Workforce Development Plan for Individual Competency, Agency Effectiveness, and Public Health Outcomes

Three Rivers District Health Department
510 South Main Street
Owenton, Kentucky 40359

ALL ONE TEAM, Striving for Excellence,
Educating and Empowering with Every Encounter

Table of Contents

Page	Description
3	Introduction and Purpose
5	Individual Development Plan
8	Individual Development Planning Process
10	Public Health Competency Based Assessment, Planning and Evaluation
11	Council on Linkages Public Health Core Competencies
13	Project Public Health Ready Criteria
15	TRDHD Public Health Competency Assessment
16	Employee 360^0 Evaluation Profile
17	Employee Evaluation CH-40-A 2011 Revision
18	Workforce Development Worksheets
19	Career Advancement through Tuition Assistance and Flexible Schedules
21	Required Annual Trainings
23	CEUs
24	Individual Development Planning Forms
25	Completed Sample of Individual Development Plan

Introduction and Purpose

It is critical to the success of public health to create a culture that encourages, supports, and invests in the short- and long-term organizational development of public health professionals. Employees' professional development should be an ongoing process to ensure employees are staying current—if not one step ahead—in core competencies. Planning for continuous development must be anchored to an agency's vision, mission, goals, and objectives, as well as be tied to the employee's work and career goals.

This plan is in place to develop the individual competency of employees, increase overall agency effectiveness, and improve public health outcomes. This plan addresses the training needs of the Three Rivers District Health Department staff, thus assuring a competent public health care workforce. Workforce development focuses on the "Core Competencies for Public Health Professionals" from the Council on Linkages between Academia and Public Health Practice (2009), "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers" from Columbia University (2002) and Project Public Health Ready Criteria from the National Association of County and City Health Officials (2011). This plan will also ensure maintenance of all ADA, Cultural Competency, HIPAA, LEP, OSHA and Kentucky Department for Public Health training guidelines. In addition, CEU requirements for licenses and certifications will be met annually.

Three Rivers' objective of training is to develop employees through progressive and efficient training programs to improve public service, increase efficiency and economy, build and retain a workforce of skilled and efficient employees, and use best practices to provide performance excellence.

Three Rivers believes that training and development are integral components of work performance, and are inherently tied to our agency vision of ALL ONE TEAM, Striving for Excellence, Education and Empowering with Every Encounter. Three Rivers values the dignity and potential of its employees and believes that developing employee potential, through coaching, education and training, mobility opportunities, and on-the-job training is critical to organizational effectiveness. It is the responsibility of the supervisor and the employee, working in partnership, to determine the work goals and training needs for each employee.

The purposes for training and development are:

1. To provide Three Rivers with a productive and skillful workforce capable of meeting the current and future responsibilities of public health;
2. To promote constructive work-place relationships in a healthy and diverse workforce; and
3. To assist employees in achieving career and individual development goals.

Management, with input from staff, will be primarily responsible for the further development and implementation of training activities. Training will be made available in a variety of formats, including but not limited to:

- Formal [classroom] training [college courses, forums, seminars, workshops];
- Self-study [self-paced learning, independent reading];
- Technology-based training [online modules, webinars];
- Workplace programs [task forces, mentoring, long-term development, on-the-job training, rotational assignments];
- Retreats; and/or
- State and National Conferences.

Attendance at trainings or completion of online modules can be documented on TRAIN. If the training was not on TRAIN, a paper copy of attendance sheets or certificates will be kept by the participants and TRDHD Personnel/Human Resource Office. Training is an integral and critical part of the overall human resource management function.

All level supervisors and managers will ensure that adequate, responsive, and quality training is provided to their employees. Employees must acquire and maintain the knowledge, skills, and abilities needed for high quality performance and optimum contributions to the vision, mission, goals and objectives of Three Rivers, as well as to improving the public's health. An effective development tool is the Individual Development Plan.

Individual Develop Plan

The Individual Development Plan (IDP) employs a concept that emphasizes discussion and joint decisions by the employee and the supervisor on the specific developmental experiences necessary to fulfill the mutual goals of the employee, Three Rivers and overall public health. Each IDP is uniquely tailored to the needs of Three Rivers and the individual. The IDP is a personal action plan, jointly agreed to by the employee and the supervisor, which identifies short- and long-term goals. An IDP also identifies the training and other developmental experiences needed to achieve those goals, for the benefit of Three Rivers and the individual, within a specified time frame.

Responsibility

Three Rivers has the responsibility to create and maintain a climate which encourages training and development as an ongoing part of the performance management process which supports the accomplishment of our agency's vision and mission, including but not limited to:

1. Developing a plan and budget for training based upon needs analysis, promoting access to training for all employees;
2. Ensuring that training and development plans are prepared, updated, and discussed by the supervisor, employee, and reviewed and approved by management as part of the employee performance evaluation process; and
3. Ensuring that the individual employee development plan is developed jointly by the individual employee and the supervisor, is based upon training needs assessment, and is consistent with the needs of the agency.

Managers and supervisors have the primary responsibility for initiating communication about training and individual development including but not limited to:

1. Working in partnership with individual employees to assess training needs and coordinate agency and individual employee development plans;
2. Ensuring implementation of employee development plans;
3. Incorporating training and development into the performance management process; and
4. Seeking to develop supervisory, management, and leadership skills in employee development.

Employees have responsibility for:

1. Working in partnership with supervisors and managers to meet Three Rivers' and their own training and development needs; and
2. Actively searching for training opportunities.

Purpose and Benefits of Individual Development Planning
Individual development planning helps identify the employee's development goals and the strategies for achieving them by linking them to Three Rivers' goals. Typically the Individual Plan (IDP) will be developed and reviewed annually during the employee's evaluation. This plan is intended to:

- Encourage the employee to take ownership of his/her organizational development
- Provide an administrative mechanism for identifying and tracking development needs and plans to help Three Rivers meet critical goals, and
- Plan for required annual training and CEUs.

Individual development planning benefits Three Rivers by aligning employee training and development efforts with the vision, mission, goals, and objectives of our agency. It allows supervisors to develop a better understanding of their employees'professional goals, strengths, and development needs—which can result in more realistic staff and development planning. Employees take personal responsibility and accountability for their development, acquiring or enhancing the skills they need to stay current in required skills to meet the objectives of our agency.

Roles
Supervisors and employees work together to complete the employee's development plan.

Employees:
- Work with their supervisor to assess their level of mastery of the competencies, skills, and knowledge required in their jobs.
- Identify their professional goals and development needs and the various training and development opportunities that will help them achieve those goals and meet those needs.
- Periodically assess their progress toward reaching their goals.

Supervisors:
- Assess the employees' strengths and development needs to.
- Provide regular (annual, at a minimum) opportunities to discuss and plan for employees' development.

- Ensure the alignment of employees' goals and development needs to position.
- Help employees identify appropriate training and development opportunities.
- Evaluate outcomes of employees' training and development efforts.

Individual Development Planning Process

The individual development planning process is an ongoing process that is addressed at least annually. It requires communication and interaction between the supervisor and the employee. It involves six steps:

Step 1: Pre-Planning – Supervisor and employee prepare independently for meeting.

- Employee completes all agency required self-assessments.
- Supervisor reviews performance evaluations, seeks feedback from stakeholders such as employee's peers, subordinates, upper managers, other agency personnel who interact with the employee, and, where appropriate, external stakeholders [employees of other state and federal agencies, vendors, clients, legislators, etc.].
- Supervisor reviews agency vision, mission, goals, and objectives, and determines which pieces of the employee's job are critical to meeting them.

Step 2: Employee/Supervisor Meeting – Discuss employee strengths, areas for improvement, interests, goals, and requirements.

Step 3: Prepare Individual Development Plan – Employee, in consultation with supervisor, completes plan for individual development.

Step 4: Supervisor seeks approval of upper management [if required].

Step 5: Implement Plan – Employee pursues training and development identified in plan.

Step 6: Evaluate Outcomes – Supervisor/employee evaluate outcomes of training and development experiences.

Key Elements of an Individual Development Plan

An effective Individual Development Plan should include the following key elements:

- TRDHD Public Health Competency Assessment
- Employee 360^0 Evaluation Profile
- Employee Evaluation CH-40-A 2011 Revision
- Pre-Planning;
- Employee/Supervisor Meeting;
- Prepare IDP to include:

    1. Development goals – short-term and long-term goals with estimated and actual completion dates;
    2. Development objectives;
    3. Training and development opportunities – specific formal classroom training, workshops, rotational assignments, shadowing assignments, on-the-job training, self-study programs, professional conferences/seminars, etc., that employee will pursue with estimated and actual completion dates and costs;
    4. Required Annual Trainings
    5. CEUs and
    6. Evaluation plan for outcomes.

- Signatures – including supervisory, employee, and where appropriate, upper management signatures and date;
- Implement IDP; and
- Evaluate Success!

Public Health
Competency Based
Assessment, Planning, and Evaluation

In 2006, persons working in local public health departments in Kentucky who were heading programs, providing direction to staff, and/or in positions that routinely influence public health policy were surveyed on their perceived proficiency in, and importance of, these competencies. The research found that the public health workforce in Kentucky was in need of training in core public health competencies. Based on that research, the University of Kentucky formed what is now the Kentucky and Appalachian Public Health Training Center (KAPHTC), in collaboration with researchers and public health workers at Western Kentucky University, Eastern Kentucky University, the Kentucky Public Health Association, Kentucky Health Departments Association and the Kentucky Department for Public Health.
To address the gap identified in core public health training, KAPHTC offered six, three hour undergraduate credit, core public health courses to health department employees. To date, six employees from Three Rivers completed the eighteen college hours. Recently, The United States Department of Health and Human Services (HHS) awarded $3.2 million in funding to KAPHTC for their efforts.

Continuing to work with KAPHTC, during November 2011, Three Rivers employees participated in a pilot survey of training needs based on public health competencies in an effort to tie training needs to offerings on the TRAIN system. Based on the gaps found in that survey, employees are scheduled to receive training in areas of need. Additionally, KAPHTC is utilizing the pilot to implement the survey statewide with the goal of developing training plans on TRAIN linked to their annual evaluations.

In December of 2011, Three Rivers combined and adapted the two survey instruments to be used as an assessment tool for our employees. Three Rivers employees' training gaps will be assessed using the instrument as a part of the annual review of their Individual Develop Plan. Based on the training assessment results, the employee and their supervisor select appropriate trainings to meet the specific needs of the employee.

For more information on the Kentucky and Appalachian Public Health Training Center (KAPHTC) see their website at www.kaphtc.org

Council on Linkages

Public Health

Core Competencies

The Council on Linkages Between Academia and Public Health Practice

Core Competencies for Public Health Professionals

Introduction

This document contains three different versions of the recently adopted Core Competencies for Public Health Professionals. Click on the name of the document you wish to view under “Table of Contents” below.

Table of Contents

Core Competencies for Public Health Professionals without examples imbedded in individual competencies

Core Competencies for Public Health Professionals with examples imbedded in individual competencies

Core Competencies for Public Health Professionals with examples noted as footnotes

The Council on Linkages Between Academia and Public Health Practice

Tier 1, Tier 2 and Tier 3 Core Competencies for Public Health Professionals (ADOPTED May 3, 2010)

(This version contains Core Competencies with examples imbedded in individual competencies.)

