Workforce Development Plan
Name of Agency

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 Name of Agency.   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:

Topic	See Page
Agency Profile	2
Workforce Profile	#
Competencies & Education Requirements	#
Training Needs	#
Goals, Objectives, & Implementation Plan	#
Curricula & Training Schedule	#
Evaluation & Tracking	#
Conclusion/Other Considerations	#
Appendices	#

Questions   Indicate the primary person(s) and/or department responsible for training and workforce development initiatives, including the maintenance of this plan, within your agency.

For questions about this plan, please contact:
                Name, Credentials
                Title
                Phone
                Email

Agency Profile

Mission & vision	Briefly describe the guiding principles for the agency including mission and vision. If your agency has a strategic plan, it may be referenced here or included in the appendix.
Location & population served	Briefly describe the geographic area where the agency is located and the population it serves, including: • City/County/Jurisdiction • Population/Demographics (Resource: http://www.census.gov/) • Other public health agencies that serve the population (for example shared services)
Governance	Briefly describe the governance of the agency which may include: • Board of Health • District Advisory Council • Health Commissioner
Organizational structure	Lead sentence(s), followed by bulleted list of points that describe the leadership structure. Consider including an organizational chart in the appendix.
Learning culture	Describe your agency's learning environment/culture or philosophy. Note how this workforce development plan contributes to the overall desired culture of learning and quality/performance improvement.
Funding	Briefly describe how the agency is funded (ex. grants, levy, fees, contracts, etc.). Also include annual training budget, if applicable. Consider including line item training budget in appendix if useful/applicable.
Workforce policies	Briefly state where policies guiding workforce training and development documents are located within the agency.

Workforce Profile

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

Current workforce demographics   The table below summarizes the demographics of the agency's current workforce as of Date: (Note: Subcategorize as needed.)

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

Workforce Profile, *continued*

Future workforce

Briefly describe the anticipated future workforce needs of the agency. Consider anticipated population and professional needs, including: population growth and demographic forecasts, higher education standards (in general or by discipline), certification or credential requirements, leadership succession, and emerging issues that would require advancement of knowledge, skills, and/or abilities.

Competencies & Education Requirements

Core competencies for agency

Describe the core competency set used by the agency to guide professional development.

Accreditation Note: This is a requirement of Standard 8.2.1. If a competency set has not been identified, consider using the *Council on Linkages Core Competencies for Public Health Professionals,* as these are considered to be the national standard guiding the development of the current and future workforce. http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Other competencies (if needed)

Lead sentence followed by bulleted list of other competency sets utilized by the agency. Examples include, but are not limited to:

- Discipline-Specific Competencies: Public Health Leadership, Nursing, Environmental Health, Preparedness and Emergency Response, Health Education, etc.
- Organizational Competencies: Competencies identified and adopted by the agency.

See Template User Guide & Resource Manual for links to discipline-specific competencies. Consider including copies of any additional competency sets in the appendix.

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. (See Template User Guide & Resource Manual for links to CE providers listed here. Note that some of these requirements are Ohio-specific.)

Discipline	Ohio CE Requirements (as of Date)
Nursing	24 contact hours every 2 years
Registered Sanitarian	18 CEUs per year
Health Educator (CHES/MCHES)	75 CECH every 5 years
Certified Public Health Practitioner	50 hours every 2 years
Physician	100 hours every 2 years
Social Worker (LSW, LISW, MSW, etc.)	30 hours every 2 years, 3 in ethics
Dietitian (RD, LD)	75 CPEUs every 5 years by the Commission on Dietetic Registration (CDR), 50 CPEUs every 2 years by the Ohio Board of Dietetics (OBD).
Other	

Training Needs

Introduction This section describes both identified and mandatory training needs within the agency. (Note: If no training needs assessment data exists, describe how training needs will be identified.)

Training needs assessment results Provide a high-level overview of any competency-based training needs assessment results. Include tables if need be. Consider referencing the full report here and including a copy in the appendix. Other needs assessment results may be highlighted here as well such as:
- organizational culture survey
- agency climate survey
- talent assessments
- health equity survey

Agency-specific needs Lead sentence(s) with bulleted list of points that describe training needs based on strategic direction of the organization. Include tables if needed. These needs are usually in alignment with the agency's strategic plan and future direction.

Discipline-specific training needs (if applicable) Lead sentence(s) with bulleted list of points that describe training needs by discipline and/or per credentialing requirements. Include tables if need be.

Training Needs, *continued*

Mandatory training

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

Examples provided below for guidance. Delete and insert your agency's mandatory training requirements here. Note that these mandatory training needs should also be reflected in the Curricula & Training Schedule section of this plan.

Training	Who	Frequency
Ex. HIPPA	All staff	Annually
Ex. Bloodborne Pathogens	Nursing Staff	Annually

Other information

List other relevant information gathered from the surveys, direct observation, customer service feedback, or agency strategic direction.

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. Goals should address both individual and agency-based training needs identified in the previous section. If other factors were considered, state them here. Sample goals and objectives are included in *italics* in the table provided on the following page.

Roles & responsibilities   The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities. This table is designed for use by a local health department and should be modified based on agency structure/need.

Who	Roles & Responsibilities
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Health Commissioner	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Human Resources	Provide guidance to the Health Commissioner 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. Provide guidance to the Directors with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.
Division/Department Directors (eg. Director of Nursing)	Responsible to the Health Commissioner for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of agency succession plan.
Supervisors	Responsible to their 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.

Agency Name Training Goals & Objectives
20XX - 20XX

Examples included below for guidance. Delete examples and add your agency's goals and objectives here.

Goal	Objectives	Target Audience	Resources	Responsible Party
Ex. Establish a culture of quality within the agency	• By 2012 all senior managers will participate in quality improvement training • By 2013 all senior managers will lead an internal quality improvement team	Division/Department Directors; Supervisors	OSU-CPHP CQI NACCHO	Health Commissioner
Ex. Establish individualized professional development plans for all employees	• Annually, as part of performance review process, all employees will create an individualized professional development plan.	All staff	Performance evaluations	Employee and Supervisor

Goals, Objectives, & Implementation Plan, *continued*

Communication plan	Describe how this plan will be shared with agency personnel, including how updates will be communicated.

Use if needed

Use if needed

Agency Name Curricula & Training Schedule
20XX - 20XX

Introduction   This section describes the curricula and training schedule for Name of Agency.

Accreditation Note: This section is required if using this plan to meet the documentation requirements associated with Accreditation Standard 8.2.1. Additional training requirements for agency accreditation include:
- Training in laws that support public health interventions and practice (Standard 6.2.1)
- Staff development in performance management (Standard 9.1.5)
- Leadership and management development activities (Standard 8.2.2)
- Staff training on patient confidentiality policies (Standard 11.1.2)
- One training on social, cultural, and /or linguistic factors (Standard 11.1.3)

Examples provided in italics below for guidance. Delete and insert your agency's training schedule here.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Ex. Continuous Quality Improvement	*Three module, online introduction to CQI basics*	*QI team members Senior Leadership*	*COL Core: 8A7, 8B7, 8C7*	*August 2012*	*www.cphplearn.org*
Ex. Public Health Combined Conference	*Annual Ohio conference for public health practitioners; CE opportunity*	*Senior Leadership*	*Varies*	*May 2012*	*www.ohiopha.org*
Ex. HIPPA Compliance	*Mandatory training on patient confidentiality*	*All Staff*	*Mandate*	*Annually*	*Link to online HIPPA training here*

Evaluation and Tracking

Introduction   Evaluation of training will provide Agency Name 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   Briefly describe how training will be evaluated. Methods may be contingent upon: the training provider, hard-copy or electronic collection, continuing education reporting requirements, and other influences. Consider how you will measure increased competency and application of training both subjectively and objectively. Also consider return-on-investment measures. Consider the Kirkpatrick Model as a guide: http://www.kirkpatrickpartners.com/

See Template User Guide & Resource Manual for additional evaluation-related resources; including a sample Level 1 evaluation form.

Tracking   Briefly describe how training will be tracked including: names, dates, locations, and collection of supportive documents and completion transcripts/records. Consider that tracking may be done electronically, departmentally, or agency-wide and may be in real-time or on a regularly scheduled basis, such as during annual performance reviews.

Local public health departments in Ohio are encouraged by the state health department to use OhioTRAIN as a resource for tracking employee training. Located at http://oh.train.org, the system has the ability to create and maintain personal learning records, perform course searches, and provide the ability to register for courses online.

Accreditation Note: Documentation of staff training is required. Documentation may include: attendee list, certificates of completion, transcripts, sign in sheets. See the PHAB Accreditation Standards for specific information about documentation of participation for required training.

Conclusion / Other Considerations

Other agency documents and plans

Briefly describe how this Workforce Development Plan relates to other efforts within the organization, for instance: strategic, succession, or quality improvement plans.

Review of plan

Describe the plan for regular review and revision of this document: who will do it, how it will be done, and with what frequency. Include who is responsible for maintaining the plan.

Authorship

This plan was developed by the following individuals, and finalized on DATE. Create additional rows as needed.

Printed Name & Title	Signature	Date

Appendix A: If Needed

Workforce Development Resources

The following table lists resources, both state and national, that provide access to continuing education opportunities and workforce development-related resources. This list below is in alphabetical order and is not exhaustive. Consider local and regional resources, such as community colleges, hospitals, and academic institutions near your jurisdiction as well.

