforce

IDPH workforce demographics are changing. More Baby Boomers are retiring and more Millennials are joining Generation X in the workforce. IDPH has recognized this trend, which has led to organizational changes including the increased use of social media to advertise job openings, development of a telework policy, and classes on the different ways generations work and interact.

All IDPH employment opportunities have to be posted on the Department of Administrative Service (DAS) website. To reach a broader audience, IDPH announces job openings through the social media avenues of LinkedIn, Twitter, and Facebook. Social media announcements direct prospective applicants to the DAS website. IDPH’s communication director is responsible for tracking social media metrics with LinkedIn, Twitter, and Facebook providing the analytics. The following table shows some social media metrics.

Social Media Use – Job Postings

Month	LinkedIn	Twitter	Facebook
July 2016	5 posts; 2,521 impressions	2 tweets; 4,904 impressions	2 posts; 1,813 reach
August 2016	5 posts; 2,521 impressions	4 tweet; 6,943 impressions	5 posts; 7,730 reach
September 2016	8 posts; 4,493 impressions	8 tweets; 8,643 impressions	5 posts; 7,191 reach
October 2016	6 posts; 3,458 impressions	5 tweets; 4,236 impressions	6 posts; 14,304 reach
November 2016	8 posts; 3,787 impressions	6 tweets; 3,728 impressions	5 posts; 12,902 reach
December 2016	4 posts; 2,363 impressions	3 tweets; 2,630 impressions	3 posts; 8,805 reach
January 2017	4 posts; 2,363 impressions	5 tweet; 4,509 impressions	3 post; 6,664 reach
February 2017	3 posts; 1,764 impressions	3 tweets; 2,313 impressions	2 posts; 3,192 reach
March 2017	7 posts; 7,883 impressions	6 tweets; 5,060 impressions	7 posts; 19,295 reach
April 2017	4 posts; 1,954 impressions	2 tweets; 1,192 impressions	2 posts; 4,332 reach

\*Impressions: number of times a user saw the message. Reach: the number of people who saw the post.

Exposing students to public health experiences helps build the future workforce. IDPH is committed to providing quality internship opportunities for students. The department offers both paid and unpaid internships. The department’s education coordinator helps with internship placement. Students can access an application form for unpaid internships on the IDPH website. IDPH employees can attend an annual training on how to be an intern preceptor.

Public Health Grand Rounds are offered by the Centers for Acute Disease Epidemiology Bureau as a half-day session approximately every six weeks. Students, from high school through medical school, are invited to attend to learn more about public health. Attendance at these Grand Rounds has ranged from three to 25 students each session.

### **Introduction**

This section covers the department's core competencies used in a workforce skills assessment (WSA) conducted in 2015, and describes the methodology used for developing and implementing a WSA.

### **Core Competencies for Agency**

IDPH adopted the Council on Linkage's Core Competencies for Public Health (COL's Core Competencies) to use as a basis for a workforce skills assessment ([http://www.phf.org/resourcestools/Documents/Core\\_Competencies\\_for\\_Public\\_Health\\_Professionals\\_2014June.pdf](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf)).

### **Workforce Skills Assessment (WSA)**

IDPH recognized the need for a workforce assessment to identify training gaps and added it as a goal to the 2014-2016 Strategic Operational Plan (SOP). While the department offered many in-house and external training opportunities, the department had never done an assessment to determine skill gaps.

In 2014, a pilot WSA was developed and tested on a small group of employees within one bureau. The feedback from that pilot included concerns the assessment was too long and not applicable to all disciplines.

In 2015, a new WSA was developed by adapting questions from the COL's Core Competencies. The questions were grouped in the COL's Core Competencies' skill sets of communication; cultural competency; community dimensions of practice; financial planning and systems thinking; policy development and program planning; public health sciences; analytics and assessment; and management and leadership (See Appendix F). Other resources used in the development of the 2015 WSA included a review of questions from other local health departments and input from representatives of the Midwestern Public Health Training Center.