Introduction

The Core Competencies for Public Health Professionals (Core Competencies) are a set of skills desirable for the broad practice of public health. They reflect the characteristics that staff of public health organizations (collectively) may want to possess as they work to protect and promote health in the community. The Core Competencies are designed to serve **as a starting point** for academic and practice organizations to understand, assess, and meet education, training and workforce needs.

About the Three Tiers – 1, 2 and 3

Tiers 1, 2 and 3 reflect the Core Competencies that public health professionals at different stages of their career may wish to have. Specifically, Tier 1 Core Competencies apply to entry level public health professionals (i.e. individuals that have limited experience working in the public health field and are not in management positions); Tier 2 Core Competencies apply to individuals with management and/or supervisory responsibilities; and Tier 3 Core Competencies apply to senior managers and/or leaders of public health organizations.

On May 3, 2010, the Council on Linkages Between Academia and Public Health Practice (a coalition of representatives from 17 national public health organizations) unanimously adopted Tier 1 and Tier 3 Core Competencies, as well as minor changes to the Tier 2 Core Competencies. Tier 2 Core Competencies were originally adopted in June 2009. However, it was noted that some minor changes to Tier 2 Core Competencies were desirable in order to ensure a logical progression of competencies from Tier 1 to Tier 2 to Tier 3. “Guidance definitions” for the Tier 1, Tier 2 and Tier 3 Core Competencies are listed on page 18 of this document.

Why the Core Competencies are Important

Over 50% of state and local health departments and more than 90% of public health academic institutions are using the Core Competencies to identify and meet workforce development needs. To learn more about how public health organizations are using the Core Competencies, go to http://www.phf.org/programs/council/Pages/Core_PublicHealthCompetencies_Examples_of_use.aspx.

Please Note

In the tables below, a grey background is used to denote that the same competency appears in more than one Tier. It should be noted that while the same competency may appear in more than one Tier, the way one demonstrates competence may vary from Tier to Tier.

Analytical/Assessment Skills		
Tier 1[i]	**Tier 2 (Mid Tier)**[ii]	**Tier 3**[iii]
1A1. Identifies the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, the quality, availability and use of health services)	1B1. Assesses the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, availability and use of health services)	1C1. Reviews the health status of populations and their related determinants of health and illness conducted by the organization (e.g. factors contributing to health promotion and disease prevention, availability and use of health services)
1A2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)	1B2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)	1C2. Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)
1A3. Uses variables that measure public health conditions	1B3. Generates variables that measure public health conditions	1C3. Evaluates variables that measure public health conditions
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1B4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	1C4. Critiques methods and instruments for collecting valid and reliable quantitative and qualitative data
1A5. Identifies sources of public health data and information	1B5. References sources of public health data and information	1C5. Expands access to public health data and information
1A6. Recognizes the integrity and comparability of data	1B6. Examines the integrity and comparability of data	1C6. Evaluates the integrity and comparability of data
1A7. Identifies gaps in data sources	1B7. Identifies gaps in data sources	1C7. Rectifies gaps in data sources

Analytical/Assessment Skills		
Tier 1	**Tier 2**	**Tier 3**
1A8. Adheres to ethical principles in the collection, maintenance, use, and dissemination of data and information	1B8. Employs ethical principles in the collection, maintenance, use, and dissemination of data and information	1C8. Ensures the application of ethical principles in the collection, maintenance, use, and dissemination of data and information
1A9. Describes the public health applications of quantitative and qualitative data	1B9. Interprets quantitative and qualitative data	1C9. Integrates the findings from quantitative and qualitative data into organizational operations
1A10. Collects quantitative and qualitative community data (e.g. risks and benefits to the community, health and resource needs)	1B10. Makes community-specific inferences from quantitative and qualitative data (e.g. risks and benefits to the community, health and resource needs)	1C10. Determines community specific trends from quantitative and qualitative data (e.g. risks and benefits to the community, health and resource needs)
1A11. Uses information technology to collect, store, and retrieve data	1B11. Uses information technology to collect, store, and retrieve data	1C11. Uses information technology to collect, store, and retrieve data
1A12. Describes how data are used to address scientific, political, ethical, and social public health issues	1B12. Uses data to address scientific, political, ethical, and social public health issues	1C12. Incorporates data into the resolution of scientific, political, ethical, and social public health concerns
		1C13. Identifies the resources to meet community health needs

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A1. Gathers information relevant to specific public health policy issues	2B1. Analyzes information relevant to specific public health policy issues	2C1. Evaluates information relevant to specific public health policy issues
2A2. Describes how policy options can influence public health programs	2B2. Analyzes policy options for public health programs	2C2. Decides policy options for public health organization
2A3. Explains the expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	2B3. Determines the feasibility and expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	2C3. Critiques the feasibility and expected outcomes of various policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)
2A4. Gathers information that will inform policy decisions (e.g. health, fiscal, administrative, legal, ethical, social, political)	2B4. Describes the implications of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	2C4. Critiques selected policy options using data and information (e.g. health, fiscal, administrative, legal, ethical, social, political)
		2C5. Determines policy for the public health organization with guidance from the organization's governing body
	2B5. Uses decision analysis for policy development and program planning	2C6. Critiques decision analyses that result in policy development and program planning
2A5. Describes the public health laws and regulations governing public health programs	2B6. Manages public health programs consistent with public health laws and regulations	2C7. Ensures public health programs are consistent with public health laws and regulations

Policy Development/Program Planning Skills		
Tier 1	**Tier 2**	**Tier 3**
2A6. Participates in program planning processes	2B7. Develops plans to implement policies and programs	2C8. Implements plans and programs consistent with policies
2A7. Incorporates policies and procedures into program plans and structures	2B8. Develops policies for organizational plans, structures, and programs	2C9. Ensures the consistency of policy integration into organizational plans, procedures, structures, and programs
2A8. Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality	2B9. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	2C10. Critiques mechanisms to evaluate programs for their effectiveness and quality
2A9. Demonstrates the use of public health informatics practices and procedures (e.g. use of information systems infrastructure to improve health outcomes)	2B10. Incorporates public health informatics practices (e.g. use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)	2C11. Oversees public health informatics practices and procedures (e.g. use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)
2A10. Applies strategies for continuous quality improvement	2B11. Develops strategies for continuous quality improvement	2C12. Implements organizational and system-wide strategies for continuous quality improvement
		2C13. Integrates emerging trends of the fiscal, social and political environment into public health strategic planning

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A1. Identifies the health literacy of populations served	3B1. Assesses the health literacy of populations served	3C1. Ensures that the health literacy of populations served is considered throughout all communication strategies
3A2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3B2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	3C2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency
3A3. Solicits community-based input from individuals and organizations	3B3. Solicits input from individuals and organizations	3C3. Ensures that the public health organization seeks input from other organizations and individuals
3A4. Conveys public health information using a variety of approaches (e.g. social networks, media, blogs)	3B4. Uses a variety of approaches to disseminate public health information (e.g. social networks, media, blogs)	3C4. Ensures a variety of approaches are considered and used to disseminate public health information (e.g. social networks, media, blogs)
3A5. Participates in the development of demographic, statistical, programmatic and scientific presentations	3B5. Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	3C5. Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences

Communication Skills		
Tier 1	**Tier 2**	**Tier 3**
3A6. Applies communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3B6. Applies communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	3C6. Applies communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups
		3C7. Communicates the role of public health within the overall health system (e.g., federal, state, county, local government)

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
4A1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4B1. Incorporates strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	4C1. Ensures that there are strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)
4A2. Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4B2. Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	4C2. Ensures the consideration of the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services
4A3. Responds to diverse needs that are the result of cultural differences	4B3. Responds to diverse needs that are the result of cultural differences	4C3. Responds to diverse needs that are the result of cultural differences
4A4. Describes the dynamic forces that contribute to cultural diversity	4B4. Explains the dynamic forces that contribute to cultural diversity	4C4. Assesses the dynamic forces that contribute to cultural diversity
4A5. Describes the need for a diverse public health workforce	4B5. Describes the need for a diverse public health workforce	4C5. Assesses the need for a diverse public health workforce
4A6. Participates in the assessment of the cultural competence of the public health organization	4B6. Assesses public health programs for their cultural competence	4C6. Assesses the public health organization for its cultural competence

Cultural Competency Skills		
Tier 1	**Tier 2**	**Tier 3**
		4C7. Ensures the public health organization's cultural competence

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health (e.g. The Socio-Ecological Model)	5B1. Assesses community linkages and relationships among multiple factors (or determinants) affecting health	5C1. Evaluates the community linkages and relationships among multiple factors (or determinants) affecting health
5A2. Demonstrates the capacity to work in community-based participatory research efforts	5B2. Collaborates in community-based participatory research efforts	5C2. Encourages community-based participatory research efforts within the public health organization
5A3. Identifies stakeholders	5B3. Establishes linkages with key stakeholders	5C3. Establishes linkages with key stakeholders
5A4. Collaborates with community partners to promote the health of the population	5B4. Facilitates collaboration and partnerships to ensure participation of key stakeholders	5C4. Ensures the collaboration and partnerships of key stakeholders through the development of formal and informal agreements (e.g. MOUs, contracts, letters of endorsement)
5A5. Maintains partnerships with key stakeholders	5B5. Maintains partnerships with key stakeholders	5C5. Maintains partnerships with key stakeholders
5A6. Uses group processes to advance community involvement	5B6. Uses group processes to advance community involvement	5C6. Uses group processes to advance community involvement

Community Dimensions of Practice Skills		
Tier 1	**Tier 2**	**Tier 3**
5A7. Describes the role of governmental and non-governmental organizations in the delivery of community health services	5B7. Distinguishes the role of governmental and non-governmental organizations in the delivery of community health services	5C7. Integrates the role of governmental and non-governmental organizations in the delivery of community health services
5A8. Identifies community assets and resources	5B8. Negotiates for the use of community assets and resources	5C8. Negotiates for the use of community assets and resources through MOUs and other formal and informal agreements
5A9. Gathers input from the community to inform the development of public health policy and programs	5B9. Uses community input when developing public health policies and programs	5C9. Ensures community input when developing public health policies and programs
5A10. Informs the public about policies, programs, and resources	5B10. Promotes public health policies, programs, and resources	5C10. Defends public health policies, programs, and resources
		5C11. Evaluates the effectiveness of community engagement strategies on public health policies, programs, and resources

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 the public health profession	6B2.	Distinguishes prominent events in the history of the public health profession	6C2.	Explains lessons to be learned from prominent events in the history in comparison to the current events of the public health profession
6A3.	Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6B3.	Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	6C3.	Incorporates the Core Public Health Functions and Ten Essential Services of Public Health into the practice of the public health sciences
6A4.	Identifies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)	6B4.	Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	6C4.	Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs
6A5.	Describes the scientific evidence related to a public health issue, concern, or, intervention	6B5.	Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or, intervention	6C5.	Integrates a review of the scientific evidence related to a public health issue, concern, or, intervention into the practice of public health
6A6.	Retrieves scientific evidence from a variety of text and electronic sources	6B6.	Retrieves scientific evidence from a variety of text and electronic sources	6C6.	Synthesizes scientific evidence from a variety of text and electronic sources