Resource	Location & Description
Area Health Education Centers	http://www.ohioahec.org/intEducation.htm l: list of regional AHEC sites across Ohio and training opportunities; current focus is primarily health literacy and health communications
Association of Ohio Health Commissioners (AOHC)	http://www.aohc.net/displaycommon.cfm?an=4 : offers conferences, health commissioner, and leader training
Association of Schools of Public Health (ASPH)	http://www.asph.org/userfiles/Competency-to-Curriculum-Toolkit08.pdf : provides competency to curriculum toolkit to help an agency link core competencies to training objectives/plan
Association of State and Territorial Health Officers (ASTHO)	http://www.astho.org/Programs/Workforce-and-Leadership-Development/ : supports workforce and leadership development efforts that result in a strong, well-staffed public health agencies
Centers for Disease Control and Prevention (CDC)	http://www.cdc.gov/Learning/: online programs and toolkits for public health issues; links to domestic and international public health training programs
Competency Sets	http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx :Competency Sets Council on Linkages Core Competencies for the Public Health Workforce; Environmental Health; Epidemiology; Health Education; Public Health Preparedness
Federal Emergency Management Agency (FEMA)	http://training.fema.gov/ : training opportunities to prepare professionals and nonprofessionals to address the many forms of domestic emergencies; NIMS training plan: http://www.fema.gov/emergency/nims/index.shtm
John Glenn School of Public Affairs	http://glennschool.osu.edu/training/training.html : MAPS (Management Advancement for the Public Service) training for professionals at all levels in the public and nonprofit sectors
Kirkpatrick Evaluation Model	http://www.kirkpatrickpartners.com/ : training evaluation - related resources
Licensing Boards	Certified Health Education Specialist ; Certified Public Health Practitioner ; Dieticians ; Nursing ; Physicians; Registered Sanitarian ; Social Work / Counselors: information regarding licensure and continuing education requirements; several provide access to continuing education opportunities
National Association of County and City Health Officials (NACCHO)	http://www.naccho.org/topics/workforce/ : offers a variety of workshops and trainings, supports leadership development and core competency efforts, and engages in national policy discussions to address pressing public health workforce issues

National Environmental Health Association (NEHA)	http://www.neha.org/CEweb/CE.asp : environmental health-related training opportunities and resources
Ohio Public Health Training Center, OSU College of Public Health Center for Public Health Practice	http://cph.osu.edu/practice/trainings : live and online competency-based training opportunities and other developmental resources for public health practitioners; Learning Content Management System can be accessed here: http://www.cphplearn.org/default.asp
Public Health Foundation	http://www.phf.org/focusareas/workforcedevelopment/pages/default.aspx ;Array of services, resources, and programs that public health practitioners and academics can use to strengthen the workforce
Public Health Training Center Network	http://www.asph.org/document.cfm?page=780 : network of 37 public health training centers (including Ohio PHTC); various continuing education offerings Society for Public Health Education (SOPHE)
TRAIN	www.train.org www.wi.train.org

**The Council on Linkages
Between Academia and
Public Health Practice**

June 2014

Core Competencies for Public Health Professionals

Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice:
June 26, 2014

Available from: phf.org/corecompetencies

Council on Linkages Between Academia and Public Health Practice

The Council on Linkages Between Academia and Public Health Practice (Council on Linkages) is a collaborative of 20 national organizations that aims to improve public health education and training, practice, and research. Established in 1992 to implement the recommendations of the Public Health Faculty/Agency Forum regarding increasing the relevance of public health education to the practice of public health, the Council on Linkages works to further academic/practice collaboration to ensure a well-trained, competent workforce and the development and use of a strong evidence base for public health practice.

Mission
The Council on Linkages strives to improve public health practice, education, and research by fostering, coordinating, and monitoring links among academia and the public health practice and healthcare communities; developing and advancing innovative strategies to build and strengthen public health infrastructure; and creating a process for continuing public health education throughout one's career.

Membership
Twenty national organizations are members of the Council on Linkages:

- American Association of Colleges of Nursing
- American College of Preventive Medicine
- American Public Health Association
- Association for Prevention Teaching and Research
- Association of Accredited Public Health Programs
- Association of Public Health Laboratories
- Association of Schools and Programs of Public Health
- Association of State and Territorial Health Officials
- Association of University Programs in Health Administration
- Centers for Disease Control and Prevention

- Community-Campus Partnerships for Health
- Health Resources and Services Administration
- National Association of County and City Health Officials
- National Association of Local Boards of Health
- National Environmental Health Association
- National Library of Medicine
- National Network of Public Health Institutes
- National Public Health Leadership Development Network
- Quad Council of Public Health Nursing Organizations
- Society for Public Health Education

The Council on Linkages is funded by the Centers for Disease Control and Prevention. Staff support is provided by the Public Health Foundation.

For More Information
Additional information about the Council on Linkages can be found at phf.org/councilonlinkages. Questions or requests for information may be sent to councilonlinkages@phf.org.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the 10 Essential Public Health Services. Developed by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health.

The Core Competencies support workforce development within public health and can serve as a starting point for public health professionals and organizations as they work to better understand and meet workforce development needs, improve performance, prepare for accreditation, and enhance the health of the communities they serve. More specifically, the Core Competencies can be used in assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies have been integrated into curricula for education and training, provide a reference for developing public health courses, and serve as a base for sets of discipline-specific competencies.

The Core Competencies provide a framework for workforce development planning and action. Public health organizations are encouraged to interpret and adapt the Core Competencies in ways that meet their specific organizational needs.

Development of the Core Competencies

The Core Competencies grew from a desire to help strengthen the public health workforce by identifying basic skills for the effective delivery of public health services. Building on the Universal Competencies developed by the Public Health Faculty/Agency Forum in 1991, the current Core Competencies are the result of more than two decades of work by the Council on Linkages and other academic and practice organizations dedicated to public health.

Transitioning from a general set of Universal Competencies to a more specific set of Core Competencies began in 1998 and involved public health professionals from across the country through Council on Linkages member organizations, the Council on Linkages' Core Competencies Workgroup, and a public comment period that resulted in over 1,000 comments. This extensive development process was designed to produce a set of foundational competencies that truly reflected the practice of public health. These competencies were organized into eight skill areas or "domains" that cut across public health disciplines. The first version of the Core Competencies was adopted by the Council on Linkages in April 2001, and the Council on Linkages committed to revisiting the Core Competencies every three years to determine if revisions were needed to ensure the continued relevance of the competency set.

The Core Competencies were reviewed in 2004, with the Council on Linkages concluding that there was inadequate evidence about use of the Core Competencies to support a significant revision. At the second review in 2007, the Council on Linkages decided that revision was warranted based on usage data, changes in the practice of public health, and requests to make the Core Competencies more measurable.

Similar to the development process, the revision process begun in 2007 was led by the Core Competencies Workgroup and involved the consideration of more than 800 comments from public health professionals. A major focus of the revision process was on improving measurability of the competencies, and the revisions both updated the content of the competencies within the eight domains and added three "tiers" representing stages of career development for public health professionals. The Council on Linkages adopted a revised version of the Core Competencies in May 2010.

Review of the May 2010 Core Competencies began in early 2013, and the Council on Linkages again decided to undertake revisions. In addition to updating the content of the competencies, this revision process was aimed at simplifying and clarifying the wording of competencies and improving the order and grouping of competencies to make the competency set easier to use. This revision process was guided by the Core Competencies Workgroup and over 1,000 comments from the public health community, and culminated in the adoption by the Council on Linkages of the current set of Core Competencies in June 2014.

Key Dates
Since development began in 1998, the Core Competencies have gone through three versions:
- 2001 version – Adopted April 11, 2001 *(original version)*
- 2010 version – Adopted May 3, 2010
- 2014 version – Adopted June 26, 2014 *(current version)*

Currently, the Core Competencies are on a three year review cycle and will next be considered for revision in 2017. This timing may change as a result of feedback that this can be too frequent for disciplines that base competency sets on the Core Competencies.

Organization of the Core Competencies
The Core Competencies are organized into eight domains, reflecting skill areas within public health, and three tiers, representing career stages for public health professionals.

Domains
- 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

These eight domains have remained consistent in all versions of the Core Competencies.

Tiers

- *Tier 1 – Front Line Staff/Entry Level.* Tier 1 competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these professionals may include data collection and analysis, fieldwork, program planning, outreach, communications, customer service, and program support.
- *Tier 2 – Program Management/Supervisory Level.* Tier 2 competencies apply to public health professionals in program management or supervisory roles. Responsibilities of these professionals may include developing, implementing, and evaluating programs; supervising staff; establishing and maintaining community partnerships; managing timelines and work plans; making policy recommendations; and providing technical expertise.
- *Tier 3 – Senior Management/Executive Level.* Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

During the 2014 revision of the Core Competencies, minor changes were made to clarify these tier definitions. In general, competencies progress from lower to higher levels of skill complexity both within each domain in a given tier and across the tiers. Similar competencies within Tiers 1, 2, and 3 are presented next to each other to show connections between tiers. In some cases, a single competency appears in multiple tiers; however, the way competence in that area is demonstrated may vary from one tier to another.

