Workforce Development Plan Toolkit

Guidance and Resources to Assist State and Territorial Health Agencies to Create a Workforce Training and Development Plan

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Acknowledgements

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In particular, we would like to thank the members of the ASTHO Workforce Development Advisory Group and our partners at The Ohio State University College of Public Health, Center for Public Health Practice:

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State Public Health Workforce Development Plans Reviewed

The advisory team reviewed the following state workforce development plans to assist with the development of this toolkit: Florida, New York, Ohio, Oregon, Oklahoma, and Rhode Island. (All plans were public health-specific except for Oregon's, which covered the entire state.)

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Toolkit Development

This toolkit was developed through a collaborative effort between ASTHO and The Ohio State University College of Public Health, Center for Public Health Practice (CPHP), with funding from CDC. CPHP drafted the toolkit after conducting an environmental scan of existing workforce development (WFD) plan planning resources, reviewing example state agency WFD plans, and conducting focus groups and feedback conference calls with WFD Advisory Team members. The development process unfolded in two phases and included the following steps:

Phase 1: Environmental Scan and Toolkit Outline

- CPHP conducted an initial environmental scan to identify and gather existing WFD plans and resources. In addition, CPHP developed and deployed an online survey to the WFD Advisory Team to gather feedback on current and anticipated challenges associated with creating a WFD plan.

- Six example WFD plans that participants identified through the environmental scan were forwarded to the WFD Advisory Team for review. WFD Advisory Team members provided feedback on the plans via webinar, sharing what they liked, what they would change, and what was missing from the plans they reviewed.

- CPHP summarized and analyzed all inputs from the environmental scan, survey, and webinar, and used the information to create the first draft of a toolkit outline. The draft outline was shared with WFD Advisory Team members for review. Feedback was then incorporated into the final toolkit outline.

Phase 2: Toolkit Development

- CPHP prepared a draft of the WFD plan toolkit, using the outline created in Phase 1 and the existing ASTHO Quality Improvement Plan Toolkit for guidance.

- CPHP and ASTHO co-hosted a conference call with WFD Advisory Team members to review and gather feedback on the draft toolkit. The team made revisions and conducted a second review via email.

- CPHP summarized all feedback and revised the toolkit accordingly.

- The completed toolkit was submitted to ASTHO as the final deliverable for Phase 2.

How to Use This Toolkit

Welcome to the ASTHO Workforce Development Plan Toolkit! Although primarily developed for state and territorial health agencies, the following information and resources will also prove helpful to local and tribal health agencies. This toolkit serves two purposes:

1. **Develop an Agency-Wide WFD Plan**: The toolkit is designed for agencies at all stages of WFD plan preparation. Agencies that are just starting the process may find it useful to review all toolkit sections in depth, while agencies that are further along might use the toolkit sections as a checklist. Agencies are encouraged to adapt and customize the guidance provided in this toolkit to meet the particular needs of their organizations.

2. **Facilitate Preparation for Accreditation through the Public Health Accreditation Board (PHAB):** For agencies interested in applying for PHAB accreditation, this toolkit addresses the documentation requirement for Measure 8.2.1A ("Workforce development strategies") and supports the accomplishment of Measure 8.2.3A ("Professional and career development for all staff"). All references to the PHAB Standards and Measures in this toolkit are based on Version 1.5. Throughout the toolkit, we have noted where PHAB provides guidance on a particular element of the WFD plan. In Section II: Getting Started, we have noted where other PHAB measures align with the WFD plan requirement. However, only PHAB can determine whether a WFD plan will meet the documentation requirement for PHAB Measure 8.2.1A.

The toolkit is divided into 10 sections:

    I: Key Steps in the Workforce Development Plan Process

    II: Getting Started

    III: Competencies

    IV: Needs Assessment

    V: Communication and Tracking Implementation

    VI: Evaluation and Monitoring

    VII: Workforce Development Plan Elements

    VIII: Sample Workforce Development Plans and Template

    IX: Additional Resources

    X: References

At the end of each section, links to related tools and resources are provided.

Important Note: Topics such as recruitment and retention, workforce diversity, employee performance reviews, and succession planning, while important considerations for broad workforce planning efforts, are not within the scope of this toolkit.

▋ SECTION I
Key Steps in the WFD Plan Process

While there is no standard approach to drafting an agency WFD plan, there are some key steps in the process. The following table lists the key steps and associated toolkit sections where links to additional resources may be found. The steps are numbered below for ease, but may occur concurrently or iteratively. Steps that are shaded address a specific documentation requirement associated with PHAB Measure 8.2.1A. While communication is not specifically listed below, it is a critical consideration throughout the entire process. Additionally, there may be steps that require leadership review and approval (e.g., organizational competencies, needs assessment, and the WFD plan). This must be considered as part of the overall process and timeline. For agencies that do not currently have a WFD plan, allow at least 12 months for development.