Public Health Sciences Skills		
Tier 1	**Tier 2**	**Tier 3**
6A7. Discusses the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)	6B7. Determines the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)	6C7. Critiques the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)
6A8. Describes the laws, regulations, policies and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)	6B8. Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)	6C8. Advises on the laws, regulations, policies and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)
6A9. Partners with other public health professionals in building the scientific base of public health	6B9. Contributes to building the scientific base of public health	6C9. Contributes to building the scientific base of public health
		6C10. Establishes partnerships with academic and other organizations to expand the public health science base and disseminate research findings

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A1. Describes the local, state, and federal public health and health care systems	7B1. Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	7C1. Leverages the interrelationships of local, state, and federal public health and health care systems for public health program management
7A2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies	7B2. Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	7C2. Leverages the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management
7A3. Adheres to the organization's policies and procedures	7B3. Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	7C3. Manages partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events
	7B4. Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	7C4. Manages the implementation of the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A4. Participates in the development of a programmatic budget	7B5. Develops a programmatic budget	7C5. Defends a programmatic and organizational budget
7A5. Operates programs within current and forecasted budget constraints	7B6. Manages programs within current and forecasted budget constraints	7C6. Ensures that programs are managed within current and forecasted budget constraints
7A6. Identifies strategies for determining budget priorities based on federal, state, and local financial contributions	7B7. Develops strategies for determining budget priorities based on federal, state, and local financial contributions	7C7. Critiques strategies for determining budget priorities
		7C8. Determines budgetary priorities for the organization
7A7. Reports program performance	7B8. Evaluates program performance	7C9. Evaluates program performance
7A8. Translates evaluation report information into program performance improvement action steps	7B9. Uses evaluation results to improve performance	7C10. Uses evaluation results to improve performance
7A9. Contributes to the preparation of proposals for funding from external sources	7B10. Prepares proposals for funding from external sources	7C11. Approves proposals for funding from external sources
7A10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts	7B11. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	7C12. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts

Financial Planning and Management Skills		
Tier 1	**Tier 2**	**Tier 3**
7A11. Demonstrates public health informatics skills to improve program and business operations (e.g. performance management and improvement)	7B12. Applies public health informatics skills to improve program and business operations (e.g. business process analysis, enterprise-wide information planning)	7C13. Integrates public health informatics skills into program and business operations (e.g. business process analysis, enterprise-wide information planning)
7A12. Participates in the development of contracts and other agreements for the provision of services	7B13. Negotiates contracts and other agreements for the provision of services	7C14. Approves contracts and other agreements for the provision of services
7A13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making	7B14. Uses cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making	7C15. Includes the use of cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making
		7C16. Incorporates data and information to improve organizational processes and performance
		7C17. Establishes a performance management system

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8B1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	8C1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals
8A2. Describes how public health operates within a larger system	8B2. Incorporates systems thinking into public health practice	8C2. Integrates systems thinking into public health practice
8A3. Participates with stakeholders in identifying key public health values and a shared public health vision as guiding principles for community action	8B3. Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	8C3. Partners with stakeholders to determine key values and a shared vision as guiding principles for community action
8A4. Identifies internal and external problems that may affect the delivery of Essential Public Health Services	8B4. Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	8C4. Resolves internal and external problems that may affect the delivery of Essential Public Health Services (e.g. through the identification of root causes and other QI processes)
8A5. Uses individual, team and organizational learning opportunities for personal and professional development	8B5. Promotes individual, team and organizational learning opportunities	8C5. Advocates for individual, team and organizational learning opportunities within the organization
8A6. Participates in mentoring and peer review or coaching opportunities	8B6. Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	8C6. Promotes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce, including him or herself

Leadership and Systems Thinking Skills		
Tier 1	**Tier 2**	**Tier 3**
8A7. Participates in the measuring, reporting and continuous improvement of organizational performance	8B7. Contributes to the measuring, reporting and continuous improvement of organizational performance	8C7. Ensures the measuring, reporting and continuous improvement of organizational performance
8A8. Describes the impact of changes in the public health system, and larger social, political, economic environment on organizational practices	8B8. Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	8C8. Ensures organizational practices are in concert with changes in the public health system, and the larger social, political, and economic environment
		8C9. Ensures the management of organizational change

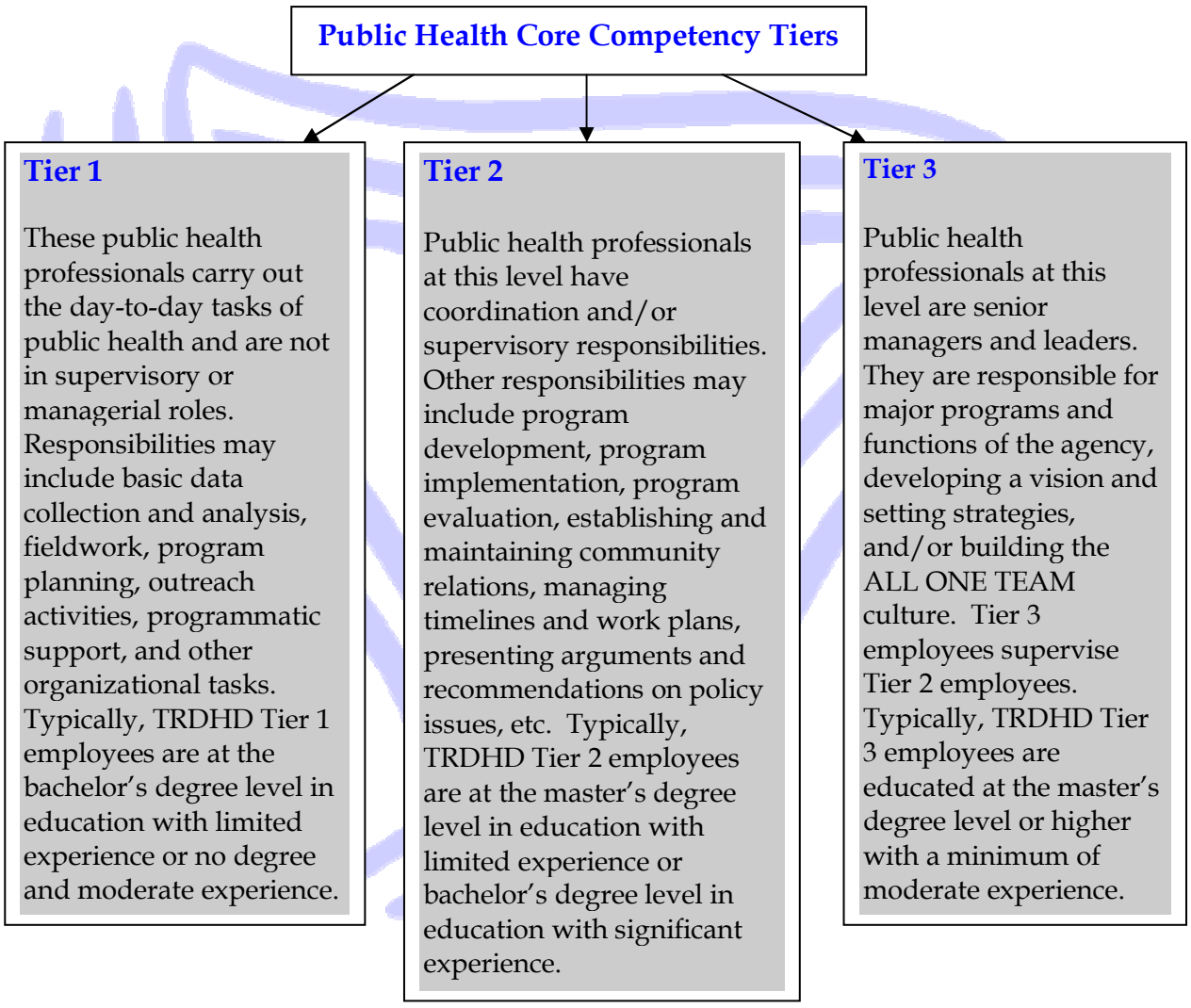
[i] Tier 1 Core Competencies apply to public health professionals who carry out the day-to-day tasks of public health organizations and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

[ii] Tier 2 (Mid Tier) Core Competencies apply to individuals with program management and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc.

[iii] Tier 3 Core Competencies apply to individuals at a senior/management level and leaders of public health organizations. In general, an individual who is responsible for the major programs or functions of an organization, setting a strategy and vision for the organization, and/or building the organization's culture can be considered to be a Tier 3 public health professional. Tier 3 public health professionals (e.g. health officers, executive directors, CEOs etc.) typically have staff that report to them.

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

Council on Linkages
Public Health Competency Tiers



NACCHO

Project Public Health Ready

Criteria

NACCHO
Project Public Health Ready

Employees will receive training in the "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers" from Columbia University (2002) as preparation for meeting the Project Public Health Ready Criteria from the National Association of County and City Health Officials (2011).

The Bioterrorism and Emergency Readiness Competencies for All Public Health Workers are as follows:

CORE COMPETENCY 1. Describe the public health role in emergency response in a range of emergencies that might arise. (e.g., "This department provides surveillance, investigation and public information in disease outbreaks and collaborates with other agencies in biological, environmental, and weather emergencies.")

CORE COMPETENCY 2. Describe the chain of command in emergency response.

CORE COMPETENCY 3. Identify and locate the agency emergency response plan (or the pertinent portion of the plan).

CORE COMPETENCY 4. Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) in regular drills.

CORE COMPETENCY 5. Demonstrate correct use of all communication equipment used for emergency communication (phone, fax, radio, etc.)

CORE COMPETENCY 6. Describe communication role(s) in emergency response:

- within the agency using established communication systems
- with the media
- with the general public
- personal (with family, neighbors)

CORE COMPETENCY 7. Identify limits to own knowledge/skill/authority and identify key system resources for referring matters that exceed these limits.

CORE COMPETENCY 8. Recognize unusual events that might indicate an emergency and describe appropriate action (e.g., communicate clearly within the chain of command.)

CORE COMPETENCY 9. Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate effectiveness of all actions taken.

National Association of County and City Health Officials

NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

Project Public Health Ready 2012 Criteria

PROJECT PUBLIC HEALTH READY

September 2011

Updated 9/29/11

Introduction

Thank you for completing your PPHR application. Please ensure that your application meets all of the requirements outlined below.

Application Requirements

- ☐ *Executive Summary:* Specific items that must be addressed in the Executive Summary are listed in the Guidance on Evidence Elements section, which is located at the end of the PPHR Criteria.
- ☐ *Criteria Crosswalk:* The Criteria Crosswalk are the columns with the headings "Page Number(s)" and "Comments." The Criteria Crosswalk directs PPHR reviewers to the appropriate evidence documents in your application. The Criteria Crosswalk **must** meet the following requirements:
  - **Page Number(s) Column:** Applicants must include the precise location within their plans and/or supporting documentation that provides support for each evidence element. If support for an evidence element appears in multiple locations, include multiple page number references. Please site the strongest evidence first.
  - **Comments Column:** Applicants may include an explanation for evidence elements items that were not addressed (this may still result in a score of "Not Met") or any explanation that would assist a reviewer in understanding the plans and procedures for that jurisdiction. Comments should not include additional information that needs to be in the plan and/or application itself.
- ☐ *Evidence:* **The application must include the supporting evidence and documentation for all evidence elements** (e.g., all-hazards plans, public health annexes, emergency response plans, etc.).
- ☐ *Hyperlinks:* The application **must** be hyperlinked. Contact NACCHO for PPHR hyperlink guidance or instructions. Ensure that all hyperlinks in the criteria checklist are functioning and lead to the correct evidence.