Core Competencies Resources and Tools
A variety of resources and tools to assist public health professionals and organizations with using the Core Competencies exist or are under development. These include crosswalks of different versions of the Core Competencies, competency assessments, examples demonstrating attainment of competence, competency-based job descriptions, quality improvement tools, and workforce development plans. Core Competencies resources and tools can be found online at phf.org/corecompetenciestools. Examples of how organizations have used the Core Competencies are available at phf.org/corecompetenciesexamples.

Feedback on the Core Competencies
The Council on Linkages thanks the public health community for its tremendous contributions to the Core Competencies and welcomes feedback about the Core Competencies. Examples illustrating how public health professionals and organizations are using the Core Competencies and tools that facilitate Core Competencies use are also appreciated. Feedback, suggestions, and resources can be shared by emailing competencies@phf.org.

For More Information
Additional information about the Core Competencies, including background on development and revisions, resources and tools to facilitate use, and current activities and events, can be found at phf.org/aboutcorecompetencies. Questions or requests for information may be sent to competencies@phf.org.

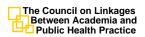| Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1B1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)	1C1. Describes factors affecting the health of a community (e.g., equity, income, education, environment)
1A2. Identifies quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) that can be used for assessing the health of a community	1B2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community	1C2. Determines quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity impact assessments) needed for assessing the health of a community
1A3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B3. Applies ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C3. Ensures ethical principles are applied in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1B4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information	1C4. Uses information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information
1A5. Selects valid and reliable data	1B5. Analyzes the validity and reliability of data	1C5. Evaluates the validity and reliability of data
1A6. Selects comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1B6. Analyzes the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)	1C6. Evaluates the comparability of data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions)
1A7. Identifies gaps in data	1B7. Resolves gaps in data	1C7. Resolves gaps in data

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A8. Collects valid and reliable quantitative and qualitative data	1B8. Collects valid and reliable quantitative and qualitative data	1C8. Ensures collection of valid and reliable quantitative and qualitative data
1A9. Describes public health applications of quantitative and qualitative data	1B9. Analyzes quantitative and qualitative data	1C9. Determines trends from quantitative and qualitative data
1A10. Uses quantitative and qualitative data	1B10. Interprets quantitative and qualitative data	1C10. Integrates findings from quantitative and qualitative data into organizational plans and operations (e.g., strategic plan, quality improvement plan, professional development)
1A11. Describes assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1B11. Identifies assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)	1C11. Assesses assets and resources that can be used for improving the health of a community (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs)
1A12. Contributes to assessments of community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1B12. Assesses community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)	1C12. Determines community health status and factors influencing health in a community (e.g., quality, availability, accessibility, and use of health services; access to affordable housing)
1A13. Explains how community health assessments use information about health status, factors influencing health, and assets and resources	1B13. Develops community health assessments using information about health status, factors influencing health, and assets and resources	1C13. Ensures development of community health assessments using information about health status, factors influencing health, and assets and resources

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A14. Describes how evidence (e.g., data, findings reported in peer-reviewed literature) is used in decision making	1B14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)	1C14. Makes evidence-based decisions (e.g., determining research agendas, using recommendations from *The Guide to Community Preventive Services* in planning population health services)
	1B15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping policy makers understand community health needs, demonstrating the impact of programs)	1C15. Advocates for the use of evidence in decision making that affects the health of a community (e.g., helping elected officials understand community health needs, demonstrating the impact of programs)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A1. Contributes to state/Tribal/community health improvement planning (e.g., providing data to supplement community health assessments, communicating observations from work in the field)	2B1. Ensures state/Tribal/community health improvement planning uses community health assessments and other information related to the health of a community (e.g., current data and trends; proposed federal, state, and local legislation; commitments from organizations to take action)	2C1. Ensures development of a state/Tribal/community health improvement plan (e.g., describing measurable outcomes, determining needed policy changes, identifying parties responsible for implementation)
2A2. Contributes to development of program goals and objectives	2B2. Develops program goals and objectives	2C2. Develops organizational goals and objectives
2A3. Describes organizational strategic plan (e.g., includes measurable objectives and targets; relationship to community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2B3. Contributes to development of organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans)	2C3. Develops organizational strategic plan (e.g., includes measurable objectives and targets; incorporates community health improvement plan, workforce development plan, quality improvement plan, and other plans) with input from the governing body or administrative unit that oversees the organization
2A4. Contributes to implementation of organizational strategic plan	2B4. Implements organizational strategic plan	2C4. Monitors implementation of organizational strategic plan
2A5. Identifies current trends (e.g., health, fiscal, social, political, environmental) affecting the health of a community	2B5. Monitors current and projected trends (e.g., health, fiscal, social, political, environmental) representing the health of a community	2C5. Integrates current and projected trends (e.g., health, fiscal, social, political, environmental) into organizational strategic planning

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A6. Gathers information that can inform options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2B6. Develops options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)	2C6. Selects options for policies, programs, and services for further exploration (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, food safety programs)
2A7. Describes implications of policies, programs, and services	2B7. Examines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services	2C7. Determines the feasibility (e.g., fiscal, social, political, legal, geographic) and implications of policies, programs, and services
	2B8. Recommends policies, programs, and services for implementation	2C8. Selects policies, programs, and services for implementation
2A8. Implements policies, programs, and services	2B9. Implements policies, programs, and services	2C9. Ensures implementation of policies, programs, and services is consistent with laws and regulations
		2C10. Influences policies, programs, and services external to the organization that affect the health of the community (e.g., zoning, transportation routes)
2A9. Explains the importance of evaluations for improving policies, programs, and services	2B10. Explains the importance of evaluations for improving policies, programs, and services	2C11. Explains the importance of evaluations for improving policies, programs, and services
2A10. Gathers information for evaluating policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2B11. Evaluates policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)	2C12. Ensures the evaluation of policies, programs, and services (e.g., outputs, outcomes, processes, procedures, return on investment)

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A11. Applies strategies for continuous quality improvement	2B12. Implements strategies for continuous quality improvement	2C13. Develops strategies for continuous quality improvement
2A12. Describes how public health informatics is used in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2B13. Uses public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)	2C14. Assesses the use of public health informatics in developing, implementing, evaluating, and improving policies, programs, and services (e.g., integrated data systems, electronic reporting, knowledge management systems, geographic information systems)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A1. Identifies the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3B1. Assesses the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy)	3C1. Ensures that the literacy of populations served (e.g., ability to obtain, interpret, and use health and other information; social media literacy) is reflected in the organization's policies, programs, and services
3A2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3B2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)	3C2. Communicates in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)
3A3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3B3. Solicits input from individuals and organizations (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community	3C3. Ensures that the organization seeks input from other organizations and individuals (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government, community-based organizations, various populations served) for improving the health of a community
3A4. Suggests approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3B4. Selects approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)	3C4. Evaluates approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journals, town hall meetings, libraries, neighborhood gatherings)

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters)	3B5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, press releases)	3C5. Conveys data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, email, letters, testimony, press interviews)
3A6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3B6. Communicates information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)	3C6. Evaluates strategies for communicating information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model)
3A7. Facilitates communication among individuals, groups, and organizations	3B7. Facilitates communication among individuals, groups, and organizations	3C7. Facilitates communication among individuals, groups, and organizations
3A8. Describes the roles of governmental public health, health care, and other partners in improving the health of a community	3B8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community	3C8. Communicates the roles of governmental public health, health care, and other partners in improving the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4B1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)	4C1. Describes the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religious affiliation, mental and physical abilities, historical experiences)
4A2. Describes the diversity of individuals and populations in a community	4B2. Describes the diversity of individuals and populations in a community	4C2. Describes the diversity of individuals and populations in a community
4A3. Describes the ways diversity may influence policies, programs, services, and the health of a community	4B3. Recognizes the ways diversity influences policies, programs, services, and the health of a community	4C3. Recognizes the ways diversity influences policies, programs, services, and the health of a community
4A4. Recognizes the contribution of diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4B4. Supports diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community	4C4. Incorporates diverse perspectives in developing, implementing, and evaluating policies, programs, and services that affect the health of a community
4A5. Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community	4B5. Ensures the diversity of individuals and populations is addressed in policies, programs, and services that affect the health of a community	4C5. Advocates for the diversity of individuals and populations being addressed in policies, programs, and services that affect the health of a community

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A6. Describes the effects of policies, programs, and services on different populations in a community	4B6. Assesses the effects of policies, programs, and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population)	4C6. Evaluates the effects of policies, programs, and services on different populations in a community
4A7. Describes the value of a diverse public health workforce	4B7. Describes the value of a diverse public health workforce	4C7. Demonstrates the value of a diverse public health workforce
	4B8. Advocates for a diverse public health workforce	4C8. Takes measures to support a diverse public health workforce

Community Dimensions of Practice Skills

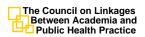| Tier 1	Tier 2	Tier 3
5A1. Describes the programs and services provided by governmental and non-governmental organizations to improve the health of a community	5B1. Distinguishes the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community	5C1. Assesses the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve the health of a community
5A2. Recognizes relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5B2. Identifies relationships that are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)	5C2. Explains the ways relationships are affecting health in a community (e.g., relationships among health departments, hospitals, community health centers, primary care providers, schools, community-based organizations, and other types of organizations)
5A3. Suggests relationships that may be needed to improve health in a community	5B3. Suggests relationships that may be needed to improve health in a community	5C3. Suggests relationships that may be needed to improve health in a community
	5B4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)	5C4. Establishes relationships to improve health in a community (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others)
5A4. Supports relationships that improve health in a community	5B5. Maintains relationships that improve health in a community	5C5. Maintains relationships that improve health in a community
5A5. Collaborates with community partners to improve health in a community (e.g., participates in committees, shares data and information, connects people to resources)	5B6. Facilitates collaborations among partners to improve health in a community (e.g., coalition building)	5C6. Establishes written agreements (e.g., memoranda-of-understanding [MOUs], contracts, letters of endorsement) that describe the purpose and scope of partnerships