Besides pilot testing the 2015 WSA in one bureau, the WSA was tested on targeted individuals within different job classifications; and in a controlled, group setting in a computer training room. Changes to the final version of the WSA were based on feedback from the pilot testing. Consistent feedback included the need for the WSA questions to cover a broad set of skills in understandable language, and completion in 20 minutes or less. Support staff (defined as job classifications such as administrative assistants, clerks, typists, secretaries, and receptionists) who piloted the first draft of the 2015 WSA felt that not all skill group categories were applicable and questions needed rewording. This resulted in decreasing the number of skill groups and simplifying the language for support staff's version of the WSA.

A final WSA survey was distributed in September 2015. The survey was promoted by department director's emails, wall posters, Intranet announcements, an article in the training newsletter, and at bureau-level meetings.

The WSA was emailed to 409 employees with 376 employees completing at least part of the survey-a response rate of 92 percent. The WSA was designed in a *SurveyMonkey*® tool and the same survey link was sent to everyone. Employees chose one of three tracks of job classifications on the introduction page, which then directed the employees to a specific set of questions. The three tracks of questions were for

support staff, non-supervisory staff, and supervisory staff, defined as employees whose job descriptions require completing employees' performance evaluations (See Appendix G). The complete WSA survey and results are available on the IDPH S-Drive.