TABLE 1: Key Steps In WFD Plan Process

STEP	TOOLKIT SECTION KEY TOOL OR RESOURCES	✔
1. Identify a Lead: Identify a staff member to lead the initiative. While completing the work associated with writing the plan is not the sole responsibility of a single individual, the lead is responsible for managing the writing process overall. If you are pursuing accreditation, the lead should have a basic understanding of PHAB Standards and Measures. In many agencies, lead responsibilities for WFD efforts fall within the human resources department.	Section II: Getting Started	
	Sample WFD director job description (ASTHO and Ohio)	
2. Garner Leadership Support: Find a leader within the agency who will champion WFD efforts. The plan's success, and more importantly, its implementation, is dependent upon the support of agency leadership and supervisors or managers.	Section II: Getting Started	
3. Create a WFD Team: Assemble a team of 6-8 individuals to help write the plan. Team members should represent the agency across divisions and programs.	Section II: Getting Started	
	Example WFD team charters (Ohio and Oregon)	
4. Conduct an Environmental Scan/Gap Analysis: Define the agency's current state related to WFD efforts and future desired state, and identify the key steps that will take the agency from one to the other. This analysis also helps reveal existing WFD initiatives that may be occurring, as well as resources that are present in pockets within the organization that could be successfully leveraged across the agency.	Section II: Getting Started	
	Gap analysis template; PHAB Standards and Measures	
5. Establish Organizational Competencies: Identify and adopt a set (or sets) of competencies that will guide WFD efforts. These competencies will be incorporated into employee job descriptions, provide the basis for training needs assessments, be linked to training offerings, and be addressed as part of the employee annual performance review process.	Section III: Competencies	
	Links to competency sets; sample competency frameworks (Minnesota, New Hampshire, Iowa)	

TABLE 1: *Key Steps In WFD Plan Process — Continued from page 4*

STEP	TOOLKIT SECTION KEY TOOL OR RESOURCES	✔
6. **Conduct Training Needs Assessment:** Identify gaps in knowledge, skills, and abilities among staff. A training needs assessment should be based on the organization's adopted competency set(s), and major gaps should be addressed through the WFD plan's training and curriculum schedule. Consider assessing not only organizational and core competencies, but also discipline-specific competencies in an effort to identify needs relative to employees' specific positions or roles.	**Section IV: Needs Assessment**	
	Public Health Foundation needs assessment tool; ASTHO training needs assessment environmental scan report	
7. **Write the Plan:** Consider reviewing example WFD plans provided in this toolkit in advance. There is also a WFD plan template that has been used by several state and local public health agencies. Multiple individuals will have a role in developing the plan, however the actual writing may be the responsibility of one individual, or a shared responsibility. If shared, one person should be charged with final review/edits to ensure the plan has "one voice".	**Section VII: WFD Plan Elements; Section VIII: Sample WFD Plans and Template**	
	Training resources; WFD plan template and user guide; Sample WFD plans (Florida, Minnesota, New York, Ohio, Oregon, Rhode Island)	
8. **Implement and Monitor the Plan:** Establish a process for tracking employee training. Tracking can be the responsibility of the individual employee, with the tracking mechanism (e.g., spreadsheet, access database, employee file, or learning management system) residing within individual divisions or centralized in human resources.	**Section V: Communication and Tracking Implementation**	
	TRAIN Guidelines for tracking (Rhode Island)	
9. **Evaluate and Update the Plan:** Evaluate the impact of your training efforts. Review the plan annually and update as necessary.	**Section VI: Evaluation and Monitoring**	
	Kirkpatrick Model; Sample course evaluation template	

▬ SECTION II
Getting Started

This section addresses items that agencies may want to consider before writing a WFD plan, including the importance of WFD, a learning culture, leadership support, organizational structure, and an overview of PHAB Standards and Measures related to establishing a WFD plan.

Importance of Workforce Development

At its simplest level, a competent, capable workforce is at the center of any successful organization. Investment in training and development of the workforce can yield multiple benefits for both the employee and the organization. These benefits may include, but are not limited to: expanded staff knowledge, skills, and abilities; improved quality of products and services; enhanced individual and organizational performance; increased employee satisfaction, retention rates, and commitment to the organization; expanded ability for the organization to adapt to change; and deepened bench strength to support succession.

> *"ASTHO recognizes that a skilled state public health workforce is essential for protecting and improving the health and wellness of the public and responding to major health threats. The public health community must improve its ability to assess the needs of the current public health workforce, communicate the value of the public health workforce, and equip future public health leaders with the skills necessary to carry out essential public health responsibilities and respond to the changing landscape of the U.S. public health system."*
>
> – Excerpt from ASTHO's Workforce Development Position Statement[1]

In the early 1990s, the Core Public Health Functions Steering Committee recognized WFD as an Essential Public Health Service ("Assure a Competent Workforce"), to include (1) assessing the public health and personal healthcare workforce, (2) maintaining public health workforce standards, and (3) continuing education and lifelong learning.[2] Additionally, the traditional skill set that public health practitioners need is changing. In a recent article published in *The Journal of Public Health Management and Practice*, authors describe the challenges and uncertainty state and local public health agencies face related to budget cuts, retirements, attrition, implementation of the Affordable Care Act, and agency accreditation. The authors go on to share that these challenges and uncertainties require public health practitioners to be well-versed not only in discipline-specific competencies, but also in a new set of systems-based skills.[3] A 2014 article in the *American Journal of Preventive Medicine* supported this systems-based approach to the new public health skill set, describing the need for public health practitioners to effectively link traditional public health activities and information with clinical services and activities.[4] Pending retirements are encouraging training and development of the current and future workforce. According to the most recent ASTHO Profile of State Public Health (Volume 3), nearly 25 percent of current state health agency employees will be eligible to retire in 2016.[5] The institutional knowledge and expertise of the pending retirees must be captured and new and existing staff must be prepared to serve in different, expanded roles.