Core Competencies for Public Health Professionals
Revisions Adopted June 2014

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A6. Engages community members (e.g., focus groups, talking circles, formal meetings, key informant interviews) to improve health in a community	5B7. Engages community members to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)	5C7. Ensures that community members are engaged to improve health in a community (e.g., input in developing and implementing community health assessments and improvement plans, feedback about programs and services)
5A7. Provides input for developing, implementing, evaluating, and improving policies, programs, and services	5B8. Uses community input for developing, implementing, evaluating, and improving policies, programs, and services	5C8. Ensures that community input is used for developing, implementing, evaluating, and improving policies, programs, and services
5A8. Uses assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	5B9. Explains the ways assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) can be used to improve health in a community	5C9. Negotiates for use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
5A9. Informs the public about policies, programs, and resources that improve health in a community	5B10. Advocates for policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)	5C10. Defends policies, programs, and resources that improve health in a community (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program)
5A10. Describes the importance of community-based participatory research	5B11. Collaborates in community-based participatory research	5C11. Engages the organization in community-based participatory research

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A1. Describes the scientific foundation of the field of public health	6B1. Discusses the scientific foundation of the field of public health	6C1. Critiques the scientific foundation of the field of public health
6A2. Identifies prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6B2. Describes prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)	6C2. Explains lessons to be learned from prominent events in the history of public health (e.g., smallpox eradication, development of vaccinations, infectious disease control, safe drinking water, emphasis on hygiene and hand washing, access to health care for people with disabilities)
6A3. Describes how public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) are used in the delivery of the 10 Essential Public Health Services	6B3. Applies public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences, and public health informatics) in the delivery of the 10 Essential Public Health Services	6C3. Ensures public health sciences (e.g., biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences, and public health informatics) are applied in the delivery of the 10 Essential Public Health Services
	6B4. Applies public health sciences in the administration and management of programs	6C4. Applies public health sciences in the administration and management of the organization
6A4. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making	6B5. Retrieves evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making	6C5. Synthesizes evidence (e.g., research findings, case reports, community surveys) from print and electronic sources (e.g., PubMed, *Journal of Public Health Management and Practice*, *Morbidity and Mortality Weekly Report*, *The World Health Report*) to support decision making

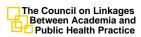| Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A5. Recognizes limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6B6. Determines limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)	6C6. Explains limitations of evidence (e.g., validity, reliability, sample size, bias, generalizability)
6A6. Describes evidence used in developing, implementing, evaluating, and improving policies, programs, and services	6B7. Uses evidence in developing, implementing, evaluating, and improving policies, programs, and services	6C7. Ensures the use of evidence in developing, implementing, evaluating, and improving policies, programs, and services
6A7. Describes the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6B8. Identifies the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)	6C8. Ensures the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act)
6A8. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6B9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; making data available to researchers)	6C9. Contributes to the public health evidence base (e.g., participating in Public Health Practice-Based Research Networks, community-based participatory research, and academic health departments; authoring articles; reviewing manuscripts; making data available to researchers)
6A9. Suggests partnerships that may increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6B10. Develops partnerships that will increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)	6C10. Maintains partnerships that increase use of evidence in public health practice (e.g., between practice and academic organizations, with health sciences libraries)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the structures, functions, and authorizations of governmental public health programs and organizations	7B1. Explains the structures, functions, and authorizations of governmental public health programs and organizations	7C1. Assesses the structures, functions, and authorizations of governmental public health programs and organizations
7A2. Describes government agencies with authority to impact the health of a community	7B2. Identifies government agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)	7C2. Engages governmental agencies with authority to address specific community health needs (e.g., lead in housing, water fluoridation, bike lanes, emergency preparedness)
7A3. Adheres to organizational policies and procedures	7B3. Implements policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)	7C3. Manages the implementation of policies and procedures of the governing body or administrative unit that oversees the organization (e.g., board of health, chief executive's office, Tribal council)
7A4. Describes public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes)	7B4. Explains public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	7C4. Leverages public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process) for supporting population health services
	7B5. Justifies programs for inclusion in organizational budgets [new]	7C5. Determines priorities for organizational budgets
7A5. Contributes to development of program budgets	7B6. Develops program budgets	7C6. Develops organizational budgets
	7B7. Defends program budgets	7C7. Defends organizational budgets

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A6. Provides information for proposals for funding (e.g., foundations, government agencies, corporations)	7B8. Prepares proposals for funding (e.g., foundations, government agencies, corporations)	7C8. Approves proposals for funding (e.g., foundations, government agencies, corporations)
7A7. Provides information for development of contracts and other agreements for programs and services	7B9. Negotiates contracts and other agreements for programs and services	7C9. Approves contracts and other agreements for programs and services
7A8. Describes financial analysis methods used in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7B10. Uses financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)	7C10. Ensures the use of financial analysis methods in making decisions about policies, programs, and services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment)
7A9. Operates programs within budget	7B11. Manages programs within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)	7C11. Ensures that programs are managed within current and projected budgets and staffing levels (e.g., sustaining a program when funding and staff are cut, recruiting and retaining staff)
7A10. Describes how teams help achieve program and organizational goals (e.g., the value of different disciplines, sectors, skills, experiences, and perspectives; scope of work and timeline)	7B12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)	7C12. Establishes teams for the purpose of achieving program and organizational goals (e.g., considering the value of different disciplines, sectors, skills, experiences, and perspectives; determining scope of work and timeline)
7A11. Motivates colleagues for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7B13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)	7C13. Motivates personnel for the purpose of achieving program and organizational goals (e.g., participating in teams, encouraging sharing of ideas, respecting different points of view)

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A12. Uses evaluation results to improve program and organizational performance	7B14. Uses evaluation results to improve program and organizational performance	7C14. Oversees the use of evaluation results to improve program and organizational performance
7A13. Describes program performance standards and measures	7B15. Develops performance management systems (e.g., using informatics skills to determine minimum technology requirements and guide system design, identifying and incorporating performance standards and measures, training staff to use system)	7C15. Establishes performance management systems (e.g., visible leadership, performance standards, performance measurement, reporting progress, quality improvement)
7A14. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7B16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)	7C16. Uses performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8B1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities	8C1. Incorporates ethical standards of practice (e.g., Public Health Code of Ethics) into all interactions with individuals, organizations, and communities
8A2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8B2. Describes public health as part of a larger inter-related system of organizations that influence the health of populations at local, national, and global levels	8C2. Interacts with the larger inter-related system of organizations that influence the health of populations at local, national, and global levels
8A3. Describes the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8B3. Explains the ways public health, health care, and other organizations can work together or individually to impact the health of a community	8C3. Creates opportunities for organizations to work together or individually to improve the health of a community
8A4. Contributes to development of a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8B4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)	8C4. Collaborates with individuals and organizations in developing a vision for a healthy community (e.g., emphasis on prevention, health equity for all, excellence and innovation)
8A5. Identifies internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8B5. Analyzes internal and external facilitators and barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)	8C5. Takes measures to minimize internal and external barriers that may affect the delivery of the 10 Essential Public Health Services (e.g., using root cause analysis and other quality improvement methods and tools, problem solving)

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A6. Describes needs for professional development (e.g., training, mentoring, peer advising, coaching)	8B6. Provides opportunities for professional development for individuals and teams (e.g., training, mentoring, peer advising, coaching)	8C6. Ensures availability (e.g., assessing competencies, workforce development planning, advocating) of professional development opportunities for the organization (e.g., training, mentoring, peer advising, coaching)
8A7. Participates in professional development opportunities	8B7. Ensures use of professional development opportunities by individuals and teams	8C7. Ensures use of professional development opportunities throughout the organization
8A8. Describes the impact of changes (e.g., social, political, economic, scientific) on organizational practices	8B8. Modifies organizational practices in consideration of changes (e.g., social, political, economic, scientific)	8C8. Ensures the management of organizational change (e.g., refocusing a program or an entire organization, minimizing disruption, maximizing effectiveness of change, engaging individuals affected by change)
8A9. Describes ways to improve individual and program performance	8B9. Contributes to continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)	8C9. Ensures continuous improvement of individual, program, and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results)
	8B10. Advocates for the role of public health in providing population health services	8C10. Advocates for the role of public health in providing population health services

Tier Definitions

Tier 1 – Front Line Staff/Entry Level

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

Tier 2 – Program Management/Supervisory Level

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

Tier 3 – Senior Management/Executive Level

Tier 3 competencies apply to public health professionals at a senior management level and to leaders of public health organizations. These professionals typically have staff who report to them and may be responsible for overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

For more information about the Core Competencies, please contact Council on Linkages Project Manager Kathleen Amos at kamos@phf.org or 202.218.4418.

Green Lake County Health Unit Performance Management Tracking Log: Updated and reviewed

annually to identify opportunities for Quality Improvement. Colors highlight strengths and opportunities.