## Training Needs

---

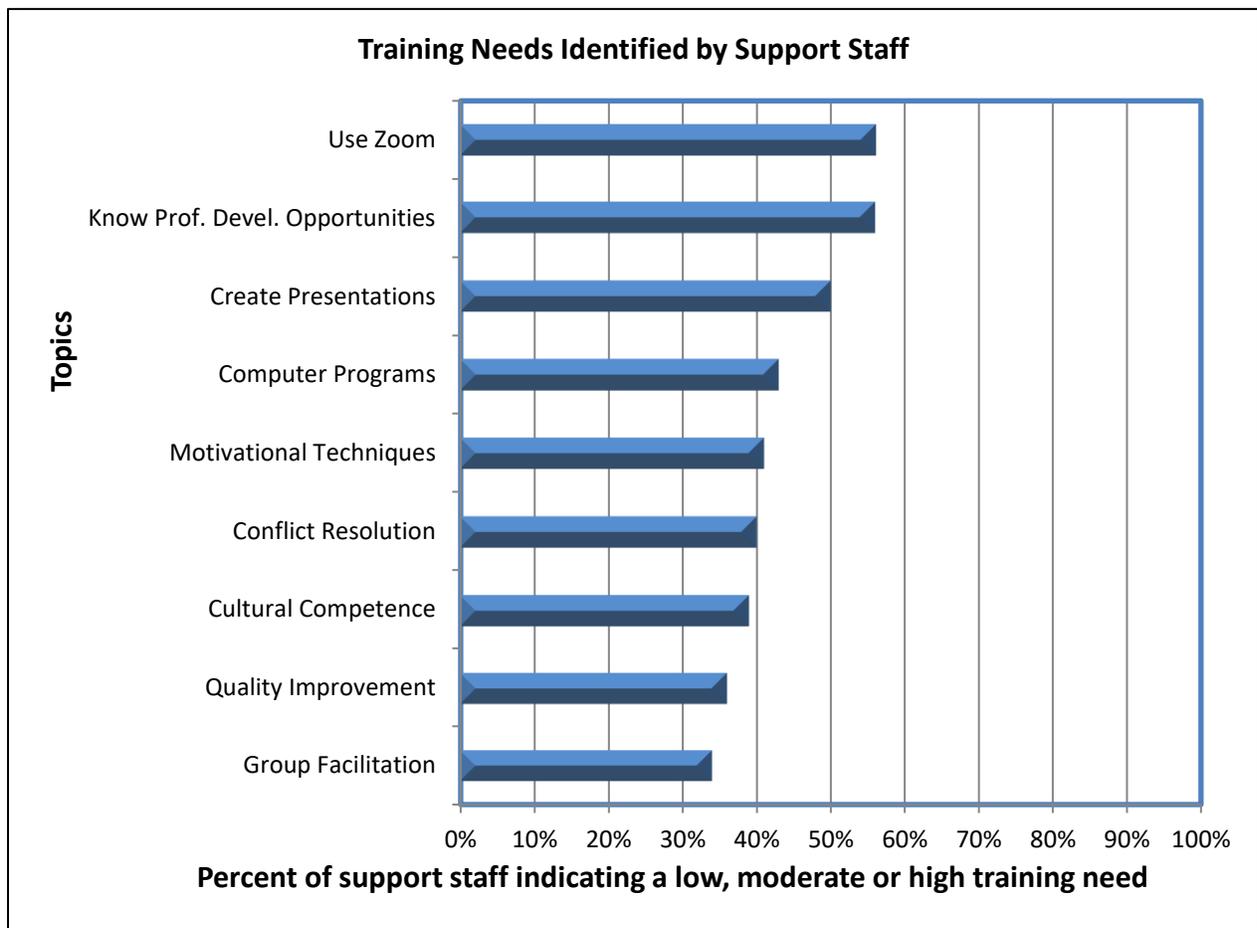
### Introduction

This section provides information on needs identified in the Workforce Skills Assessment (WSA), other IDPH trainings, and new employee orientation.