"Effective Public Health action requires an adequately staffed, highly skilled, diverse and interdisciplinary workforce… The need to provide existing public health workers with career development opportunities to improve and advance specific job-related skills is clear."

– AMERICAN JOURNAL OF PREVENTIVE MEDICINE, 2014[6]

What is a Learning Culture?

One overarching goal of a public health agency should be to create or enhance a learning culture. Culture is defined as a way of thinking, behaving, or working that exists in a place or organization.[7] In a learning culture, the acquisition of knowledge and skills is supported by aspects of the organization's environment that encourage surfacing, noticing, gathering, sharing, and applying new knowledge.[8] This type of learning does not simply take place in a formal classroom setting but also occurs through activities such as mentoring, shadowing, coaching, staff meetings, project work, and professional networking. A learning culture is something to which an agency aspires, and a WFD plan supports this endeavor. The WFD plan does not create this learning culture, but provides guidance for one critical element: employee access to lifelong learning resources and relevant training and development opportunities that build the competency and capacity of the agency's workforce.

Below are five actions, adapted from The Manager's Role in Creating a Learning Culture, that agencies may consider as they enhance their organizations.[9] Leadership support in these efforts will increase the likelihood of change.

1. Establish a clear picture of the culture you are trying to cultivate. What does a learning culture look like in your organization?

2. Understand the benefits of the change. Define expected benefits individually and organizationally so that you will know it when you see it.

3. Communicate with others and share the vision.

4. Model the new behavior, and find supporters and influencers and have them model the same behavior.

5. Begin to expect others to model the new behavior: encourage staff, support successful change, and recognize progress.

Note that there is direct alignment of the learning culture principles described above with those of quality improvement. Empowering all employees to identify gaps in quality or service and supporting individuals and teams to act on solutions supports and encourages self-development and improves the agency overall. Through formal and informal quality efforts, employees learn more about the processes and functions of their organizations; at the same time, they develop and practice new skills and become ongoing users and advocates of quality improvement. Quality efforts demand critical thinking. Agencies should look for opportunities to leverage connections between quality and learning culture development.

> The Fifth Discipline Fieldbook and The Fifth Discipline – The Art and Practice of a Learning Organization, both by Peter Senge, are two resources for agencies looking for strategies and tools to build or enhance a learning organization.

Leadership Support

Leadership support is critical to the success of agency WFD efforts. The infrastructure needed to support WFD policies, training budgets, employee performance reviews, and comprehensive needs assessments are unlikely to become part of an agency's "standard way of doing business" without leadership support.

"Nothing speaks clearer to employees than their leader's behavior. Staff will have the same level of enthusiasm for training and learning as their leader shows. Spend plenty of effort to engage your leaders to support, showcase, and inform staff about the organization's workforce development plan."

-MAGALY ANGELONI, RHODE ISLAND DEPARTMENT OF HEALTH

The following tips from state public health departments may help an agency build leadership support for WFD efforts:

- Keep leadership informed of WFD efforts: communicate clearly, concisely, and often.

- Provide justification for WFD using information provided in the sub-sections above (e.g., Importance of Workforce Development). Use agency-specific examples where possible.

- Describe how WFD efforts support the agency's mission and strategic initiatives, the 10 Essential Public Health Services, and PHAB accreditation.

- Find a champion outside the agency (e.g., the director of another state health agency) who may influence agency leadership. Or, find a respected champion within the agency and ask for his or her support.

- Look for support from national and state professional associations. They may be able to share justifications, experiences, or recommend champions from peer organizations to assist in the case for WFD efforts.

- Encourage staff to talk with supervisors before and after learning opportunities to ensure that knowledge acquired is both applicable and applied, making the return on investment more obvious.

- Pilot test WFD initiatives on a small scale and report successes back to leadership as a way to garner support for system-wide implementation.

- Use quantitative measures for justification whenever possible.

- Evaluate efforts to provide WFD data that can make a case for continued WFD support.

- Plan how to keep WFD efforts "alive" during times of leadership transition.

Organizational Environment

Many aspects of the organizational environment may impact WFD initiatives by presenting opportunities or challenges. The table below provides several topics and associated questions that agencies may want to consider during the WFD planning or development process. These issues may also be considered as an agency conducts its gap analysis. (There are other factors that could influence WFD efforts, so agencies should thoroughly consider what applies to their situations and plan accordingly.)