Birth to 3 Program

Goal: Provide early intervention services for children from birth to age three with developmental needs. The Birth to 3 Program will be administered according to the Wisconsin Department of Health Services Wisconsin Administrative Code Chapter 90, "Early Intervention Services for Children from Birth to Age 3 with Developmental Needs."

Source	Program Name	Program Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Program Participation System (PPS) Data Mart Reports **The Birth to 3 Program will be administered according to the Department of Health and Family Services Wisconsin Administrative Codes Chapter 90, Early Intervention Services for Children from Birth to Age 3 with Developmental Needs.**	Birth to 3	By 12/31/18, Birth to 3 will be at 100% compliance for Federal Indicators 1, 7, and 8 as required by the Office of Special Education Program through the enforcement of Individuals with Disabilities Education Act (IDEA).	1) 100% of infants and toddlers must receive the early intervention service on their Individualized Family Service Plan (IFSP) in a timely manner, within 30 days of parental consent on the IFSP. 7) 100% of eligible infants and toddlers with IFSPs must receive an evaluation, assessment, and an initial IFSP meeting conducted within the Part C 45 day timeline. 8) 100% of all children exiting Part C at age three must receive timely transition planning to support the child's transition to preschool and other appropriate community services. Include IFSP with transition steps, notification to Local Education Agency (LEA) if a child is potentially eligible for Part B and transition conference, if child is potentially eligible for Part B.	100% 100% 100%	100% 100% 100%	B-3 Coordinator (Renee Peters)	Ongoing	N N N
	Birth to 3	Annual report	Complete annual "Birth to 3 Referral Summary" by January 31st for previous year	Annual	Annual	B-3 Coordinator	Annual	N

	2012	2013	2014	2015	2016
Number of new referrals	39	48	45	40	
Number of children enrolled in Birth to 3	21	23	33	31	
October 1 Child Count	13	15	18	18	
October 1 % served (target 2.84%)	2.11%	2.43%	2.84	2.84	
Annual Birth to 3 Referral Summary by 1/31	Yes	Yes	1/14/15	1/12/16	

Source: Birth to 3 Coordinator, Renee Peters   + indicates data is still being collected

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Communicable Diseases

Goal: Provide guidelines for protecting the community against preventable communicable disease, conducting immunization and/or emergency clinics, providing appropriate education, counseling, and follow-up, maintaining accurate records, and ensuring proper reporting of known communicable diseases.

Source	Program Name	Program Standard	Performance Measure or Indicator	Protocol	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
WI State Statute 252.01-252.05, HFS 145	Communicable Disease Surveillance System **(1.2.1A)**	Public Health Nurses will maintain county surveillance through the Wisconsin Electronic Disease Surveillance System (WEDSS) to identify communicable disease and public health threats.	Annual report of PHN surveillance from WEDSS.	Public Health Nurses follow Green Lake County Health Department Policies for Acute and Communicable Disease Follow-up, which includes regular surveillance of WEDSS.	100% of cases are completed at the end of each year	100%	PHN (Tracy Soda, Jeri Loewe)	Monitored at a minimum of every 72 hours as reported on Communicable Disease Tracking Tool	2015-Y 2016-N

Communicable Diseases in Green Lake County as reported in the WEDSS Annual Report by Year

(*includes suspect, confirmed & probable)

Diseases Investigated	2010	2011	2012	2013	2014	2015	2016
Arboviral, West Nile Virus	0	1	0	0	0	0	
Blastomycosis	0	0	0	0	1	0	
Brucellosis	0	0	0	1		0	
Campylobacter Enteritis	6	7	4	4	6	2	
Chlamydia	45	33	38	41	42	47	
Cryptosporidiosis	6	7	4	4	2	2	
E-coli (Shiga Toxin)	3	1	0	0	0	3	
Ehrlichiosis/Anaplasmosis	2	4	2	1	1	5	
Giardiasis	6	2	1	2	3	0	
Gonorrhea	6	2	1	2	2	2	
Hemorrhagic Fever, Ebola	0	0	0	0	1	1	
Hepatitis A	0	2	1	0	0	0	
Hepatitis B	1	0	2	3	0	1	
Hepatitis C	5	5	8	13	12	16	
Hib-Invasive	0	2	0	0	0	0	
Histoplasmosis	0	0	0	0	1	0	
Influenza (hospitalized)	0	1	1	7	9	6	
Legionellosis	0	1	0	0	1	0	
Lyme*	16	16	18	39	21	20	
Lyme Laboratory Report					7		
Measles	0	0	0	0	0	1	
Meningitis (Aseptic)	0	0	0	0	0	0	
Meningitis (Bacterial)	0	1	0	0	0	0	
Mumps	0	0	0	0	1	0	
Mycobacterium (non-TB)	0	3	3	2	0	5	
Parapertussis	0	1	1	0	0	0	
Pertussis	0	2	21	10	2	0	
Q Fever, unspecified	0	0	0	0	1	0	
Salmonellosis	3	1	3	7	4	5	
Shigellosis	0	0	0	0	1	0	
Streptococcal Disease, Invasive, Group B	6	4	1	1	2	3	

Streptococcal Infection, Other Invasive					1	1	
Streptococcus Pneumoniae, Invasive Disease	0	0	0	0	1	2	
Syphilis	0	0	2	0	0	1	
Latent TB infection	2	4	2	0	3	1	
Tetanus	1	0	0	0	0	0	
Varicella	6	2	8	2	3	2	

PHN Check of WEDSS Staging Area q 72 hours as reported on the WEDSS Staging Checks Tracking Tool (*See exception below)	**2014**	**2015**	**2016**	**2017**	**2018**
1st Quarter		100%	100% *		
2nd Quarter		100%	100% *		
3rd Quarter	New Strategy 9/1/14	100%			
4th Quarter	100%	100%			

*(Exception: In the event of a holiday weekend which exceeds 72 hours, policy and procedures are in place for immediate notification of Category I disease via dispatch and notification of Health Officer.)

Food Safety Licensing and Recreation Program

Goal: To ensure the safety of consumers in the community by providing food safety guidelines and resources for food establishment owners, caterers, DPI schools, hospitals, Rec, Ed camps, restaurants, mobile restaurants, special organizations and agriculture facilities.

Source	Program Name	Performance Standard	Performance Measure	Protocol	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Health Space	Food Safety Licensing and Recreation Program	By 12/31/18, 100% of food establishments in Green Lake County are inspected annually at least 1 time.	Number of inspected food establishments/total number of food establishments	Staff will inspect all food establishments before the end of the contract year. If sufficient violations are found, staff ensures that corrections are made in a timely manner.	100% (141 facilities inspected in 2012)	100%	EH (Ashely Rondorf)	Ongoing	N

	2014	**2015**	**2016**
Number of annual inspections	188	164	
Number of establishments	163	158	
Percentage of establishments inspected annually	100%	100%	

Source: Environmental Health, Ashley Rondorf

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Immunization

Goal: To protect children living in Green Lake County from vaccine preventable disease, and to support completing the initial recommended immunizations before reaching 2 years of age. To provide education regarding communicable disease and immunizations, publicize clinic times and dates, maintain records, and follow state procedural guidelines.

Source Or Intervention	Program Name	Program Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Needed Y/N
WI Dept. Health & Social Services: CH DHS144 & 146 Green Lake County Health Unit will follow the *WI Division of Health and Family Services, Division of Public Health Immunization Program Vaccine for Children (VFC) Program Resource Guide* as a reference for vaccine management. DPH Consolidated Contract	Wisconsin Immunization Program	Children residing in Green Lake county jurisdiction who turn 24 months during the contract year will complete the following vaccinations by their 2nd birthday: • 4 DTaP • 3 Polio • 1 MMR • 3 Hib • 3 Hepatitis B • 1 Varicella • 4 PCV	Number of children turning 2 years old in Green Lake County and receiving the standard benchmark vaccinations as measured in the Wisconsin Immunization Registry (WIR)	69% (1/1/13-from previous contract year)	2012-2015 69% (State identified goal for contract year) 2015: contract goal 72% 2016: contract goal is 71% (working toward state health plan goal of 90%)	PHN (Kari Schneider)	Assess quarterly by running a benchmark report from WIR	2014-FU 2015-N 2016-more FU

	2012*	2013**	2014	2015	2016
% turning 24 months meeting WIR benchmark up to date (UTD)	UTD: 74%	UTD: 68%	UTD: 67%	69%	
% turning 24 months meeting WIR benchmark late up to date (LUTD)	LUTD: 77%	LUTD: 73%	LUTD: 73%	LUTD: 74%	

Source: Wisconsin Immunization Registry (WIR) Benchmark Report for Green Lake County   *10/01/12 New Vaccination Guidelines allow PH to only serve Medicaid eligible, uninsured, and underinsured. Those with insurance must receive vaccine from a medical home.   **1/13 Use of Declination Form Initiated

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Lead

Goal: Provide guidelines for lead screening, testing, and follow-up of at-risk children ages 1-2, or if no prior testing, between ages 3 and 5.