### Competency-based Training Needs Findings of 2015 WSA

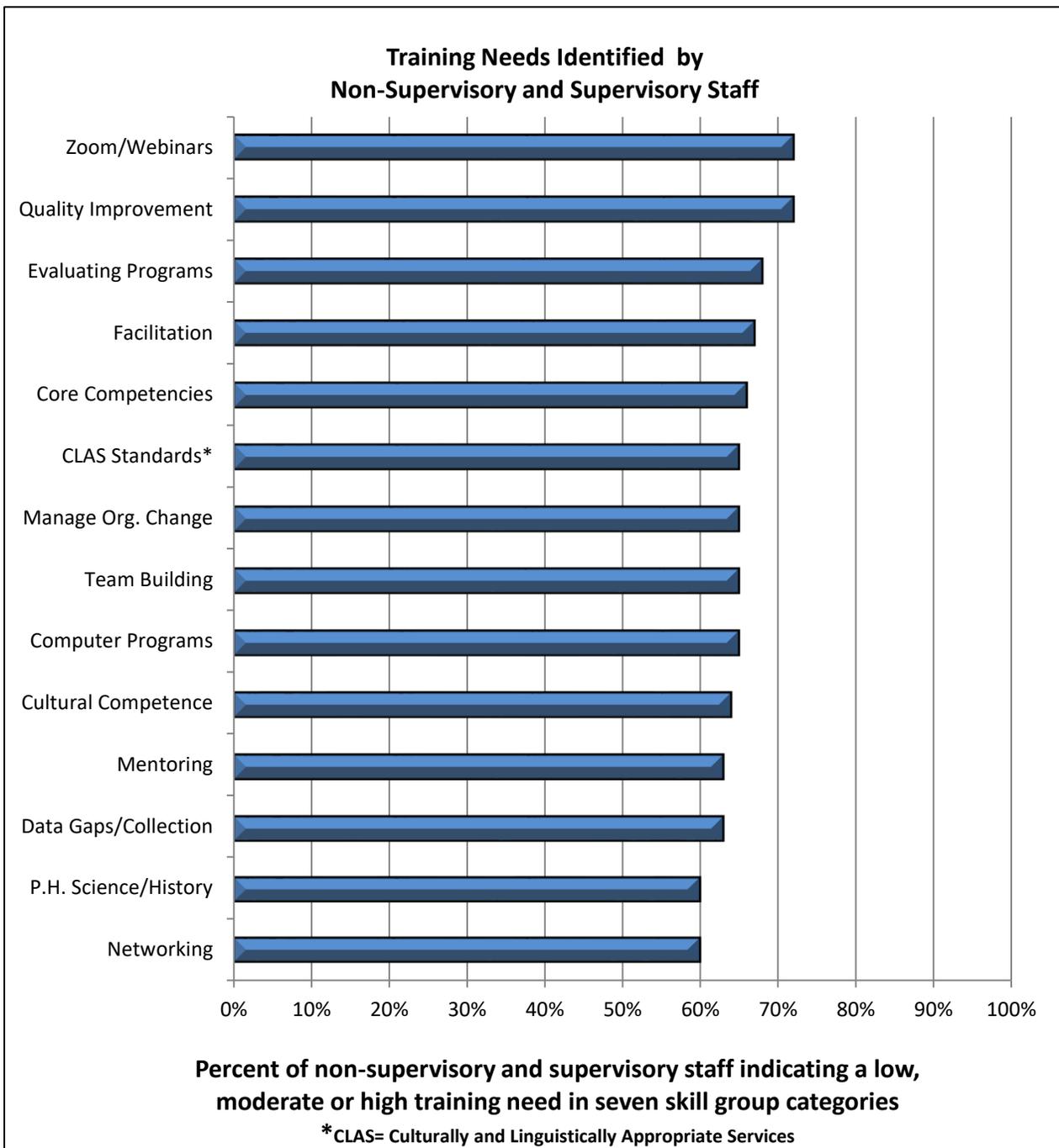
**Support Staff:** The WSA track for support staff included sets of questions in the following five skill groups: human relations, cultural competency, technology, administrative skills, and communication.