TABLE 2: Organizational Environment Considerations

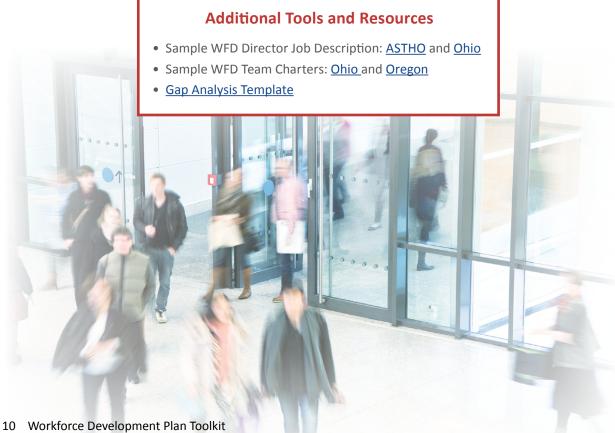|	
History	• What is the history of WFD in the organization? • What has been done already or tried before? • What is feasible based on past experiences? • What key lessons do you need to remember moving forward? • Does the agency have elements of a WFD plan–such as assessment data or a training plan—in parts, but not all, of the organization?
State Governance	• Are there state governmental system mandates, requirements, or restrictions that would affect your WFD plan? • Does the state as a whole have a WFD plan? • Where is there alignment between agency initiatives and governing entity initiatives? • What interdepartmental resources can you leverage in your WFD plan process? • What best practices can you gather from other state agencies? • Are there training requirements for all state employees? • How can the state public health system benefit from public health's efforts?
Policies	• What existing agency policies would impact WFD in one way or another? • Does the agency have a tuition reimbursement policy or a release time policy? • Are WFD-related policies consistent across the organization, or do they apply only to specific job classifications?
Labor Structure	• Is the workforce unionized in whole or part? • What limitations exist in terms of what can or cannot be done for segments of the workforce? • How might limitations present opportunities to partner, use member benefit dollars, or take advantage of common interests? • Does the agency have a union representative who should be included when planning this initiative?

Merit Systems	• Is the agency bound by state-directed merit systems? If so:
	  – How does this influence what the agency is able to do?
	  – How can the agency work within the confines of this restriction?

Programmatic and Budgeting Considerations	• Are there state or programmatic budget restrictions that limit dollars or time devoted to training, travel, certifications, licensures, or annual dues or fees?
	• Does the agency's state government have funds to support staff training and continuing education?
	  – How might funding be leveraged through grants to support agency training efforts?
	  – Can staff training be included in grant applications?
	  – How might you adapt if grants that support training end?

Employee Performance	• Do job descriptions reflect expectations for professional development?
	• Do employee performance reviews or plans require staff to identify professional development goals?
	  – If so, how can that expectation be tied into the WFD plan?
	  – If not, how can these expectations be built into these processes?

PHAB Standards and Measures

PHAB Domain 8 (Version 1.5), "Maintain a Competent Workforce," focuses on the need for health departments to strategically approach developing a competent workforce to perform public health duties.[10] A WFD plan is the documentation requirement for Measure 8.2.1A, and there are several measures outside of Domain 8 that link to the WFD plan. The checklist on the following page, developed by The Ohio State University College of Public Health, Center for Public Health Practice, provides the specific requirements associated with Measure 8.2.1A and includes other related measures outside of 8.2.1A.

Additional Tools and Resources

- Sample WFD Director Job Description: ASTHO and Ohio
- Sample WFD Team Charters: Ohio and Oregon
- Gap Analysis Template

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Agency Workforce Development Plan Checklist

The following checklist includes requirements for PHAB Measure 8.2.1.A (Version 1.5), specifically for the workforce development plan documentation requirement. Other PHAB Measures that incorporate a training-related element that you may consider addressing within the workforce development plan are also listed here. Please note that use of this checklist does not guarantee PHAB compliance and agencies are strongly encouraged to review the PHAB Standards and Measures independently.

✓	MEASURE	DOCUMENTATION REQUIREMENT
	8.2.1.1A	The health department must provide a health department-specific workforce development plan. The plan must:
		• Address the collective capacity and capability of the department workforce and units.
		• Address gaps in capacity and capabilities and include strategies to address them.
		• Be responsive to the changing environment and include consideration of areas where the technology advances quickly such as information management and (digital) communication science.
		• Be responsive to the changing environment and include consideration of areas where the field is advancing, for example, emergency preparedness training, health equity (see Measure 11.1.4.4 below), and cultural competence.
	8.2.1.1A	The plan must include:
		• An assessment of current staff competencies against the adopted core competencies (e.g., Council on Linkages Core Competencies). The plan may also use state developed or specialty focused sets of competencies (e.g., nursing, public health preparedness, informatics, and health equity).
		• Training schedules and a description of the material or topics to be addressed in the training curricula to address gaps in staff competencies.
		• A description of the barriers/inhibitors to the achievement of closing gaps or addressing future needs in capacity and capabilities and strategies to address those barriers/inhibitors.
	8.2.1.2A	The health department must document implementation of its workforce development strategies (two examples).
	8.2.3.1A	Participation in personal professional development activities by staff of the department (other than management and leadership staff, who are addressed below). The health department must document staff's completion of their annual personal professional development plan.
	8.2.3.2A	Development activities for leadership and management staff: The health department must document the provision of department training and development programs for department leaders and managers.