Source or intervention	Program Name	Program Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	**Status/** Date	QI Y/N
DPH Consolidated Contract; HFS Chapter 181-Blood Lead Results Reporting Rule	WI Childhood Lead Poison Prevention Program	Children will receive lead poisoning testing, prevention, and intervention services as directed by federal and state guidelines.	Green lake County Health Department will complete and record the number of unduplicated blood lead level (BLL) tests per DPH contract, and will also record and monitor: 1. # Children with a capillary BLL of ≥5 mcg/dL who obtain a confirmatory venous test 2. # Families where a child with an elevated BLL of ≥10mcg/dL received an educational nurse home visit, to look for hazards, provide information on prevention, treatment, and Developmental Screening 3. # of Environmental lead risk assessments conducted where a child had a confirmed BLL of ≥15mcg/dL 4. # Families where a child with an elevated BLL of ≥20 mcg/dL received an educational nurse home visit and must have lead hazards found by investigation and hazards reduced.	100% of previous contract year number	100% of contracted number for current year	PHN/WIC (Kari Schneider), EH (Ashley Rondorf)	Assess quarterly	N

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

*9/2012: BLL result need for action lowered from 10 mcg/dL to 5 mcg/dL (per state adoption of the CDC guidelines); Source: PHN, Kari Schneider

Per Year	2012*	2013	2014	2015	2016
Total number of unduplicated BLL Tests (2012-2014: Stellar + WIR – duplicates = #) (2016 PHN Lead Tracking Spreadsheet +WIR-duplicates = #)	198 (may not have included WIR)	194 (may not have included WIR)	235	170	
Yearly goal for total number of unduplicated BLL Tests per grant contract	174	170	170	170	164
% of total number unduplicated BLL tests/yearly contracted goal of unduplicated BLL Tests	198/174 114%	194/170 114%	235/170 138%	170/170 100%	
# Confirmed BLL ≥5 mcg/dL receiving follow-up monitoring per year	2	14	16	15	
# Confirmed BLL ≥10 mcg/dL receiving an educational nurse home visit & ASQ	1	1	3	1	
# Confirmed BLL ≥15 mcg/dL receiving an Environmental Lead risk assessment	0	1 PHN + EH inspection	3	1	
# Confirmed BLL ≥20 mcg/dL cases requiring nurse case management report and Environmental Health home assessment and sampling	1 PHN + EH inspection	0	2	0	

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Maternal Child Health (MCH)

Goal: Activities for the Wisconsin Healthiest Families Initiative will be undertaken by the Green Lake County Health Department in collaboration with community partners focusing on family supports.

Source or Intervention	Program Name	Program Standard	Program Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
SPHERE, Birth Records *(increase the number of women, children, and men who have knowledge of skills to promote optimal infant and child health, development, and growth)*	MCH: New Parent Packets**(3.1.1A)**	By 12/31/18, all first time parents will receive a post-partum packet that includes resource information as identified in the CHA, CHIP & MCH annual needs assessment and stated in the post-partum policy.	100% of all first time parents will receive a post-partum packet	100%	100%	PHN (Tracy Soda, Jeri Loewe, Shari Krause PH PS)	Birth Records are printed weekly from SPHERE, and new parent packets sent to 1st time parents	N
WI Healthiest Families Initiative **Wisconsin Title V Maternal and Child Health Program Contract**	MCH	Assessment report will be generated yearly, and a Health Unit meeting held, to review statistics, establish yearly goals and priorities, to reduce disparity, increase use of medical home, consider special needs access to care and support, Healthy Parenting, Safe & Healthy Communities and Healthy relationships.	Wisconsin Healthiest Families Initiative Assessment Report will be completed annually, and target activities re-evaluated.	Annual Assessment Report and Unit meeting	Updated goals	PHN (Jeri Loewe)	Annually	N

	MCH	Meets all objectives to satisfy grant requirements for contract year. All deliverables.					
	2016 Breastfeeding Friendly Daycares	Meets the 10 steps, and designation complete with recognition.	Reporting on Redcap data system.				
		Advocate for families, children and the medical home model by active participation and collaboration, in the following Coalitions: -Green Lake Co. Wellness Coalition -Tri-County Healthy Babies -Green Lake Co. Interagency Meeting -Family Resource Council -Bfan -Head Start Health Advisory Committee -Hwy Traffic Safety Committee -Drug Endangered Children, and others	Health Unit will be represented at least 50% of the time at the local, regional and state coalition/committee meetings that we are members of. Participation will be recorded by all staff on the Coalition Meeting Participation Log.	New goal	Annually, at least 50% of the meeting minutes will reflect staff attendance. Starting in 2015, this will be recorded on Coalition Meeting Participation Tracking Log by all staff.	PHN	Ongoing

	2012	2013	2014	2015	2016
New parent packets to all first time parents	100%	100%	100%	100 %	
Annual WI Healthiest Families Initiative Assessment Report	NA	NA	1/29/14	4/10/15	
Annual Health Unit meeting to review Assessment Report and update targeted activities			yes	1/20/15	
PHN present at WIC clinics			100%	100%	
# Annual Life Course Model presentations			13	12	
% Coalition meeting attendance			86%	83-100% for all of 23 Coalitions	

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Oral Health

Goal: Assure access to continuous oral health comprehensive prevention, screening, early intervention, and treatment of dental disease to promote healthy behaviors and to improve and maintain oral health of those in MA or underinsured.

Source	Program Name	Program Standard	Program Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Dental Hygiene	Dental Program	By 12/31/18, the number of MA and uninsured visits for appropriate oral health screening will increase by 10%.	Number of MA and uninsured visits for appropriate oral health screening.	Number from previous year	2013-2015: Number from previous year plus 10% 2016-2018: 100 or more	DH-Carrie Knurowski, Shari Krause	Ongoing	2015-Y 2016-N
		By 12/31/18, decrease the no-show rate by 10% or more	No show rate	2013: 33 No Shows x .10 = 29 or fewer no shows	29 or fewer No Shows	DH-Carrie Knurowski, Shari Krause	Ongoing	2015-Y 2016-Y

	2012 (started 9/27/12)	2013	2014	2015	2016
2012-2015 Yearly visit goal (Previous year # + 10%) 2016-new goal of 100	31	34	141 + 14=155	158 + 16 = 174	100
Number of MA clients	31	118	110	98	
Number of uninsured	0	23	48	22	
Number <18	17	*37*	*10*	94*	
Number >18	14	*104*	*148*	4	
Total seen *(Starting in 2016 by location of service)	31	141	158	GL Health Unit: 98 UMOS: 48 Head Start: 32	
Total scheduled at Health Unit clinic	36	192	196	127	
Yearly Total of No shows	5	33	38	GL Health Unit: 29 UMOS: 0 Head Start: 0	
Yearly % of No shows (Goal: 10%)*	14%	17%	19%	GL Health Unit: 23% UMOS: 0% Head Start 0%	

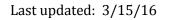*In review on 2/22/16, data for 2013 and 2014 may be flipped in these 2 categories.

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Public Health Preparedness

Goal: Assure Green Lake County Health Department and our communities are prepared to respond in the event of a public health emergency.

Source	Program Name	Performance Standard	Performance Measure or Indicator	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Mass Clinic Workforce	Public Health Preparedness (LOCAL)	By 12/31/18, increase the number of partners that participate in the preparedness education programs and meetings.	Total number of community partners who attend meetings and trainings	20	21	HO (Kathy Munsey) Emergency Management (Gary Podoll)	Annual	N
PHEP CDC Contract	Public Health Preparedness (Consortia Level)	By 12/31/18, 100% of Performance Measures that are successfully completed or achieved.	Total annual performance measures done by Green Lake County HD staff as part of annual CDC/PHEP objectives. Reported on PM Deliverables Worksheet.	100% completed /achieved (2013)	100% completed /achieved	PHN (Tracy Soda, Jeri Loewe), HO (Kathy Munsey)	Annual	N

	2012	2013	2014	2015	2016
Total number of community partners and agencies, who participate in preparedness education programs and planning meetings.			27 Partners 13 Agencies	112 Partners 25 Agencies	
Percentage of completed performance measures	100%	100%	100%	100%	
Health unit staff participate in annual exercise training per after-action report				100%	
Maintain Up to date Incident Command Structure (ICS) chart with 2 deep for each position				100%	
Minimum of 1 staff will complete the Preparedness Competencies on PCA portal to evaluate training needs.				Completed	

Radon

Goal: Provide guidelines for limiting the exposure of county residents to toxic substances and hazardous environmental contaminants present in the air, water, and waste, and thereby minimize adverse health effects. Includes identifying, investigating, reporting, issuing protective orders, monitoring, and follow-up.

Source	Program Name	Performance Standard	Performance Measure or Indicator	Protocol	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Green Lake County Human Health Hazard Ordinance 666-98; WI State Statutes 254	Environmental Health-Radon	By 12/31/18, the percentage of radon kits that are provided in Green Lake County and used for testing will remain at 55% or higher.	Number of radon kits given out and used/ number of radon test kits given out	Incoming inquiries about radon will be tallied on a tally sheet. If the caller desires a kit, the kit may be mailed or picked up. All kits must be recorded on a distribution list. Tests include necessary information to complete and measure radon levels. Staff will document used radon kits by tracking the kit serial number. See Green Lake County's Radon Policy for more information.	48% (2012)	55%	EH-Ashely Rondorf	As needed	2014-Y 2015-N 2016-FU phone calls

	2012	**2013**	**2014**	**2015**	**2016**
Number of radon kits used and sent into the lab	19	4	10	9	
Number of radon kits given out	40	6	14	17	
Percentage of radon test kits given out and returned for testing	48%	66%	72%	53%	

Source: Environmental Health (Ashley Rondorf)

Worksite Wellness

Goal: To promote employee health and well-being in the workplace by providing education and incentives in development of healthy behaviors.