PPHR staff appreciates the time and effort you have put toward achieving PPHR national recognition.

If you have any questions, please feel free to e-mail pphr@naccho.org or ask for PPHR staff at (202) 783-5550.

2012 PPHR Criteria for Local Health Departments (LHDs)

Goal I: All-Hazards Preparedness Planning: Measure 1

Please follow these guidelines:

1. If the LHD is not the lead agency for a particular evidence element and/or sub-measure, evidence that addresses how the LHD works with the lead agency to ensure that the evidence element and/or sub-measure is adequately addressed must be provided. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #1).
2. If at the time of the PPHR submission deadline, a particular evidence element and/or sub-measure is not met because plans in that area are not fully developed, evidence must be provided that explains how the LHD plans to address that evidence element and/or sub-measure. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #2).

Goal I: All-Hazards Preparedness Planning PPHR

PPHR Measure #1: Possession and Maintenance of a Written All-Hazards Response Plan

The LHD has documented its planned response to public health emergencies. To prove it has met this measure, the LHD must submit EITHER a written copy of its all-hazards public health emergency response plan OR the public health annex to its jurisdiction's emergency response plan. The plan should address the key elements of the sub-measures listed below.

A. Table of Contents	**Page Number(s)**	**Comments**
a1. The table of contents correctly corresponds to the numbered pages of the plan.		
a2. The organization of the plan is consistent with the local/state civil defense or emergency management agency's response plan and compliant with the National Incident Management System (NIMS).		
B. Introductory Material	**Page Number(s)**	**Comments**
b1. The plan provides an overview or introduction, including a description of the purpose of the plan.		

b2. The plan describes how public health preparedness is approached in the jurisdiction, including a description of the planning process and planning team composition.		
b3. The plan identifies all neighboring jurisdictions and if applicable, tribal and/or international borders and/or military installations within the locality.		
b4. The plan identifies all hospitals, clinics, and community health centers within the locality.		
b5. The plan lists the locations where copies of the plan are kept.		
b6. The application explains how all staff is informed of the location of the plans.		
C. Plan Update Cycle	**Page Number(s)**	**Comments**
c1. The plan bears a date demonstrating that the plan and its annexes have been reviewed or revised within one year of PPHR submission.		
c2. The plan details the procedure the LHD will use to update and revise its plan on a regular basis.		
D. Authority and Acknowledgments	**Page Number(s)**	**Comments**
d1. The plan provides a description of the legal and administrative authority under which the LHD would respond to an emergency requiring a public health response.		
d2. The plan details evidence of joint participation in disaster planning meetings and creation of an emergency operations plan (e.g., city-state tribal collaboration, city-county collaboration).		
E. Situations and Assumptions	**Page Number(s)**	**Comments**
e1. The plan identifies indicators that will suggest that an event has occurred that could exceed the ordinary capacity of the LHD and possibly, the surge capacity of the LHD.		

e2. The plan demonstrates performance of a hazard analysis of threats (e.g., chemical/nuclear facilities, hurricanes, floods) and unique jurisdictional characteristics/vulnerabilities that may affect a public health response to an emergency event.		
e3. The plan describes how the LHD is preparing for the vulnerabilities described in the results of the hazard analysis.		
F. Activation Circumstances and Event Sequence Following Activation	**Page Number(s)**	**Comments**
f1. The plan includes standard operating procedures that may include decision matrices, flow charts, or decision trees that describe an all-hazards response.		
f2. The plan includes a flow diagram or narrative that describes the triggers for deploying specific response activities and procedures to detail outbreak and exposure investigations.		
G. Concept of Operations	**Page Number(s)**	**Comments**
g1. The plan describes the responsibilities of the local emergency response agency or team(s) that will respond to a public health emergency.		
g2. The plan contains a bulleted list, table, or matrix that clearly identifies both the **primary** and **secondary** support roles for local, state, and federal partner agencies, in areas including: • Command and control; • Detection; • Investigation; • Communication; • Containment and prevention; and • Recovery.		
g3. The application contains evidence that the LHD has adopted NIMS through executive order, proclamation, resolution, or legislation as the agency's all-hazards, incident response system.		

g4. The application contains evidence that the LHD has completed a baseline assessment of NIMS implementation requirements.		
g5. The application contains evidence that the departmental operations center or emergency operations center uses the Incident Command System (ICS), as called for by NIMS, to perform core functions such as coordination, communications, resource dispatch, and information collection, analysis, and dissemination.		
g6. The plan contains a table or diagram that illustrates the LHD's command and control structure (ICS/Unified Command Structure/Multi-agency Coordination System) for coordination of emergency response.		
g7. The command and control structure addresses the following five items: ▪ Staff roles, responsibilities, and concept of operations for ESF 8. ▪ Description of response actions that will occur. ▪ Description of when the response actions will occur. ▪ Description of under whose authority the actions will occur. ▪ Description of how response actions will be documented.		
H. Functional Staff Roles	**Page Number(s)**	**Comments**
h1. The plan contains a list, table, or other format detailing the necessary roles to be filled during a response operation to any hazard.		
h2. The plan contains a roster of the primary, secondary, and tertiary staff or community resources to cover the command and general leadership roles during a response operation based on NIMS.		
h3. The plan contains copies of Job Aids or Job Action Sheets detailing specific functions of each role indicated as necessary in measure 1.H.h1.		
h4. The plan explains how the LHD, during an emergency operation, will assimilate personnel (staff/volunteers).		

I. Vulnerable Population Access and Demographics	**Page Number(s)**	**Comments**

i1. The plan identifies vulnerable populations within the jurisdiction, using the definition of vulnerable populations found in the PPHR glossary.		
i2. The plan describes systems in place and LHD role in providing services to vulnerable populations (including special needs sheltering) as identified by the LHD in measure 1, I. i1, in emergency situations.		

*NOTE: Sub-measures J–V are **cross-cutting** with the LHD's concept of operations.*

Therefore, sub-measures J–V, all labeled in BLUE, must *also* address the following five items:

- Staff roles and responsibilities as related to Emergency Support Function (ESF) 8: Health and Medical Services.
- Description of response actions that will occur.
- Description of when the response actions will occur.
- Description of under whose authority the actions will occur.
- Description of how response actions will be documented.

Information should be specific to each sub-measure, but can also reference evidence submitted for the concept of operations.

J. Communication Plan	**Page Number(s)**	**Comments**
j1. Agency Communication Plan		
j1i. The plan details the party(ies) responsible for notification, alerts, and mobilization.		
j1ii. The plan describes whom to notify during an incident and at what level (e.g., alert, standby, report).		
j1iii. The plan describes the method by which notification will take place.		
j1iv. The plan contains pertinent staff contact information (e.g., EOC, phone, cell, fax).		
j1v. The plan describes the process for determining where staff must report.		

j1vi. The plan describes how quickly staff will be notified of an incident and how long the staff will have to report to the designated locations.		
j1vii. The application contains evidence that the agency has a redundant communication plan that demonstrates the ability to stand-up three-deep communications systems to link public health, healthcare, emergency management, and law enforcement within 12 hours.		
j2. Crises and Emergency Risk Communication Plan		
j2i. The plan describes the process and procedures used to develop accurate, timely messages to communicate necessary information to the public, including vulnerable populations, during an emergency.		
j2ii. The plan describes the process and procedures used to receive approval of messages to communicate necessary information to the public during an emergency.		
j2iii. The plan describes the process and procedures used to disseminate messages to communicate necessary information to the public, including vulnerable populations, during an emergency.		
j2iv. The plan includes a media contact list that is accompanied by a procedure for keeping the list current and accurate.		
j2v. The plan describes the process and procedures necessary to coordinate the communication process among partners during an emergency and/or the plan includes a message map.		
j2vi. The plan details the communication process for mass patient care and the role of the LHD in that communication process.		
j2vii. The plan details the communication process for directing and controlling public information releases about individuals under isolation or quarantine.		
j2viii. The application contains samples of two or more types of public alerts (e.g., media alerts, pre-approved press releases, and coordinated messages) including information about who the information was		

provided to, the date the information was provided, and for what purpose the information was provided.		
j2ix. The plan describes the process for partner notification, including at a minimum the following: ▪ Who will notify partners? ▪ How will partners be notified? ▪ How will notification be confirmed? ▪ What procedures are in place to assure that communication will work properly during an emergency (e.g., regular updating of contact lists, regular drills, etc.)?		
j3. Health Alert Network (HAN)/ Public Health Information Network (PHIN)		
j3i. The plan describes the process of sending, receiving, confirming receipt/acknowledging messages to/from multiple users, and interacting with HAN or PHIN.		
j3ii. The plan includes a template for health alert messages or the application includes at least one sample health alert message that may be shared with entities outside your jurisdiction.		
j4. The agency communication plan addresses the five items listed as cross-cutting with the concept of operations.		
K. Epidemiology	**Page Number(s)**	**Comments**
k1. Surveillance		
k1i. The plan contains the protocol(s) for hazard-specific collection of health data for active surveillance and regular passive surveillance of communicable disease and incidents involving technological hazards (chemical or radiological).		
k1ii. The plan provides evidence that an early incident detection system is in place (e.g., the use and monitoring of regular surveillance data) for communicable diseases and chemical or radiological agents.		

k1iii. The application includes a list of providers and public health system partners who are surveillance sites reporting to the surveillance system.		
k2. Epidemiological Investigation Tasks		
k2i. The plan calls for the comparison of cases to the baseline and confirmation of diagnosis.		
k2ii. The plan describes how the agency conducts contact tracing, including when it exceeds normal agency capacity.		
k2iii. The plan calls for the development of a description of cases through interviews, medical record review, and other mechanisms (person, place, and time).		
k2iv. The plan calls for the generation of possible associations of transmission, exposure, and source.		
k2v. The plan calls for identifying the population at risk.		
k2vi. The plan describes the system of tracking and monitoring known cases/exposed persons through disposition to enable short- and long-term follow-up.		
k2vii. The plan describes the methods that would be used to evaluate therapeutic outcome(s).		
k2viii. The plan describes the process for reporting notifiable conditions, including any on-call system(s), policies, and procedures to take reports of notifiable conditions 24/7/365.		
k2ix. The plan describes outbreak and exposure investigation tasks for staff and/or volunteers that would be called upon in an LHD emergency response.		
k3. Epidemiological Data		
k3i. The plan describes how epidemiological data is shared.		

k4. Data Management		
k4i. The application provides evidence of a system and protocol for managing epidemiological investigation data.		
k5. The plan calls for coordination with environmental investigation as required.		
k6. The epidemiology plan addresses the five items listed as cross-cutting with the concept of operations.		
L. Laboratory Data and Sample Testing	**Page Number(s)**	**Comments**
l1. Access to Labs (e.g., local, regional, state)		
l1i. The plan describes current packaging and shipping regulations on transporting infectious and potentially hazardous substances to labs that can test for biological/chemical/radiological agents.		
l1ii. The application demonstrates the capability to transport specimens/samples to a confirmatory reference lab 24/ 7/365.		
l1iii. The plan details the process of contacting the proper lab to notify them of what specimens to expect and any special directions.		
l1iv. The plan includes a list of laboratory contacts.		
l2. The application provides evidence of the database and protocol for management/flow of laboratory data and sample testing information.		
l3. The plan describes the system in place for sharing laboratory information with public health officials and other partners in neighboring jurisdictions to facilitate the rapid formulation of an appropriate response (e.g., electronic system).		
l4. The plan describes a process or policy related to evidence management.		