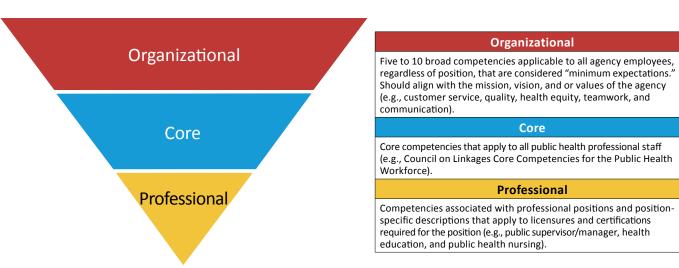| ✓	MEASURE	DOCUMENTATION REQUIREMENT
	8.2.3.3A	Participation of department leaders and managers in training provided by others, outside of the health department. The health department must document leaders' and/or managers' attendance at a leadership and/or management development training. Online courses are acceptable.
	2.3.3.4A	The health department must provide a schedule for training or exercises to prepare personnel who will serve in a surge capacity (for example, Incident Command System or personal protective equipment training). This does not have to be the sole focus of the training or exercise, but must be a component of the training.
	6.2.1.1A	Provisions of training for staff in laws to support public health interventions and practice: The health department must document that the staff are trained in laws that support public health interventions and practice. The training agenda is not specified and can include both general and specific aspects of public health law. Staff must be trained on the specific aspects of the law for which they are programmatically responsible. For example, an infectious disease nurse should be trained on the law that addresses infectious disease reporting; he or she would not be required to know specific elements on public water laws.
	9.1.5.1A	Staff development in performance management: The health department must document its staff professional development in the area of performance management. At a minimum, targeted staff includes those who will be directly working on performance measure monitoring and analysis, and/or serving on a quality team that assesses the department's implementation of performance management practices and/or system.
	9.2.1.1A	The health department must provide a quality improvement plan. The plan must address: • Types of quality improvement training available and conducted within the organization for example: – New employee orientation presentation materials – Introductory online course for all staff – Advanced training for lead QI staff – Continuing staff training on QI – Other training as needed – position-specific QI training (MCH, Epidemiology, infection control, etc.)
	11.1.4.4A	The health department must document staff training on health equity and cultural competence, including social, cultural, and/or linguistic aspects of policies, processes and programs. Training may include: examining biases and prejudices; developing cross-cultural skills; learning about specific populations' values, norms, and traditions; and/or learning about how to develop programs and materials for low literacy individuals or the visually or hearing impaired. Documentation must show the content of the training.

▬ SECTION III
Competencies

Many definitions for competency can be found in the literature. The agency should agree upon a definition of competency at the beginning of the project to ensure everyone is grounded in the same understanding of the term. The state of Washington's health agency defines competencies as "the measurable or observable knowledge, skills, abilities, and behaviors (KSABs) critical to successful job performance," and shares that choosing the right competencies allows employers to: [11]

• Plan how they will organize and develop their workforce.

• Determine which job classes best fit their business needs.

• Recruit and select the best employees.

• Manage and train employees effectively.

• Develop staff to fill future vacancies.

Although this toolkit focuses on how competencies can be used to develop the workforce, it is clear that competencies are also applicable to other important workforce planning efforts.

One challenging aspect of adopting a competency set(s) for an agency is navigating the multitude of competency sets that exist for the wide range of professions and disciplines that make up the public health workforce. The Council on Linkages' (COL) Core Competencies for Public Health Professionals is frequently cited as the national set of foundational core competencies for public health practice. As a result, they have been used as the competency framework in some state health agencies. However, the COL competencies do not address discipline-specific competencies, including nursing, environmental health, dentistry, and preparedness, and consequently, other states have established their own competency frameworks. Figure 1 shows a three-level competency framework, adapted from Columbus Public Health in Ohio, that incorporates organizational, core, and discipline-specific competencies. (See Tools and Resources at the end of this section for a list of nationally recognized competency sets used in public health and sample state competency frameworks.)

FIGURE 1: Sample Three-Level Competency Framework

Organizational
Five to 10 broad competencies applicable to all agency employees, regardless of position, that are considered "minimum expectations." Should align with the mission, vision, and or values of the agency (e.g., customer service, quality, health equity, teamwork, and communication).
Core
Core competencies that apply to all public health professional staff (e.g., Council on Linkages Core Competencies for the Public Health Workforce).
Professional
Competencies associated with professional positions and position-specific descriptions that apply to licensures and certifications required for the position (e.g., public supervisor/manager, health education, and public health nursing).

(Figure adapted with permission from Columbus Public Health)

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Tools and Resources

- Council on Linkages Core Competencies for Public Health Professionals
- Sample Discipline and Job-Specific Competency Sets:
  - Administrative Support Professionals
  - Community Health Worker
  - Counselor
  - Dietitian
  - Environmental Health
  - Epidemiology
  - Emergency Preparedness
  - Health Education
  - Informatics/IT
  - Lab Technologists
  - Leadership
  - Public Health Nursing
  - Social Work
  - Veterinarian
- Sample Competency Frameworks:
  - State of Minnesota
  - New Hampshire Division of Public Health Services
  - General Competency Library (State of Iowa)

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▬ SECTION IV
Needs Assessment

Training needs assessments are designed to uncover gaps in a workforce's knowledge, skills, abilities, and behaviors while prioritizing training efforts. The needs assessment should be based upon the competency set(s) adopted by the agency. There are multiple approaches to conducting training needs assessments, including paper-based assessment tools, online assessments, focus groups, direct observation, and key informant interviews. It is likely that your chosen approach will depend on a variety of factors, including time, cost, and staffing.