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Strategic Plan, Employee Participation Log	Worksite Wellness	By 12/31/18, all Green Lake County employees will receive an annual physical	Increase the number of staff that receive an annual physical by 10%	23% (2012)	33%	Health Officer (Kathy Munsey)	Annually	2015-active engagement of emp. 2016-cont.
		24 Healthy Monday Wellness emails will be sent per year to all employees	Number of Healthy Monday Wellness emails sent	24 per year	At least 24 per year	HE (Melanie Simpkins)	Annually	N
		One Worksite Wellness activity will be offered to all employees at least quarterly	Number of Worksite Wellness activities offered per quarter	1 per quarter	1 per quarter	HE (Melanie Simpkins)	Quarterly	N
		Worksite Wellness satisfaction surveys will be sent out to all employees every year	Annual Worksite Wellness satisfaction survey sent out and reviewed by HE	Completed May 2014	Completed annually	HE (Melanie Simpkins)	Annually	N

	2012	2013	2014	2015	2016
Number of staff who get a physical each year (%)	46 (23%)	33 (17%)	32 (16%)	Reported to us: 31 From GHT: 91(direct incentive this year) 45%	
Number of staff that complete a Wellness Check with the Public Health Nurses		72 (38%)	28 (14%)	64 (32%)	71 by 9/6/16
Total number of staff	200	187	200	200	200
Number of Healthy Monday emails sent out	>24	>24	52	50	
Number of Worksite Wellness activities per year/average per quarter	10	8 total Average 2 per Qtr	23 total Average 3 per Qtr	25 Average 4 per Qtr	
Number of employees that participate in 5 or more activities per year and receive $25		19	18	32	
Annual Worksite Wellness Program Employee Input	Jan-Employee Wellness meeting	Survey	Written survey 5/29/14	Verbal survey at 24/28 Dept. visits	Electronic
Number of employees who participate in 1 activity			118	127	

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Wellness Coalition

Goal: To promote healthy lifestyles and prevent disease among residents of our communities, and promote collaboration with community partners.

Source	Program Name	Performance Standard	Performance Measure	Baseline	Goal	Staff Responsible	Status/ Date	QI Y/N
Strategic Plan, CHIP, CHA	Wellness Coalition	By 2018, maintain an active county wellness coalition	# of meetings of wellness coalition with community partners per year	At least quarterly	To meet at least quarterly	Health Officer (Kathy Munsey)	Active	N
Strategic Plan, CHIP, CHA	Wellness Coalition	By 2018, maintain an active Nutrition Action Group	Complete CHIP tracking tool every quarter	New tool	To promote engagement of community partners by tracking progress toward CHIP goals and action group activities	Action Group Leader (Tracy Soda)	Quarterly	N
		By 2018, maintain an active Physical Activity Action Group	Complete CHIP tracking tool every quarter	New tool	To promote engagement of community partners by tracking progress toward CHIP goals and action group activities	Action Group Leader (Jeri Loewe)	Quarterly	N
		By 2018, maintain an active Mental Health/ ATODA Action Group	Complete CHIP tracking tool every quarter	New tool	To promote engagement of community partners by tracking progress toward CHIP goals and action group activities	Action Group Leader (Kathy Munsey)	Quarterly	N
		Annual Wellness Coalition Activity update report	Write and distribute annual CHIP update to all coalition members and post on coalition and county websites	At least annually	To distribute CHIP update report two times each year	Health Educator (Melanie Simpkins)	Annually	N

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

	2015				2016				
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	
Quarterly coalition meetings & minutes, including action group updates	X	X	X	X	X				
Maintain and update coalition website quarterly		New	X	X					
Annual CHIP update to coalition partners and websites	Jan		Aug		Feb		Aug		
Quarterly CHIP updates to Mental Health & ATODA Action Group spreadsheet or list	New 2016				x	x			
Quarterly CHIP updates to Nutrition Action Group spreadsheets or list	New 2016				x	x			
Quarterly CHIP updates to Physical Activity Action Group spreadsheets or list	New 2016				x	x			
Total number of community partners and agencies, who have participated in coalition meetings this year	18								
Total number of community partners and agencies who receive monthly emails this year	138								
Total participation at coalition meetings this year	112								

Key: HO= Health Officer; PHN= Public Health Nurse; EH= Environmental Health; B-3= Birth to 3 Coordinator; HE= Health Educator; DH=Dental Hygienist

Consider adding these reviews:
Workforce Development
Annual Training Plans
Core Competencies
Strategic Plan Annual Review & kept in desk drawer
Policy and Procedures annual review by HO and staff
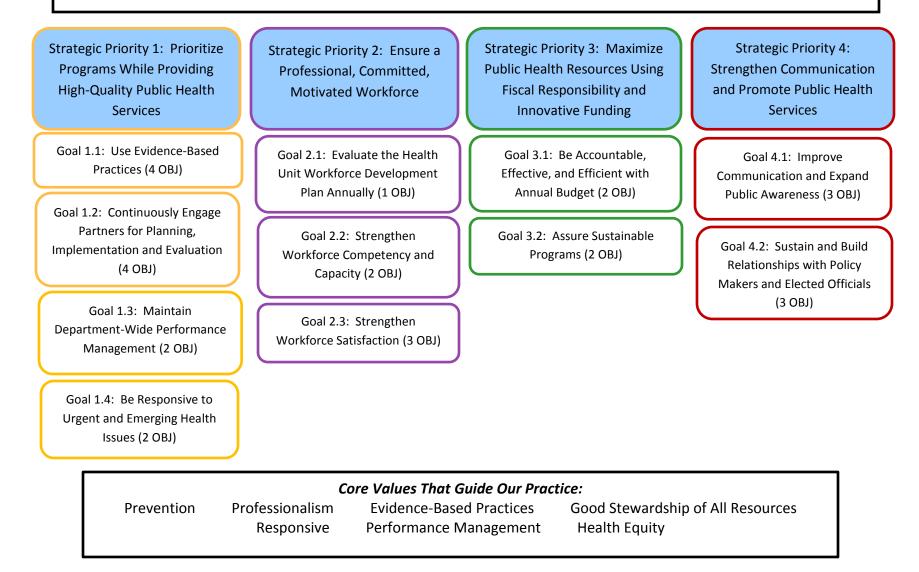CHIP-review
CHA-review
Annual WIR training

Green Lake County Department of Health and Human Services Public Health

Health Unit Strategic Plan 2017-2020 Diagram

Mission: The mission of the Green Lake County Health Department is to promote and protect health and prevent disease.
Vision: We will become the leader in Public Health in Green Lake County promoting healthy people, thriving communities and safe environments.

Strategic Priority 1: Prioritize Programs While Providing High-Quality Public Health Services	Strategic Priority 2: Ensure a Professional, Committed, Motivated Workforce	Strategic Priority 3: Maximize Public Health Resources Using Fiscal Responsibility and Innovative Funding	Strategic Priority 4: Strengthen Communication and Promote Public Health Services
Goal 1.1: Use Evidence-Based Practices (4 OBJ)	Goal 2.1: Evaluate the Health Unit Workforce Development Plan Annually (1 OBJ)	Goal 3.1: Be Accountable, Effective, and Efficient with Annual Budget (2 OBJ)	Goal 4.1: Improve Communication and Expand Public Awareness (3 OBJ)
Goal 1.2: Continuously Engage Partners for Planning, Implementation and Evaluation (4 OBJ)	Goal 2.2: Strengthen Workforce Competency and Capacity (2 OBJ)	Goal 3.2: Assure Sustainable Programs (2 OBJ)	Goal 4.2: Sustain and Build Relationships with Policy Makers and Elected Officials (3 OBJ)
Goal 1.3: Maintain Department-Wide Performance Management (2 OBJ)	Goal 2.3: Strengthen Workforce Satisfaction (3 OBJ)		
Goal 1.4: Be Responsive to Urgent and Emerging Health Issues (2 OBJ)			

Core Values That Guide Our Practice:

Prevention   Professionalism   Evidence-Based Practices   Good Stewardship of All Resources
                         Responsive   Performance Management   Health Equity

General Information

Position	Division	Evaluation Type
Public Health Nurse/Educator		Periodic

Department	Class Spec
HEALTH	

Rating Summary By: _____

Content

GOAL SECTION | 5 POINT SCALE   SECTION WEIGHT 50 %

Goal Section

Annually develops training plan for self to meet any gaps identified during annual evaluations.

ITEM WEIGHT 20 %

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Facilitates the Green Lake Co. employee wellness program, providing regular activities and educational opportunities to promote healthy lifestyles.

ITEM WEIGHT 20 %

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Annually collects, tracks and evaluates data to contribute to progress of Performance Management Plan.

ITEM WEIGHT 20 %

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Annually does self-evaluation using Tier 1 of the June 2014 Core Competencies for Public Health Professionals

ITEM WEIGHT 20 %

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

County Wide Goal

ITEM WEIGHT 20 %

Build positive relationships and deliver excellent customer service.

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

COMPETENCY SECTION | 5 POINT SCALE

SECTION WEIGHT 50 %

Competency Section

Problem Solving

The employee is able to clearly define problems, seeks to find the root cause of issues and find solutions that will create lasting change. Review relevant information and determine an appropriate plan. Makes decisions based on logic and critical thinking and can support decisions with research and data. Creates insightful and comprehensible reports useful in improving processes in the organization.