l5. The plan describes local and state laboratory capacity, including a list of pathogens that can be identified at each level.		
l6. The laboratory data and sample testing plan addresses the five items listed as cross-cutting with the concept of operations.		
M. Mass Prophylaxis and Immunization	**Page Number(s)**	**Comments**
m1. The plan describes the procedures for implementing mass prophylaxis and immunization in the jurisdiction.		
m2. The plan describes the system in place for managing and tracking personnel and material resources.		
m3. The plan describes the process or system the LHD uses to monitor for adverse reactions to public health interventions (also known as post-event tracking).		
m4. The plan includes a point of dispensing (POD) patient flow chart and a description of each station.		
m5. The plan specifies the number of volunteers or supplemental staff necessary to support the delivery of mass prophylaxis to the local population within 48 hours.		
m6. The plan includes a functional definition of essential personnel (e.g., emergency responders, personnel necessary for receiving, distributing and dispensing medical countermeasures, medical and public health personnel who will treat the sick), who, if indicated by the incident, will receive prophylaxis prior to the general population.		
m7. The plan includes provisions for serving individuals for whom the frontline medical countermeasure is contraindicated.		
m8. Strategic National Stockpile (SNS) Plan		

m8i. The plan describes its integration into the state SNS plan.		
m8ii. The plan includes clear delineation of LHD responsibilities, including security for receiving, distributing, and dispensing SNS assets.		
m8iii. The plan describes standard operating procedures to locate, procure, and coordinate local supplies of medical countermeasures.		
m8iv. The application includes documentation of legal authority and/or memorandums of understanding with outside entities to suspend normal operations to complete mass prophylaxis.		
m8v. The plan addresses local medical inventories using the following four considerations: • The threats from which people must be protected; • Prophylactic medicines and supplies available for dealing with those threats; • Quantities of the medicines and other needed items available in local inventories; and • Location of the local inventory.		
m8vi. The plan includes a description of a system for maintaining and tracking vaccination or prophylaxis status of public health responders.		
m9. The agency communication plan addresses the five items listed as cross-cutting with the concept of operations.		
N. Mass Patient Care	**Page Number(s)**	**Comments**
n1. The Mass Patient Care Plan provides a detailed description of any LHD role in mass patient care from the field to the medical treatment center.		
n1i. The plan describes how mass patient care will be established.		

n1ii. The plan describes where mass patient care will be conducted.		
n1iii. The plan describes who will have access to care.		
n1iv. The plan describes how mass patient care will be maintained.		
n2. The plan provides documentation detailing the casualty transportation process for mass patient care from the field to the medical treatment center.		
n3. The plan describes plans, policies, and procedures to coordinate delivery of mass patient care services to shelters.		
n4. The mass patient care plan addresses the five items listed as cross-cutting with the concept of operations.		
O. Mass Fatality Management Plan	**Page Number(s)**	**Comments**
o1. The plan provides a detailed description of any LHD role in managing mass fatalities in the local jurisdiction.		
o2. The mass fatality management plan addresses the five items listed as cross-cutting with the concept of operations.		
P. Environmental Health Response	**Page Number(s)**	**Comments**
p1. Environmental Surety Planning		
p1i. The plan addresses the management of environmental hazards to public health and the environment, including contaminated media, epizootic disease, and environmental health infrastructure failure.		
p2. The plan describes the process for determining corrective actions, reporting findings, and establishing responsibilities for emergency actions in the following areas:		
p2i. Foodborne and waterborne outbreak surveillance, investigation, and control.		

p2ii. Vector surveillance for vector borne disease control.		
p2iii. Food safety.		
p2iv. Drinking water supply and safety.		
p2v. Sanitation.		
p2vi. Mass care and evaluation of shelter facilities.		
p2vii. Waste water.		
p2viii. Solid waste management.		
p2ix. Hazardous waste management.		
p2x. Air quality.		
p2xi. Radiation exposure response, including population monitoring.		
p2xii. Chemical or toxic release control and clean-up.		
n4. The environmental health response plan addresses the five items listed as cross-cutting with the concept of operations.		
Q. Disaster Behavioral Health: Public Health Emergency Response Personnel	**Page Number(s)**	**Comments**
q1. The plan describes the LHD process to prepare response personnel, including agency personnel, for the behavioral health implications of public health emergencies.		
q2. The disaster behavioral health plan for public health emergency response personnel addresses the five items listed as cross-cutting with the concept of operations.		
R. Disaster Behavioral Health: Population-Wide Plan	**Page Number(s)**	**Comments**

r1. The plan describes who in your community is responsible for addressing and responding to the behavioral health issues of the community.		
r2. The plan describes the partnerships the LHD has established and the local resources the LHD has cultivated to respond to population-wide mental health needs.		
r3. The population-wide disaster behavioral health plan addresses the five items listed as cross-cutting with the concept of operations.		
S. Quarantine, Isolation, and Social Distancing Plan	**Page Number(s)**	**Comments**
s1. The plan addresses the processes for implementing quarantine, isolation, and social distancing.		
s2. The plan identifies the legal authority to isolate, quarantine and as appropriate, institute social distancing for the following:		
s2i. Individuals		
s2ii. Groups		
s2iii. Facilities		
s2iv. Animals		
s3. The plan addresses coordination of public health and medical services among those under isolation or quarantine or social distancing restrictions.		
s4. The plan describes any stress management strategies, programs, and crisis response for those under isolation or quarantine or social distancing restrictions.		
s5. The quarantine, isolation, and social distancing plan addresses the five items listed as cross-cutting with the concept of operations.		
T. Continuity of Operations Plan (COOP)	**Page Number(s)**	**Comments**
t1. The plan identifies the health department functions that must be continued despite a natural disaster or deliberately-caused emergency.		

t2. The plan identifies the staff member who will implement the COOP (must be three-deep).		
t3. The plan identifies an alternate location for key health department staff to report, if necessary.		
t4. The COOP plan addresses the five items listed as cross-cutting with the concept of operations.		
U. Public Health Surge Capacity and Volunteer Management	**Page Number(s)**	**Comments**
u1. The plan describes expected capability/capacity of local, state, federal, and private resources to respond to an emergency.		
u2. The plan provides a description of the regular availability and surge capacity of the following, in relation to the scope and duration for anticipated events: ▪ LHD personnel; ▪ Treatment facilities; ▪ Laboratories; ▪ Redundant communications; ▪ Pharmacologic supplies; and ▪ Security.		
u3. Volunteer Management		
u3i. The plan describes the process for volunteer recruitment and retention, (e.g., community Medical Reserve Corps units).		
u3ii. The plan includes the partners that the LHD works with for recruitment.		
u3iii. The plan describes how volunteers are notified.		
u3iv. The plan describes how volunteers are used in an emergency.		
u3v. The plan describes how volunteers are credentialed.		

u3vii. The plan describes the LHD's involvement in the state's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) implementation.		
u4. The public health surge capacity and volunteer management plan addresses the five items listed as cross-cutting with the concept of operations.		
V. Mutual Aid and External Resources	**Page Number(s)**	**Comments**
v1. The application describes the process by which the LHD develops intrastate and interagency mutual aid agreements with neighboring jurisdictions, including military installations, private sector, and non-governmental organizations.		
v2. The plan includes a table, chart, or other format that lists mutual aid agreements and their status (including primary, secondary, and tertiary inter-jurisdictional state agreements).		
v3. The plan specifies how the LHD will determine when to ask for higher order support based on models and/or past experience.		
v4. The plan specifies when and how partner resources would be requested.		
v5. The mutual aid and resource management plan addresses the five items listed as cross-cutting with the concept of operations.		
W. Recovery	**Page Number(s)**	**Comments**
w1. The plan provides information on transitioning from response to short- and long-term recovery.		

Goal II: Workforce Capacity Development: Measures 2–3

Please follow these guidelines:

1. If the LHD is not the lead agency for a particular evidence element and/or sub-measure, evidence that addresses how the LHD works with the lead agency to ensure that the evidence element and/or sub-measure is adequately addressed must be provided. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #1).
2. If at the time of the PPHR submission deadline, a particular evidence element and/or sub-measure is not met because plans in that area are not fully developed, evidence must be provided that explains how the LHD plans to address that evidence element and/or sub-measure. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #2).

Goal II: Workforce Capacity Development

In workforce capacity development, the agency develops its workforce to meet the needs of a population prior to, during, and after any event or disaster. This development is accomplished by providing employees with the training, resources, and processes necessary to increase the skills, abilities, and knowledge necessary to respond to any event or disaster. These training activities, when completed by individual staff, increase organizational capacity.

To demonstrate evidence for this goal, an organizational process must be in place to assess, implement, and evaluate workforce competency consistent with the agency's all-hazards response plan. These processes must be consistent with nationally recognized emergency preparedness competencies such as the "Bioterrorism and Emergency Readiness Competencies for All Public Health Workers"[1] from Columbia University, MRC-TRAIN[2], or those recently released through the Public Health Preparedness & Response Core Competency Development Project.[3] This process requires an agency-wide public health competency assessment and training to increase staff competency (skill, ability, and knowledge) and to rectify any other gaps identified by the assessment.

[1] These nine competencies are found in the Bioterrorism and Emergency Readiness Competencies developed by Columbia University. (http://www.nursing.columbia.edu/chp/pdfArchive/btcomps.pdf)
[2] See https://www.mrc.train.org/desktopshell.aspx for more information.
[3] See http://www.asph.org/document.cfm?page=1081 for more information

PPHR Measure #2: Conduct of Regular Training Needs Assessments

Agencies must conduct a training needs assessment of staff consistent with the agency's all-hazards response plan and a set of nationally recognized emergency preparedness competencies. In most agencies, the assessment may be conducted in advance of starting the PPHR application process to allow enough time to implement workforce development activities. To demonstrate evidence for this measure, the following sub-measures (A-C) must be provided in a report format.

A. Date of Training Needs Assessment	**Page Number(s)**	**Comments**
a1. The PPHR application shows that a training needs assessment was completed no earlier than 36 months prior to the application submission date.		
B. Assessment Process Report	**Page Number(s)**	**Comments**
b1. The report includes a description of the assessment methodology.		
b2. The report notes how frequently re-assessments will occur.		
b3. The report includes details of the assessment tool(s), if applicable.		
b4. The report lists individuals involved in the design of the assessment process.		
b5. The report notes the total number and percentage of staff assessed, as well as a description of the audience and why they were selected.		
C. Results and Implications Report	**Page Number(s)**	**Comments**
c1. The report describes priority areas based on the assessment.		
c2. The report describes how results will be or are being used to inform the workforce development plan.		
c3. The report describes how results will be or are being used to inform the exercise plan.		

PPHR Measure #3: Completion and Maintenance of a Workforce Development Plan and Staff Competencies

The LHD establishes a list of priority staff who need training and priority training topics, based on the results of the training needs assessment and past corrective actions. When the LHD has not had time to train all priority staff in the appropriate priority areas and obtain evidence that staff have demonstrated competence in these areas, the LHD's workforce development plan must describe the process (e.g., prioritization of competencies, description of how the competencies were chosen, party responsible for ensuring that training will occur) and timeline the LHD will follow to achieve progress toward full workforce competence. Methods used to address this measure may include a wide range of educational techniques, such as participation in classroom trainings or direct observation by an evaluator during hands-on exercises.