In 2014, ASTHO conducted an environmental scan of needs assessment practices in state public health agencies, primary care offices, and corporate businesses. The recommendations listed below are the result of that work, and the full report (see Tools and Resources, below) contains a detailed description of each of these recommendations and links to sample assessment tools.[12]

- Assessment methods are important.
- Aim for high response rates.
- Pilot test your assessment.
- Gauge input from all staff levels.
- Collect quantitative data.
- Assess gaps between the established workforce and new workforce.
- Evaluate workforce supply and demand.
- Measure impact of the Affordable Care Act.
- Evaluate communication barriers.
- Evaluate workforce capacity.
- Assess competency.

> *"State health agencies must use needs assessments to understand the current capacity and knowledge of the public health workforce and identify gaps in training and technical assistance to better meet the demands of the changing healthcare climate."*
>
> – Excerpt from ASTHO's environmental scan, "Best Practices for Developing and Deploying a Competency-Based Training Needs Assessment."

For agencies conducting a formal, competency-based training needs assessment for the first time, consider beginning with an assessment of all staff using a set of broad organizational-level competencies or core public health competencies. This approach will yield a high-level, composite summary of organizational training needs across the agency. Discipline-specific assessments can follow. Consider identifying and addressing individual employee training needs through the employee performance review process.

Don't forget that training needs can also be identified outside of formal needs assessment processes. In order to make the assessment complete, agencies may consider additional sources of information, including:

- Mandated training requirements (e.g., Incident Command System).

- State public health system assessment results (e.g., leadership or management skills).

- State health improvement plan initiatives (e.g., policy, systems, and environmental change).

- Findings and gaps identified through after-action reports (e.g., procedures for fixed nuclear facilities).

- New technology implemented within the agency (e.g., electronic medical records).

- Accreditation-related requirements (e.g., cultural competency or quality improvement).

- New policies and procedures enacted (e.g., employee review process).

- Emerging infectious diseases identified (e.g., Ebola).

- New state or federal legislation passed (e.g., Affordable Care Act).

Tools and Resources

- Public Health Foundation Competency Assessment for Public Health Professionals
- ASTHO Environmental Scan: Best Practices for Developing and Deploying a Competency-Based Training Needs Assessment

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■ SECTION V
Communication and Tracking Implementation

This section of the toolkit provides guidance for communicating your WFD plan and tips for tracking your plan's implementation.

Communication

Ongoing communication is critical to the success of WFD plan efforts. Consistent communication keeps leadership, stakeholders, and staff informed of organizational training needs, training and development resources, and training outcomes. It also keeps WFD "front and center," which supports buy-in and enhances the agency's learning culture. Communication can occur both formally and informally, and a multifaceted approach is encouraged. Examples include:

- Employee newsletter articles.
- Presentations at executive, division, program, and staff meetings.
- Social media (e.g., Twitter, Facebook) posts and feeds.
- Intranet updates or messages.
- Recognition of employees who have recently completed training or development opportunities.
- All staff email.
- Signs and bulletin board announcements in hallways or break areas.

It is critical that WFD is on the leadership agenda. If a formal reporting structure is not in place, request that WFD be added to executive meeting agendas on an agreed-upon schedule (e.g., quarterly). Updates to leadership may include new needs assessment findings, the number of courses offered, the number of employees trained, and evaluation summaries. (This is a great opportunity to share any return on investment or return on expectations measures, if available.) Communication at these meetings should be bi-directional, with the WFD lead or team gathering feedback and information from leadership that may inform future WFD efforts.

Both the Public Health Foundation and CDC have comprehensive communication planning tools that may be useful for this work. The following sample communication plan template, adapted from the ASTHO Quality Improvement Plan Toolkit, is a simple example.

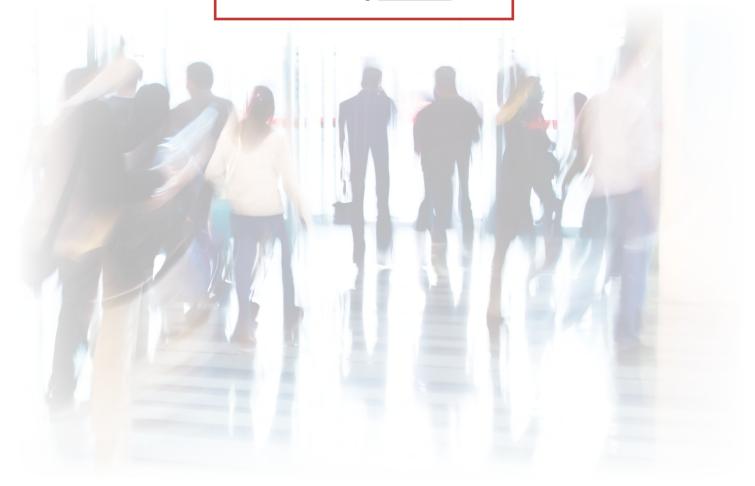**FIGURE 2: Sample Communication Plan Template**