Support staff employees were asked to rate their training needs on a particular topic as not applicable, none, low, moderate, or high. The percentage of support staff who indicated a training need (low, moderate or high) was calculated. Some of the identified training needs are shown below.

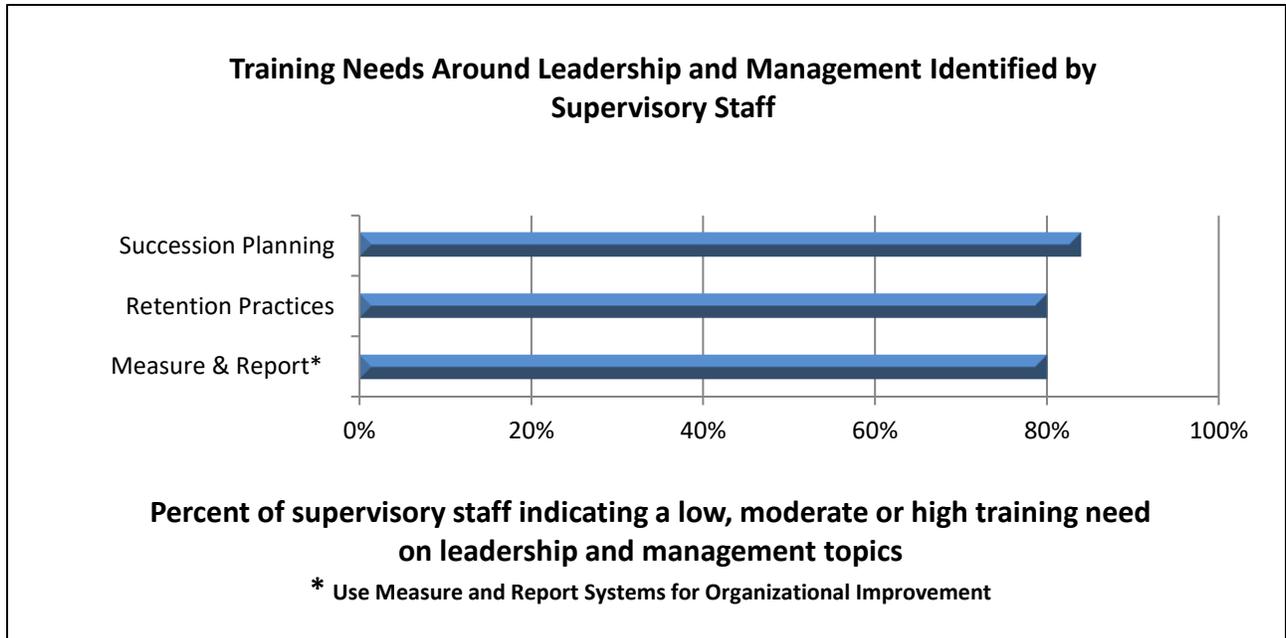


**Non-Supervisory and Supervisory Staff:** Both non-supervisory and supervisory employees were asked the same sets of questions in seven skill groups. The seven skill groups were in the following topic areas: communication, cultural competency, community dimensions of practice, financial planning and systems thinking, policy development and program planning, public health sciences, and analytic and assessment skills.

Non-supervisory and supervisory staff were asked to rate their training needs on a particular topic as not applicable, none, low, moderate or high. The percentage of employees who indicated a training need (low, moderate or high) was calculated. Some of the identified training needs are shown in the following chart.



Supervisory employees were given one additional set of questions specific to a leadership and management skill group. Identified training needs for supervisory staff include those shown in the chart below.



### Other Trainings

IDPH has mandatory, annual trainings on cybersecurity. New employees are trained in protocols for building-specific emergencies such as a fire, tornado or bomb threat.

IDPH collaborated with the Department of Public Safety to train management and employees in Active Shooter Emergency Response Procedures in 2016.

### New Employee Orientation

The department has a formal orientation process for all new, permanent employees. Supervisors have access to a packet of orientation materials and new employee checklists. Employees receive an email containing a taped welcome message from the director on their first day. A series of three half-day orientation sessions are offered to all new employees as follows.

- Session A, offered monthly, provides a basic overview of the building, introduces administration and provides resources.
- Session B, offered quarterly, is comprised of a discussion of social determinants of health, a presentation defining the various programs at IDPH, and a review of the core functions and 10 Essential Services of Public Health.
- Session C, offered biannually, involves key personnel who make short presentations about their programs (See Appendix H).

New employees are also invited to a Quality Improvement for New Employees class, which is offered 2x/year.

## Workforce Development Goals

---

### Introduction

This section presents workforce development goals for our agency.

### Workforce Development Goals

The following table shows measures, timeframes and responsible parties for identified goals.

Goals	Measure	Timeframe	Responsible Parties
Incorporate core competencies in to all in-house training descriptions	Completed training descriptions with core competencies included	Began in January, 2017, but will be an ongoing goal	Education Coordinator
Develop platforms for creating eLearning programs for on-demand training needs	Developed programs	Created first program, May, 2017, but will be ongoing goal to create additional programs	Education Coordinator, Information Management
Investigate funding sources to provide internal trainings for IDPH employees.	List of potential funding sources	July, 2018	Executive Team, Human Resources, Employees and Supervisors, Education Coordinator
Research potential Learning Management Systems (LMS) the department might adopt.	List of LMS options	January, 2019	Education Coordinator, Leadership Team, Information Management
Create a mentoring program for new employees	Developed mentoring program	December, 2019	Bureau Chiefs, Human Resources, and Education Coordinator
Repeat a Workforce Skills Assessment in fall of 2018 to determine skill gaps and targeted training needs.	Department-wide workforce skills survey	October, 2018	Education Coordinator Bureau of Planning Services

## Curriculum and Training Schedules

---

### Introduction

This section has an outline of the in-house curriculum and trainings scheduled to address identified needs in the workforce skills assessment (WSA).

### In-house trainings

Funding for attending external trainings is limited. In-house trainings, provided by IDPH coworkers, are free, convenient and available to all employees to attend on worktime. The number of individual training sessions offered and the total number of employees attending those sessions has steadily increased over the past few years (See graph page 2).