The LHD must also demonstrate the organizational capability to maintain and enhance competence in the workforce. This section measures the organization's ability to address workforce capacity on an ongoing basis.

The LHD must submit a workforce development plan to provide the evidence for the sub-measures described below. Additional documentation to support information requested in the sub-measures should also be submitted.

A. Training Topics	**Page Number(s)**	**Comments**
a1. The workforce development plan identifies agency priority training topics based on results from the training needs assessment.		
a2. The workforce development plan includes the following training topics:		
a2i. NIMS training for the public health workforce.		
a2ii. ICS training for the public health workforce.		
a2iii. Training in the principles of risk communication for key spokespersons for the LHD.		
B. Training Objectives	**Page Number(s)**	**Comments**
b1. The workforce development plan provides the objectives of the trainings OR describes the competencies that the workforce development plan addresses.		
C. Training Delivery	**Page Number(s)**	**Comments**
c1. The workforce development plan describes the type of trainings to be provided.		

c2. The workforce development plan describes the training participants. NOTE: If all staff are not trained by the application deadline, a timeline of the planned training process for the remainder of the priority staff must be provided.		
c3. The workforce development plan notes the agency(ies) or individuals(s) that will deliver the trainings.		
c4. The application provides justification for each chosen training activity.		
D. Workforce Development Plan	**Page Number(s)**	**Comments**
d1. The plan describes how competency-based education in emergency preparedness will be maintained.		
d2. The workforce development plan describes how it will be kept up-to date, providing at a minimum: ▪ Who will update the workforce development plan; ▪ How updates will be conducted; ▪ When updates will take place; and ▪ How new employees will be trained, assessed, and incorporated into the workforce development plan.		
d3. The workforce development plan describes how progress will be tracked for each of the identified training topics referred to in sub-measure A.		
d4. The application must provide evidence of linkage to each of the appropriate Training Objectives noted in measure #3, b1. The application describes the link between the workforce evaluation, identified gaps, and the process for improving and sustaining levels of competence.		
E. Management of Agency Workforce Capability	**Page Number(s)**	**Comments**
e1. The application includes a report or table that describes the method used to demonstrate agency workforce capability.		
e2. The application describes how the LHD routinely evaluates agency workforce capability.		

e3. The application provides two examples of activities (and curricula) and/or exercises wherein staff had the opportunity to demonstrate specific competencies noted in the workforce development plan.		
F. Just-in-time Training	**Page Number(s)**	**Comments**
f1. Just-in-time training implementation.		
f1i. The plan includes a narrative describing how just-in-time training is implemented.		
f1ii. The plan details who will provide the just-in-time training and the intended audience to receive it.		
f1iii. The plan details how the just-in-time training is updated.		
f2. The workforce development plan includes training materials for the following just-in-time training topics:		
f2i. Epidemiological investigation tasks reflecting the agency's all-hazards plan.		
f2ii. Mass prophylaxis reflecting the agency's all-hazards plan.		
f2iii. NIMS reflecting the agency's all-hazards plan.		
f2iv. Communication processes reflecting the agency's all-hazards plan.		
f2v. Isolation and quarantine reflecting the agency's all-hazards plan.		

Goal III: Quality Improvement through Exercises and Real Events: Measures 4–5

Please follow these guidelines:

1. If the LHD is not the lead agency for a particular evidence element and/or sub-measure, evidence that addresses how the LHD works with the lead agency to ensure that the evidence element and/or sub-measure is adequately addressed must be provided. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #1).
2. If at the time of the PPHR submission deadline, a particular evidence element and/or sub-measure is not met because plans in that area are not fully developed, evidence must be provided that explains how the LHD plans to address that evidence element and/or sub-measure. Specific items that must be addressed in this description can be found in the Guidance on Evidence Elements section at the end of this document (Application Guidance #2).

Goal III: Quality Improvement through Exercises and Responses and a Comprehensive Exercise Plan

To ensure an LHD follows a Continuous Quality Improvement (CQI) process, evidence must be provided of linkages between its planning, training, and demonstration of readiness through exercise or responses. In order to meet Goal III, LHDs must show a process in place within the agency that documents exercises/responses in a clear and timely manner; completes an improvement plan for revising the all-hazards response plan and workforce development plan based on the lessons learned and gaps identified during the exercise/response; and develops future exercises based on lessons learned that will test the corrections made while implementing the improvement plan. Goal III demonstrates the use of NIMS and Homeland Security Exercise and Evaluation Program (HSEEP) concepts and principles.

PPHR Measure #4: Learning and Improving through Exercises or Responses

The LHD must provide documentation of its participation in at least *one* exercise or incident response within the 24 months prior to the PPHR application submission date. **Submit documentation of a response to ONE of the following items:**

- Sub-measure A: Functional or full-scale exercise (the LHD must scale functional exercises, including number of staff involved in the exercise, to fit the size of the department).
- Sub-measure B: An emergency incident for which the agency has activated its response plan. Appropriate events for PPHR submission are comprehensive and have a definitive start and end date or time. Long-term events, such as pandemics, can be broken into meaningful sections that are time-bound, such as the first or second wave of a pandemic. All incidents used as documentation for PPHR must span more than one operational period and result in the development of an IAP.

Reminder: Based on your LHD's activities, include documentation for EITHER an exercise OR a response. You do not need to submit both. Documentation (i.e., After Action Report, Improvement Plan) must address the agency's improvements and the agency's plans.

A. Multi-agency After Action Report /Improvement Plan (exercises)

An exercise that will meet this measure must result in the production and approval of an after-action report/improvement plan (AAR/IP). AAR/IPs submitted to PPHR must include all of the elements in the following sub-measure (A1-A7).

A1. Date of AAR/IP	**Page Number(s)**	**Comments**
a1i. The final AAR/IP includes recommendations and corrective actions derived from discussion at the exercise evaluation conference that took place no later than 60 days after completion of the exercise.		
A2. Exercise Executive Summary	**Page Number(s)**	**Comments**
a2i. The AAR/IP describes why the exercise was conducted (e.g., part of the previous exercise plan or the training needs assessment results) and what part(s) of the LHD's plan was (were) exercised.		
a2ii. The AAR/IP lists the exercise objectives in a format consistent with the HSEEP guidelines and states whether the objectives were met during the exercise.		
a2iii. The AAR/IP lists notable strengths learned from the exercise.		

a2iv. The AAR/IP lists the key areas that require further development.		
a2v. The AAR/IP lists any high level observations that cut across multiple capabilities.		
A3. Exercise Overview	**Page Number(s)**	**Comments**
a3i. The exercise overview contains the following information: • The AAR/IP lists the exercise name. • The AAR/IP lists the type of exercise. • The AAR/IP lists the date(s) of the exercise (start to end). • The AAR/IP lists the duration of the exercise. • The AAR/IP lists the location of the exercise. • The AAR/IP lists the sponsor of the exercise. • The AAR/IP lists the funding recipient. • The AAR/IP lists the names of the members of the exercise planning team.		
a3ii. The AAR/IP lists the mission addressed in the exercise.		
a3iii. The AAR/IP lists the capabilities addressed in the exercise.		
a3iv. The AAR/IP lists the scenario used in the exercise.		
a3v. The AAR/IP lists the agencies that participated in the exercise.		
a3vi. The AAR/IP lists the number of each type of participant, as appropriate for the exercise: ▪ Players; ▪ Victim role players; ▪ Controllers;		

▪ Evaluators; ▪ Observers; and ▪ Facilitators.		
A4. Analysis of Capabilities	**Page Number(s)**	**Comments**
a4i. The AAR/IP contains an analysis of capabilities containing all of the capabilities tested in the exercise. Each observation must be identified as either a strength or an area for improvement according to the following definitions: **Strength:** A strength is an observed action, behavior, procedure, and/or practice that is worthy of special notice and recognition. **Area for Improvement:** Areas for improvement include areas in which the evaluator observed that a necessary procedure was not performed or that an activity was performed but with notable problems. The documentation must include, at a minimum, the following: ▪ Activity; ▪ Observation; ▪ Reference(s); ▪ Analysis; and ▪ Recommendations describing what can be done to correct or resolve issues (change plans, training, equipment, personnel resources, etc.).		
A5. Conclusion	**Page Number(s)**	**Comments**
a5i. The AAR/IP contains a summary of remarks on the exercise, including strengths, weaknesses, lessons learned, and areas for improvement.		
A6. Improvement Plan	**Page Number(s)**	**Comments**
a6i. The application provides a listing and timetable of corrective		

actions, including any necessary revisions, to the LHD all-hazards response plan based on gaps identified during the exercise.		
a6ii. The application provides a listing and timetable of corrective actions, including any necessary revisions, to the workforce development plan based on gaps identified during the exercise.		
a6iii. The application provides a listing and timetable of corrective actions, including any necessary revisions, to the exercise plan and schedule, based on gaps identified during the exercise.		

B. Incident Response Documentation (Real Incident)

A response to an incident that will meet this measure must result in the production and approval of an incident action plan (IAP) (e.g., the incident must last more than one operational period.) If more than one IAP is produced and approved, all IAPs for the event must be submitted.

Documentation submitted to PPHR must include all of the elements in the following sub-measures (B1-B3).

Reminder: Based on your LHD's activities, if you include documentation of a response, **you do NOT need to submit an AAR/IP for an exercise.**

B1. All IAPs from the real incident that lasts more than one operational period.	**Page Number(s)**	**Comments**
b1i. The IAP lists the: • Date(s) of the incident; • Name of the incident; • Operational period; and • Objectives for incident response.		
b1ii. The IAP includes a list of LHD participants and partner organizations.		
b1iii. The IAP includes any safety messages delivered during the incident response.		
b1iv. The IAP documents who prepared the IAP.		

B2. AAR	Page Number(s)	Comments
b2i. The final AAR includes recommendations and corrective actions derived from discussion at an evaluation conference that took place no later than 120 days after completion of the response.		
b2ii. The AAR contains an executive summary that provides an overview of the incident.		
b2iii. The AAR lists the response objectives and whether they were met during the incident.		
b2iv. The AAR lists notable strengths learned from the response.		
b2v. The AAR lists the key areas that require further development.		
b2vi. The AAR lists any high level observations that cut across multiple capabilities.		
b2vii. The incident overview contains the following information: • The AAR lists the incident name. • The AAR lists the date(s) of the incident (start to end). • The AAR lists the duration of the incident. • The AAR lists the location of the incident.		
b2viii. The AAR lists the agencies that participated in the incident response.		
b2ix. The AAR contains a summary of remarks on the incident, including strengths, weaknesses, lessons learned, and areas for improvement.		
B3. Improvement Plan	**Page Number(s)**	**Comments**
b3i. The application provides a listing and timetable of corrective actions, including any necessary revisions, to the LHD all-hazards response plan based on gaps identified during the incident		

response.		
b3ii. The application provides a listing and timetable of corrective actions, including any necessary revisions, to the workforce development plan based on gaps identified during the incident response.		
b3iii. The application provides a listing and timetable of corrective actions, including any necessary revisions, to the exercise plan and schedule based on gaps identified during the incident response.		