Content	Timeline	Audience	Delivery Medium	Who's Responsible
Training and curriculum schedule	Annually in January	All staff	Employee newsletter, intranet	WFD team or lead
Evaluation results (number of courses and employees trained, return on investment)	Quarterly in December, March, June, and September	Executive team	One page summary and presentation at executive team meeting	WFD lead

Tracking Implementation

Tracking training delivery and participation may be the responsibility of a WFD team, a WFD director, the human resources department, or other entity or individual within the organization. Responsibility should be determined early on in the process and described within the WFD plan. Some agencies utilize an in-house learning management system that manages course offerings and participant data. TRAIN, offered through the Public Health Foundation, is a national system that can be used to identify existing courses offered by other entities, support in-house course delivery, and track participant attendance and completion using a transcript feature. Some agencies simply use a database or Excel file to track course delivery and attendance for in-house offerings. Sharepoint, a web application framework for document management, may also serve as a useful tool. Tracking should also be the responsibility each employee and his or her supervisor as part of the employee's personnel file.

Tools and Resources

- Communication Plan Toolkits: PHF and CDC
- TRAIN
- Guidelines for tracking: Rhode Island

⬛ SECTION VI
Evaluation and Monitoring

Evaluation

Training evaluation should be conducted at both the individual and course levels and include outcome measurements when feasible. Ideally, evaluation would occur for courses offered both internally and external to the agency. When continuing education credit is provided by an external credentialing entity (e.g., National Commission for Health Education Credentialing), pay special attention to additional evaluation requirements.

A common model for evaluating the impact of training is the Kirkpatrick Model. This framework, which has been prominent for several decades, includes four levels that were recently updated to include evaluation considerations in the "new world."[13]

- **Level 1 Reaction:** *To what degree do participants react favorably to the training*? This includes the participants' involvement in and contributions to the learning experience and the degree to which the participants have the opportunity to apply their on-the-job experience to the training.

- **Level 2 Knowledge:** *To what degree do participants acquire the intended knowledge, skills, attitudes, confidence, and commitment based on their participation in a training event?*

- **Level 3 Behavior:** *To what degree do participants apply what they learned during training when they are back on the job?* This level of evaluation should also consider the processes and systems that reinforce, encourage, and reward performance of critical behaviors on the job.

- **Level 4 Results:** *To what degree do targeted outcomes occur as a result of the training event and subsequent reinforcement?* This can be accomplished through observations and measurements that suggest critical behaviors are on track to create a positive impact on desired results.

> The Kirkpatrick Partners' website contains many useful training evaluation resources.

In an effort to build a case for continued investment in WFD, agencies might consider the return on expectations (ROE) approach to demonstrating the value of training. The steps to achieving ROE are based on the Kirkpatrick Model for evaluating training programs, with the four levels used in reverse:[14]

1. Focus on the organizational mission (Kirkpatrick Level 4: Results).
2. Identify leading indicators.
3. Define critical behaviors (Kirkpatrick Level 3: Behavior).
4. Determine required drivers.
5. Design learning (Kirkpatrick Level 2: Learning).
6. Monitor and adjust.

This approach can be especially useful when determining which staff training and development opportunities in which to invest.

Monitoring

Your WFD plan implementation should be monitored by your WFD team or other identified lead on at least a quarterly basis. Periodic check-ins will ensure that implementation is occurring as planned and that any emerging issues can be addressed immediately. The plan should be reviewed and updated in full on at least an annual basis. At the annual review, the WFD team should:

• Review the status of WFD goals and objectives.

• Collect and review data regarding the number and type of offerings conducted during the past year, including total number of participants and a summary of evaluation results, as appropriate. If financial data is available, consider using it to calculate return on investment.

• Discuss changes in the internal or external environment that may uncover a need for training or a shift in approach.

• Collect and review additional needs assessment data as needed.

• Set the training and curriculum schedule for the upcoming year.

• Discuss how changes will be communicated to leadership, staff, and stakeholders.

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Tools and Resources

• New World Kirkpatrick Model

• Kirkpatrick's Return on Expectations

• Sample Level 1 Evaluation Form

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SECTION VII
Workforce Development Plan Elements

This section provides a sample topical outline for an agency WFD plan. These topics were identified through a review of existing state public health agency WFD plans, PHAB accreditation requirements (Version 1.5), and needs expressed by the WFD Advisory Team. A brief description of each of the proposed topics is provided below and additional information can be found in previous sections of this toolkit. Additionally, The Ohio State University College of Public Health's Center for Public Health Practice has developed a WFD plan template and associated user guide that includes many of the plan elements listed below. (The link to this template can be found in Section VIII.)

Table of Contents

The table of contents should direct the reader to the various sections of the plan. Agencies may also choose to incorporate a signature or approval page with the table of contents, or elsewhere within the document as determined by the WFD team.