The department's education coordinator arranges and organizes in-house trainings. Training sessions are promoted through Intranet announcements, an electronic training newsletter, and an email distribution list.

In past years, topics for in-house trainings were chosen without a specific methodology. Starting in 2016, the majority of training offerings were determined in direct response to skill gaps identified in the WSA. Classes listed in the table below were specifically identified as needs on the WSA. The table identifies some of the Council on Linkages Core Competencies ([http://www.phf.org/resourcestools/Documents/Core\\_Competencies\\_for\\_Public\\_Health\\_Professionals\\_2014June.pdf](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf)) which were addressed in the different trainings.

Topic	Description	Target Audience	COL's Competencies Addressed	2016-17 Class Offerings
IowaGrants.gov	Overview of grant management system	All employees working with contract management	<p><b>Financial Planning and Management Skills:</b> 7A12, Participates in the development of contracts and other agreements for the provision of service</p> <p>8B7, Contributes to the measuring, reporting and continuous improvement of organizational performance</p>	Offered 3x/year and on an as-needed basis
Excel Basics and Intermediate	Technical assistance with program	All employees working with Excel	<p><b>Communication Skills:</b> 3A4, Conveys public health information using a variety of approaches</p>	Offered 4x/year

<b>Topic (continued)</b>	<b>Description</b>	<b>Target Audience</b>	<b>COL's Competencies Addressed</b>	<b>2016-17 Class Offerings</b>
Prezi	Technical assistance with program	All employees	<b>Communication Skills:</b> 3A4, Conveys public health information using a variety of approaches	Offered annually
Data: Working with Qualitative Analysis	Overview of qualitative methods, question development, and data collection strategies	All employees	<b>Analytical and Assessment Skills:</b> 1A4 and 1B4, Uses methods and instruments for collecting valid and reliable quantitative and qualitative data 1B4,	Offered annually
Data: Working with Quantitative Analysis	Overview of quantitative methods, question development, and data collection strategies	All employees	<b>Analytical/ Assessment Skills:</b> 1A4 and 1B4, Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	Offered annually
Quality Improvement	Review tools for quality improvement	All employees	<b>Policy Development Program Planning Skills:</b> 2B11, Uses strategies for continuous quality improvement	Offered 2x/year
Culturally and Linguistically Appropriate Services (CLAS) Standards	Review the national standards for CLAS	All employees	<b>Cultural Competency Skills:</b> 4B6 Assesses public health programs for their cultural competence	Offered annually
Support Staff Training	Half-day training offered specifically to support staff to address some of higher-rated training needs of the 2015 workforce skills assessment	Support staff (adm. assistants, secretaries, clerks, typists, receptionists and others)	<b>Communication Skills</b> 3A5, 3A6	Offered April, 2017

### **Introduction**

This section provides information on communication, evaluation, tracking, and the roles and responsibilities for monitoring and reviewing the plan.

### **Communication**

This plan will be communicated annually to management at a bureau chief and leadership meeting. The plan will be posted on the All Staff page of the Intranet, announced by email, and highlighted in the training newsletter.

### **Training Evaluation**

All participants are asked to evaluate in-house trainings. This is done as a hard-copy evaluation form at the time of the training or through an electronic survey emailed to participants within two days of the training event. The training numbers and evaluation results are tabulated in an Excel tool. Presenters of in-house trainings receive a summary of evaluations. Objectives specific to each training are added to all training evaluations.

### **Tracking**

The education coordinator keeps a log of all participants at in-house trainings in a searchable Excel database. Employees are encouraged to track their own internal and external trainings.

Employees are also encouraged to share training records with supervisors during annual performance reviews. The barrier previously mentioned of not having a functional LMS limits tracking.

### **Roles and Responsibilities for Plan Maintenance and Review**

The education coordinator will maintain this plan and provide annual updates. The IDPH Executive Team will be responsible for a final, annual review. Reviews will include documentation of progress towards workforce goals; identification of new barriers and solutions; and documentation of trainings to meet identified training gaps.