PPHR Measure #5: Comprehensive Exercise Plan

Based on the AAR/IP or IAP, the LHD provides documentation of its comprehensive exercise plan or planning notes that are clear and include a detailed description of at least one planned exercise to take place no later than 12 months after the PPHR application submission date.

The data (e.g., lessons learned, evidence of performance) used for developing the future exercise plan should be based on the LHD's evaluation of previous exercises. The LHD also provides evidence of establishing a continuous quality improvement system. Effective systems will use, and build upon, lessons learned from previous exercises.

A. Future Exercise Plan Description	**Page Number(s)**	**Comments**
a1. The exercise plan contains the proposed months and years of future exercise(s).		
a2. The exercise plan describes the type(s) of exercise(s) that is (are) scheduled.		
a3. The exercise plan describes the purpose(s) of the exercise(s).		
a4. The exercise plan lists draft exercise objectives in a format consistent with the HSEEP guidelines.		
a5. The exercise plan lists expected departmental participants and partner organizations.		

B. Description of Exercises	Page Number(s)	Comments
b1. The exercise plan shows anticipated participation in a jurisdiction-wide exercise based on NIMS involving responders from multiple disciplines and/or jurisdictions and includes integration of: • Incident command; • Multi-agency coordination systems (MACS); and • Public information.		
b2. The exercise plan shows anticipated participation in an exercise testing the health alert messaging system using a high priority message.		
b3. The exercise plan shows anticipated participation in an exercise involving the state health department.		
b4. The exercise plan shows anticipated participation in an exercise involving active coordination of response and resources between state and local public health response partners.		
b5. The exercise plan shows anticipated participation in an exercise wherein the LHD coordinates or helps to coordinate an exercise involving other health and medical partners (medical, mental health, and social systems of care).		
b6. The exercise plan shows anticipated participation in at least two drills of the notification system for primary, secondary, and tertiary staff to cover all incident management functional roles. At least one drill must be unannounced and occur outside of regular business hours.		

Executive Summary Tips

An Executive Summary is Required with Every PPHR Application

The purpose of the Executive Summary is to describe the agency, its jurisdiction, and its approach to public health preparedness. The Executive Summary should describe how the agency addresses all three goals of the PPHR Criteria. Please note that it may be helpful to craft your executive summary after completing your application and PPHR Crosswalk. The Executive Summary is critical in providing context and rationale for the review team evaluating your application. The Executive Summary must include all of the information outlined below, and NACCHO recommends agencies format their Executive Summary in this order.

1. **Introduction**
   - The agency's approach to the PPHR process.
2. **Jurisdictional Area Description**
   - Size of population served by the agency.
   - Geography/topography information, including the location of the jurisdiction.
   - Governance structure, such as cities and towns in a region, boards of health, and county commissioners.
   - Unique characteristics to the jurisdiction that will help explain its approach to preparedness planning, including landmarks.
   - Demographic information, such as population density and median income or poverty rate.
3. **Organizational Structure of the Agency**
   - The agency's level of authority (e.g., state agency, home rule).
   - Preparedness planning and how the efforts of the agency fit within the larger jurisdictional (e.g., county, city) response.
   - The agency's responsibilities in a response.
   - Information on divisions, services provided, number of offices, etc.
4. **Employee Demographic Information**
   - Total number of full-time employees in the agency and within each health department in a regional application.
   - Total number of preparedness staff at the agency, differentiating between full- and part-time staff.
   - General professional categories at the agency and on the preparedness staff (e.g., nurses, administrators, environmental staff).
5. **Connection/Coordination**
   - The agency's connection to and coordination with local, regional, and state partners for the purpose of emergency preparedness planning and response.
   - The linkage between all three goals of the project, including how the revisions of response plans, workforce development plans, and exercise plans are interrelated based on evaluations of trainings, exercises, and event responses. The document should describe show a continuous quality improvement process is evident with the application.

Application Guideline #1:
If you are not the lead agency for a particular task (evidence elements and/or sub-measure), you must provide a description that includes the following:

- Identification of the lead agency.
- Description of the roles and responsibilities of the lead agency.
- Description of the support roles and responsibilities of the applicant.
- Description of how the applicant partners with the lead agency to plan for, and prepare to deliver, the emergency service addressed in the evidence element.
- Description of the applicant's coordination and communication process for supporting the work of the lead agency.
- Description of how the applicant will work with the lead agency during and/or following an emergency response.
- An example of how this has worked in the past, how it was exercised, or how it is addressed in your workforce development plan.
- If available, agreements between the applicant and the partner agency.

Application Guideline # 2:
If there is an evidence element and/or sub-measure that your LHD has not yet addressed or if documentation is not yet available for, you must provide a description that includes the following:

- Explanation of why the specific item has not been addressed.
- Steps/milestones of a plan to address the item.
- Timeline for steps/milestones.
- Listing of partners and description of their responsibilities to address the item.

Guidance on Evidence Elements

Measure 1.A.a2: Evidence for this element can be provided via a note from the county emergency manager or an affidavit from the Health Officer. This affidavit should also describe how the plan incorporates NIMS components, principles, and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.

Measure 1.C.c2: Updating the plan on "a regular basis" means that specific trigger(s) for this process are defined; for example, as part of enacting an exercise corrective action plan, in response to new guidelines being posted, and/or a regular schedule such as annually.

Measure 1.D.d1: Evidence for this element should include citations of applicable statutes or administrative rules governing the plan's creation and use. This item is dependent upon local and state legal practice.

Measure 1.D.d2: Evidence for this element must include at least one of the following:

- **Notes/Minutes**: Meeting notes or minutes that include a motion/approval to accept the plan.
- **List/Acknowledgments:** List of agency representatives participating in the plan's development and to whom the plan applies, and acknowledgments by the agencies participating in the planning process.

Measure 1.G.g2: If applicable, evidence for this element must also describe the collaboration between the LHD and tribal and/or military installations, and/or international entities located within or adjacent to your jurisdiction.

Measure 1.G.g4: Applicants may use the most current version of the NIMS Capability Assessment Support Tool (www.fema.gov/nimscast) or other approved assessment tool.

Measure 1.G.g7: Evidence for this element must address all five items listed. The concept of operations should be general and not hazard specific.

Measure 1.H.h4: Evidence for this element must include a description of whether employees and/or volunteers will fill functional staff roles during a response, and describe how they will be incorporated into the response (i.e. notifying, where to report, assigning, just-in-time trainings).

Measure 1.I.i2: Evidence for this element must address systems in place, such as establishing shelters, working with NGOs or other community partners, and using WIC data to inform planning. The plan must also identify whether the LHD has a lead or support role for each function.

Measure 1.K.k1i: For an active surveillance program such as Biosense or Real-time Outbreak and Disease Surveillance, protocols must be developed to clarify agency response to public health events detected and the affect on the LHD, related partner agencies, and geographic area.

Measure 1.K.k2i: The occurrence of reportable disease conditions or unusual epidemiological situations is dependent on the knowledge of when an event is beyond or in excess of normal expectancy. Since the procedure for investigation of a suspected outbreak is the same, the agency must show documentation of disease occurrence of both yearly incidence and monthly occurrence of reportable conditions. This is compared to available information about the new cases with a predetermined definition of an outbreak. Consequently, each agency must also discuss what is used for case definitions and the process used to establish specific outbreak case definitions. The agency must reference how laboratory testing is used to confirm or reject suspected diagnoses and determine the type of agent associated with the illness, whether bacterial, viral, or other. The agency must describe how case definitions are determined and counted in a specific time, place, or group of persons.

Measure 1.K.k2ii: Evidence for this element should include procedures to determine the group(s) at risk and what procedures to follow when the scope of the outbreak exceeds normal agency capacity.

Measure 1.K.k2iii: Evidence for this element should include how the agency will develop a master contact list and a final (or perhaps successive on a complex outbreak) outbreak case definition and hypothesis. The hypothesis directs the investigation and is tested by the data gathered. Describe the

mechanism for how the data will be gathered, collected, and managed during the outbreak event and afterward from the interviews, the sampling mechanisms, laboratory processes, and participating investigators. Describe who will prepare daily and final written reports. Describe who is responsible for control and prevention measures.

Measure 1.K.k2vii: Evidence for this element must detail a system for tracking information relating to adverse effects associated with vaccinations or antiviral medications use (i.e., use of the Vaccine Adverse Events Reporting System or other tracking system).

Measure 1.M.m3: Evidence for this element must include an all-hazards approach to post-event tracking. The application must demonstrate that the LHD has the capacity and structure in place to conduct effective post-event tracking.

Measure 1.M.m5: Evidence for this element must include the number of volunteers needed to support full staffing for a worst-case scenario (i.e., 10 points of distribution, 30 staff each; 4 health department employees, 26 volunteers; two 12-hour rotating shifts = 520 volunteers).

Measure 1.M.m6: Evidence for this element must detail the current capacity of volunteers capable of responding to a public health emergency.

Measure 1.Q.q1: A behavioral health plan for staff should include methods for enhancing emotional resilience in staff, their families, and the individuals with whom they interact.

Measure 1.R.r1: If the applicant is not the lead agency in addressing and responding to behavioral health issues of the community, the applicant must provide all of the evidence addressed in Application Guideline #1.

Measure 1.V.v1: Evidence for this element will identify and demonstrate the ability and permission to access, as well as the ability to obtain and utilize, external resources necessary to respond to a public health emergency, either through formal or verbal mutual aid agreements or memorandums of understanding, policies, planning documents, or other documentation of response partnering or assistance.

Measure 2.B.b5: If not all staff were assessed, provide justification for the sampling size decision and a timeline for when the remaining staff members will be assessed.

Measure 3.E.e1: Examples of means to show workforce capability include certificates from online courses, descriptions of exercises or one-day activities, inclusion of curricula, etc.

Measure 3.E.e2: Evaluation activities may include annual performance appraisals, exercises, incident responses, or other agency/worker activities and events. Evaluation can be done at the supervisor level, peer-to-peer, or 360 degrees. Any description needs to detail the process, including how the evaluation is structured, who conducts the evaluation, and how often the evaluations will be performed.

Measure 3.F.f2: The just-in-time training materials must describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan. The amount of training material provided must be able to be delivered in less than an hour. Only submitting job action sheets will not satisfy the requirements.

Measure 4.A.a2ii: Exercise objectives must be SMART (specific, measurable, achievable, realistic, and task-oriented).

Measure 4.A.a4i: The analysis of capabilities must include a sub-section created for each capability validated during the exercise. Each section must include a summary of the capability in question, including an overview of how that capability was performed during an operations-based exercise or addressed during a discussion-based exercise. The length of this summary depends on the scope of the exercise. Adequate detail must be included to provide the reader with an understanding of how the capability was performed or addressed. Each capability summary is followed by a subheading for each of the capability's associated activities. Under each activity there should be observations that analyze how well the tasks within that activity were performed.

Measure 4.A.a6 / Measure 4.B.b3: The requested improvement plan information must include recommendations and tasks that explicitly describe, at a minimum, the following:

- Capability;
- Observation title;
- Recommendation;
- Corrective action description;
- Capability element;
- Primary responsible agency;
- Agency point of contact;
- Start date; and
- Completion date.

Measure 5.A.a4: HSEEP Policy and Guidance can be found at https://hseep.dhs.gov/pages/1001_hseep7.aspx.

Project Public Health Ready Glossary

The following key terms appear in the PPHR Criteria and are specific to the three project goals. The glossary is not intended be a comprehensive list of all preparedness-related terms because such resources are available through other sources.