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Interpersonal Communication - PNS

The employee demonstrates active listening skills and the ability to develop productive relationships with others. Shares information in a timely and relevant manner. Clearly presents ideas and understands appropriate electronic, written and verbal communication techniques. Understands personal communication style and adjusts based on the needs of others to ensure shared meaning.

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Autonomy Self-Direction

The employee is effective at achieving results with little supervision. Takes personal responsibility to solve problems. Internally motivated and personally sets timelines and goals. Focuses on what is important and prioritizes time based on impact. Demonstrates the ability to consider the relevant information and implications to make timely, educated decisions. Dependable, punctual and efficient in streamlining projects.

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Organization, Project and Time Management Skills

ITEM WEIGHT 20 %

The employee spends time on what is important and does not waste time on unproductive or low priority tasks. Produces excellent results despite time restraints. Capable of managing and prioritizing both everyday responsibilities and broad level, longer term objectives. Comfortably delegates tasks and responsibilities and ensures projects are completed in a timely manner. Sets timelines and implements goals.

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Growth, Innovation and Implementation

ITEM WEIGHT 20 %

Generates new ideas, formulates a plan and then implements those solutions. Demonstrates creative thinking. Continues to learn the best practices in their area of expertise. Creates high quality plans and demonstrates the initiative to complete the plans.

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

Overall Rating

SCORE	NAME	COMMENT
5	Outstanding	
4	Exceeds Expectations	
3	Meets Expectations	
2	Does Not Meet Expectations	
1	Needs Improvement	

DODGE COUNTY

DODGE COUNTY

EMPLOYEE PERFORMANCE EVALUATION

*Enter information below and use "Tab" (not "Enter") to
move to the next section, or scroll and highlight the cell.*

Today's Date	
Employee Name	
Evaluation Period	
Department	
Employee's Title/Function	
Manager/Supervisor (Reviewer)	
Reviewer's Title	
Date of Last Evaluation	
Due Date of Evaluation	
Step Increase Consideration Date	

Type of Evaluation

Orientation

☐ **First**   ☐ **Step/Merit**   ☐ **Other/Transfer/Discretionary**   ☐ **Follow Up Review**

☐ **Second**

☐ **Final**

STRICTLY CONFIDENTIAL

Dodge County values its employees and is committed to empowering employees to be successful at their jobs. In order to honor this commitment, it is important for all leaders of the organization to have focused, meaningful discussions with each of their direct reports on a regular basis, but also to have a more formalized discussion with each of their direct reports utilizing this evaluation tool at least once a year. All Dodge County employees will receive a formal performance evaluation including a formal evaluation meeting annually.

EMPLOYEE PERFORMANCE RATING SCALE

4 - Exceptional

3 - Exceeds Expectations

2 - Meets Expectations/Valued Contributor

1 - Needs Improvement or Developing

0 - Unacceptable

EXCEPTIONAL: This is a rating given when the employee's performance is an <u>exception</u> among the workforce in this area. This is a difficult rating to achieve and only given when an employee's performance has consistently and significantly exceeded the standard.

EXCEEDS EXPECTATIONS: This rating is given when an employee's performance frequently exceeds the standard requirements for successful performance.

MEETS EXPECTATIONS/VALUED CONTRIBUTOR: This rating is given when an employee is a steady, reliable performer and whose actions/behaviors consistently contribute to the success of the department and the County.

NEEDS IMPROVEMENT OR DEVELOPING: This rating is given when an employee is not performing at the expected levels of standard performance and needs to make some improvements, or the employee is still learning key aspects of the factor being evaluated.

UNACCEPTABLE: This rating is given when an employee is significantly not meeting the expected standards in this area. Immediate improvement is required.

In the sections that follow record your rating on each factor by selecting the proper cell and either enter the capital letter "X", or select the drop down feature of the cell and click on the drop down box. No other value other than X can be used. Note that if you check more than one box in the same row the selected cells will be highlighted in green to alert you that there is an error.

COUNTY-WIDE CORE COMPETENCIES/BEHAVIORS					
	0	1	2	3	4
Quality/Quantity of Work	Unacceptable	Needs Improvement or Developing	Meets Expectations/ Valued Contributor	Exceeds Expectations	Exceptional
Accurate, high **quality** work is a priority, strives to eliminate & identify errors and works to correct them.					
Work **quantity/**volume meets department and organization expectations, works efficiently.					
Takes **initiative** when appropriate. For example, starts projects independently, takes initiative to identify & solve problems.					
Manages time wisely, considers cost effectiveness, utilizes organizational resources wisely.					
Keeps **job knowledge** current and has the technical and professional competency required for the job.					
Understands and applies the job's principles, basic functions and technical skills effectively.					
Supervisor Comments (Required for all ratings *above* or *below* a "2"):					
Development Plan (Required for all ratings *below* a "2":					

	0	1	2	3	4
Attitude, Teamwork, & Communication	Unacceptable	Needs Improvement or Developing	Meets Expectations/ Valued Contributor	Exceeds Expectations	Exceptional
Maintains a positive **attitude** toward work, the County, co-workers, & customers.					
Adapts willingly and remains **flexible** in regard to changes or modifications of work responsibilities, policies & procedures. Is **cooperative**.					
Is **professional** and **respectful** to everyone with whom s/he interacts. Maintains positive interpersonal relationships with others.					
Acts **ethically** and with **integrity** in all aspects of his/her work and in all issues related to the County.					
Provides excellent **customer service** to both internal and/or external customers.					
Communicates appropriately with others. Keeps supervisors & others informed of issues or concerns. Communicates in a timely manner utilizing the appropriate methods of communications and with the appropriate individuals.					
Understands the **goals of the organization** and works to assist the County in meeting those goals.					
Supervisor Comments (Required for all ratings *above* or *below* a "2"):					
Development Plan (Required for all ratings *below* a "2":					

11/11/2016

Compliance With Rules & Expectations	0	1	2	3	4
	Unacceptable	Needs Improvement or Developing	Meets Expectations/ Valued Contributor	Exceeds Expectations	Exceptional
Is **punctual.**					
Maintains an acceptable **attendance** record.					
Adheres to **policies and procedures.**					
Adheres to **safety** regulations. Makes safety a priority. Maintains a safe work environment.					
Maintains a **work environment** in which s/he can work effectively and does not infringe on the ability of others to complete their work effectively or safely.					

<mark>Supervisor Comments (**Required** for all ratings *above* or *below* a "2"):</mark>

<mark>Development Plan (**Required** for all ratings *below* a "2":</mark>

Judgment & Problem Solving	0	1	2	3	4
	Unacceptable	Needs Improvement or Developing	Meets Expectations/ Valued Contributor	Exceeds Expectations	Exceptional
Makes appropriate independent **judgments**. Consults others when needed. Judgments made are sound.					
Works to **resolve problems** and issues independently when appropriate. Asks for assistance when needed.					
Provides input and makes appropriate suggestions for change. Supports **innovation** by either being receptive to it or developing innovative ideas.					
Utilizes resources wisely and is conscious of budget restraints.					

<mark>Supervisor Comments (**Required** for all ratings *above* or *below* a "2"):</mark>

<mark>Development Plan (**Required** for all ratings *below* a "2":</mark>

PRIOR PERIOD'S PERFORMANCE GOAL

GOAL:	0	1	2	3	4
	Unacceptable	Made Some Progress toward this Goal	Met Achievement Expectations	Exceeded Expectations	Exceptional
Completion Date:					

Action(s) Previously Identified for Attainment:

Supervisor Comments (Required for all ratings *above* or *below* a "2"):

PERFORMANCE GOAL FOR UPCOMING PERIOD

Identify a critical Individual Performance Goal or Goals for the next review period.
This is a specific performance goal that supports the achievement of a department or county-wide goal.

GOAL:

Action(s) Required for Attainment:

Expected Completion Date:

TRAINING/DEVELOPMENT OPPORTUNITIES

DEVELOPMENT OPPORTUNITY:

Target Date of Completion:

ADDITIONAL COMMENTS

Employee Comments:

Supervisor Comments:

SIGNATURES & FINAL RATING

	FINAL RATING
Employee Name:	0
	Unacceptable

Employee Signature: **Date:**

Reviewing Manager/Supervisor Name:

Reviewing Manager/Supervisor Signature: **Date:**

Department Head Name:

Department Head Signature: **Date:**

County Administrator's Signature   **Date:**

(not required for Orientation Period evaluations)

11/11/2016

Program Name:	Workforce Development						
Strategic Plan	Assure access to ongoing work force development	All staff will participate in at least one or more continuing education programs annually	2016:	75% of staff participates in one or more continuing education programs	Mgt Team & Staff	Ongoing	
Strategic Plan	Workforce Competency	Share information from continuing education programs with appropriate staff	2016:	90% of information from continuing education programs shared	PHO & Staff	Ongoing	
Strategic Plan	Show leadership by sharing successes and evidence-based practices with partners	Annually showcase successful departmental strategies and programs at least 1 time per year	2016: Annual report and strategic planning process	Share one strategic or program success	PHO	Ongoing	
Strategic Plan	Support student and intern experiences	Mentor a future public health workforce, support higher education programs and introduce other discipline students to public health	2016:	To attempt to find mentoring experiences for all students interested in a public health experience	PHO & Staff	Ongoing	