Executive Summary

The executive summary is a one page overview of the WFD plan. It should clearly and succinctly describe the purpose and key elements of the plan. Consider writing this as a stand-alone document that could be pulled from the WFD plan and shared with stakeholders, leadership, partners, and staff.

Introduction

The introduction should describe the purpose of the plan and the agency's commitment to WFD. Include a description of the agency's learning culture (current or vision for the future). Consider describing the strategic direction of the agency here, linking the WFD plan to the agency's strategic priorities where applicable. If you are considering accreditation, this is also a good place to briefly describe how this plan links with or supports other agency plans such as the Quality Improvement plan and state health improvement plan.

Description of Workforce

Describe both your current and anticipated future workforce. Include the number and type of employees, their licenses and certifications, and their current capabilities and capacity. Anticipate future needs based on the strategic direction of the organization, upcoming retirements, or changes in the public health landscape. Much of this information can be obtained from a human resources department.

Needs Assessment Findings (PHAB Documentation Requirement)

Describe the core competency set(s) that your agency has adopted. Include a summary of competency-based training needs assessment results (provide a link to or the location of the full report, or include the full report in the appendix.) If a competency-based training needs assessment has not been conducted, describe plans for conducting the assessment. Include other identified non-competency-related needs as well.

Goals and Objectives

This section of the plan should include broad goals and objectives related to WFD within the agency. This is a good place to capture key steps that were identified as part of the gap analysis. While the goals should be broad statements about the change your agency is trying to achieve, objectives should be written in SMART format: Specific, Measureable, Action-oriented, Realistic, and Time-bound, to support planning and measuring progress. Also consider identifying who is responsible for ensuring that the objectives are met.

Training or Curriculum Schedule and Description of Materials (PHAB Documentation Requirement)

The training and curriculum schedule should include the training topic, associated competencies, timeline for delivery, and a description of any materials or resources used as part of the training program. To keep the training and curriculum schedule manageable, consider an annual calendar that includes offerings that address the organizational-level needs identified through the needs assessment process. (Note: Training needs and individual staff member tracking can be addressed, at least in part, through the employee performance review and planning process.) Some agencies include the training and curriculum schedule as an appendix or separate document from their WFD plans for easy updating and sharing. (Links to various training resources are provided in Tools and Resources at the end of this section.)

Consider including the following as part of the training and curriculum schedule:

• Training that addresses gaps identified through the needs assessment process (formal and informal).

• Mandated training (e.g., Incident Command System or bloodborne pathogen).

• Existing offerings occurring within divisions or programs.

• State and national public health conferences (e.g., APHA or ASTHO).

• Accreditation-related training requirements (e.g., quality improvement or cultural competency).

Communication Plan

Briefly describe how the WFD plan or training and curriculum schedule will be shared with leaders, stakeholders, partners, and staff. Include any formal communication plans. Also indicate where the plan will reside (e.g., the agency intranet, the human resources department).

Tracking and Monitoring

Describe how training will be tracked within the agency, including data on courses offered and individuals trained. Provide information about the tracking mechanism (e.g., a link to the in-house learning management system) or point to where additional information can be found. Include a description of how individual training needs will be addressed and tracked through the employee performance management process. Lastly, briefly describe how and with what frequency the plan will be monitored and updated.

Evaluation

Describe the methods you will use to evaluate training at both the individual and course levels. Include any sample or required evaluation templates, if applicable. If an agency has the resources and means to conduct ROE on key offerings, describe how this will be accomplished.

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Tools and Resources

National Continuing Education Resources:

- American Nurses Association
- American Public Health Association
- Association of State and Territorial Health Officials
- CDC Learning Connection
- Federal Emergency Management Agency
- HRSA Public Health Training Center Network
- National Association of County and City Health Officials
- National Environmental Health Association
- National Network of Public Health Institutes
- Society for Public Health Education
- TRAIN Learning Management System

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▬ SECTION VIII
Sample Workforce Development Plans and Template

Below are links to completed WFD plans that state and local health agencies have agreed to share. The plans include a range of styles and content and can be helpful when an agency is considering an approach to writing the plan. Also provided below is a link to a WFD plan template and associated user guide that is aligned with PHAB Standards and Measures Version 1.5.

WFD Plan Examples
State Health Agency WFD Plans:

- Florida Department of Health*
- New York State Public Health Council*
- Minnesota Department of Health*

- Ohio Department of Health
- State of Oregon (umbrella state plan)
- Rhode Island Department of Health

Local Health Agency WFD Plans:

- City of Chicago*
- Columbus Public Health (Ohio)*

PHAB-accredited agencies

WFD Plan Template

The Center for Public Health Practice at The Ohio State University's College of Public Health developed a WFD Plan Template and User Guide to support and address accreditation-related documentation requirements associated with Standard 8.2.1A. Agencies across the country, including several that are accredited, have used this template.

▬ SECTION IX
Additional Resources

The links below include additional resources for general workforce planning efforts.

- Association for Talent Development

- Free Management Library

- GovLoop Guide to Workforce Planning

- Health Resources and Services Administration: National Center for Health Workforce Analysis

- MindTools

- Society for Human Resource Management

■ SECTION X
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