The following websites contain definitions of additional preparedness terms:

- Homeland Security Glossary: https://hseep.dhs.gov/DHSResource/Glossary.aspx
- NIMS: www.fema.gov/nimscast/Glossary.do
- Federal Emergency Management Agency: www.fema.gov
- National Response Framework: www.fema.gov/emergency/nrf/glossary.htm
- National Disaster Medical System: www.phe.gov/preparedness/responders/ndms/Pages/default.aspx
- Yale Preparedness Glossary: http://publichealth.yale.edu/ycphp/pdf/glossary.pdf
- Institute for Crisis, Disaster, and Risk Management The George Washington University: www.gwu.edu/~icdrm/

acknowledgment	Notified staff confirms receipt of notification to designated official. Acknowledgment method can be any of the following: e-mail, Health Alert Network, telephone, etc., and can be different from the notification method used. From Public Health Emergency Preparedness Cooperative Agreement Budget Period 9 (BP9), Performance Measures Guidance www.bt.cdc.gov/cdcpreparedness/coopagreement/09/pdf/bp9_phep_performancemeasuresguidance11_14_2008final.pdf
after action report/ improvement plan	An **after action report and improvement plan** (AAR/IP) is the main product of the evaluation and improvement planning process. The document has two components: an **after action report** (AAR), that captures observations of an exercise and makes recommendations for post-exercise improvements; and an **improvement plan** (IP) that identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. Even though the AAR/IP are developed through different processes and perform distinct functions, the final AAR/IP should always be printed and distributed jointly as a single AAR/IP following an exercise.
capability	**Capability** is the ability to perform actions. As it applies to human capital, capability is the sum of expertise and capacity.
capacity	**Capacity** is the ability to achieve stated public health objectives and to improve performance at the national, regional, and global levels with respect to both ongoing and emerging health problems. Building capacity is linked to improving both performance and competence.

continuity of operations plan	A **continuity of operations plan** (COOP) contains the plans and strategies by which an agency or jurisdiction provides for ongoing functioning in light of a natural disaster or deliberately caused emergency (e.g., sustainment of operations).
continuous quality improvement	In the context of PPHR, **continuous quality improvement** (CQI) is a management process in which the agency reviews planning, training, and exercise phases of emergency preparedness and seeks to improve upon standards and procedures. This process both reveals needed improvements and highlights strengths.
credential	In the context of a public health emergency, **credentialing** volunteers requires ensuring that volunteers have the correct level of medical credentialing for the required activities (e.g., registered nurses or physicians). Credentialing is not the same as performing a background check or badging.
crosswalk	A **crosswalk** is a document that lists the page number(s) where PPHR documentation evidence can be found in the application materials.
disaster behavioral health	**Disaster behavioral health** comprises the mental health issues related to disasters and the means of addressing them, including proactive methods to build resiliency and short- and long-term approaches to restoring and maintaining psychological and emotional health in the face of an emergency.
Emergency Support Function	An **Emergency Support Function** (ESF) provides structure for coordinating interagency support to an emergency incident. ESFs provide the structure for coordinating federal interagency support for a federal response to an incident. ESFs are mechanisms for grouping functions most frequently used to provide Federal support to states and federal-to-federal support, both for declared disasters and emergencies under the Stafford Act and for non-Stafford Act incidents. Drawn originally from the federal government's National Response Plan, many state and local plans are also based upon an ESF structure. The roles and responsibilities of each ESF are designated by the scope of public services each provides. The current federal ESFs in the National Response Plan are: ESF #1: Transportation ESF #2: Communications ESF #3: Public Works and Engineering ESF #4: Firefighting ESF # 5: Emergency Management ESF #6: Mass Care, Emergency Assistance, Housing, and Human Services ESF #7: Logistics Management and Resource Support ESF #8: Public Health and Medical Services ESF #9: Search and Rescue

	ESF #10: Oil and Hazardous Materials Response ESF #11: Agriculture and Natural Resources ESF #12: Energy ESF #13: Public Safety and Security ESF #14: Long-Term Community Recovery ESF #15: External Affairs
environmental surety plan	An **environmental surety plan** is a part of the public health preparedness plan that assures that environmental hazards to public health and the environment, such as contaminated media, epizootic disease, and environmental health infrastructure failure, are managed. Capabilities of a team that does environmental surety include: Risk assessment Remediation oversight Advise on protective action Treatment guidance support Management of early responders Epidemiological analysis Sample collection Preventative measures Incident reporting Epidemiological follow-up
emergency operations plan	An **emergency operations plan** (EOP) is an all-hazards plan developed to describe the system of operations that will be used in an emergency event. It defines who, when, with what resources, and by whose authority individuals and groups will act before, during, and immediately after an emergency. An EOP should be tailored to each community's own potential hazards and resource base.
epidemiological investigation	An **epidemiological investigation** follows anomaly detection or an alert from a surveillance system, with the goal of rapidly determining the validity of the alert, and the parameters of the outbreak as the index case is being confirmed. Steps may not always proceed in the same order and may repeat in the course of the investigation as new cases present themselves. Steps in an epidemiological investigation include: Case confirmation Cause investigation Conduct analytic study (if necessary) Continued surveillance Communication of findings Case identification Initiation of control measures (do early) Conclusions (epi/causal inference)

evidence management	**Evidence management** comprises activities designed to protect the integrity of evidence and provide for a documented chain of custody when there is a possibility (or it is already known) that an incident was deliberately caused, and therefore, the incident is a legal and law enforcement issue and a health issue.
full-scale exercise	HSEEP defines a **full-scale exercise** as "a multi-agency, multi-jurisdictional, multi-discipline exercise involving functional (e.g., joint field office, emergency operation centers, etc.) and 'boots on the ground' response (e.g., firefighters decontaminating mock victims)." In the context of PPHR, a full-scale exercise is a scenario-based exercise that includes all or most of the functions and complex activities of the emergency operations plan. It is typically conducted under high levels of stress and very real-time constraints of an actual incident and should include actual movement of people and resources to replicate real world response situations. Interaction across all functions by the players decreases the artificial (oral) injects by controllers and make the overall scenario more realistic.
functional exercise	HSEEP defines a **functional exercise** as one that "examines and/or validates the coordination, command, and control between various multi-agency coordination centers (e.g., emergency operation center, joint field office, etc.). A functional exercise does not involve any 'boots on the ground' (i.e., first responders or emergency officials responding to an incident in real time)" In the context of PPHR, a functional exercise is scenario-based and the focus of the exercise is cooperation and interactive decision-making within a functional area of the Emergency Operations Plan. Interaction with other functions and outside personnel can be simulated, commonly through the play of exercise controllers.
hazard analysis	A **hazard analysis** evaluates potential targets and hazards in a specific community. The analysis can be the basis both for identifying potential targets and for planning for their defense and the response capability necessary should an emergency arise.
Health Alert Network	The **Health Alert Network** (HAN) is a national communications infrastructure that supports the dissemination of vital health information (such as emerging infectious and chronic diseases, environmental hazards, and bioterrorism related threats) at the state and local levels. The HAN Messaging System directly and indirectly transmits health alerts, advisories, and updates to over one million recipients. The current system is being phased into the overall PHIN (Public Health Information Network) messaging component. Many states also possess state-oriented extensions of the national system, also called HAN.
incident	An **incident** is an unexpected occurrence that requires immediate response actions to protect life or property. Examples of incidents include major disasters, emergencies, terrorist attacks, terrorist threats, woodland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

incident action plan	An **incident action plan** (IAP) is part of ICS and is written at the outset of emergency response coordination and revised throughout the course of a response during operational periods. The IAP is usually prepared by the planning section chief. This plan must be accurate, as well as transmit all information produced in the planning process.
Incident Command System	The **Incident Command System** (ICS) is a system designed to enable effective domestic incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within an organized command structure.
indicators	In the context of PPHR, **indicators** are identifiable and measurable criteria by which a determination of readiness can be made.
job action sheets	**Job action sheets** (JAS) are part of ICS and contain succinct descriptions of the duties of each member of a unit, department, or response team. Job Action Sheets should describe clearly the primary responsibilities of the position, the chain of command, and reporting authority. These tools can be applicable in both emergencies and daily job functions.
joint information center	Mandated by the National Incident Management System, a **joint information center** (JIC) is a multi-agency location within a jurisdiction or other geographic region that coordinates the preparation and distribution of information to the public in an emergency to avoid conflicting or contradictory messaging. The **Joint Information System** (JIS) provides the methodology for the public information officer to collaborate with other agencies to ensure consistent messages are released to the public.
just-in-time training	**Just-in-time training** is provided to individuals or groups just before the skills or functions taught will be used in a practical situation. Just-in-time trainings often span from about 15 minutes to one hour in length and ideally should not last longer than 30 minutes. Just-in-time training curricula should describe job responsibilities and information on how to perform the duties associated with specific jobs and should reflect the agency's all-hazards plan.
mass patient care plan	A **mass patient care plan** guides the response of the medical and public health community to an event of public health significance that includes therapeutic interventions for various medical and health problems. The primary consideration in the plan needs to be for the rapid expansion of capacity.
memorandum of understanding/mutual aid agreement	Both **memoranda of understanding** (MOUs) and **mutual aid agreements** (MAAs) are written agreements established between agencies, organizations, and jurisdictions that outline how they will assist one another upon request by furnishing personnel, equipment, and expertise in a specified manner, according to specified parameters.

National Incident Management System	The **National Incident Management System** (NIMS) is an incident management structure used by federal, state, local, and tribal responders to an emergency situation. NIMS uses best practices developed by responders and authorities throughout the country.
NIMS assessment	A **NIMS assessment** determines the compliance of an agency or jurisdiction with the directives of NIMS. The NIMS Compliance Assistance Support Tool, or NIMSCAST, is an example of a tool that can assist in such an assessment and is available online at www.fema.gov/nimscast/.
partners	**Partners** refers to the broad categorization of response partners that require communication capability with your LHD/region during potential or actual incidents of public health significance or any agency with which the LHD might work or communicate during an emergency in an effort to meet the health needs of the population in a jurisdiction. Examples of partners include hospitals, morgues, social service providers, emergency management, private pharmacies, mental health organizations, volunteer organizations, universities, the media, and neighboring health districts. Partners exist at the local, state, and federal level. Any agency that acts as the lead agency for any evidence element that is not the primary responsibility of the LHD is also a partner agency.
patient tracking and monitoring system	A **patient tracking and monitoring system** maintains information on individuals who have either received or are receiving health care services. At a minimum, this system should maintain individual contact information and information on the services received. Services tracked by such a system include emergency sheltering, mass patient care, and pre- or post-exposure prophylaxis.
public health surge capacity	**Public health surge capacity** is the ability of the public health system, including the LHD, clinics, hospitals, or public health laboratories, to respond to sharply increased demand for services during a public health emergency.
recognition	In the context of PPHR, **recognition** is successfully meeting the requirements within the process designed by PPHR to assess the level of preparedness of an agency or a region. An agency's recognition status is valid for three years, after which the agency must participate in re-recognition to maintain recognition status.
standard operating procedure	A **standard operating procedure** (SOP) is the established (e.g., regular, daily, routine) manner in which a specified type of work will be done.
Strategic National Stockpile	The **Strategic National Stockpile** (SNS) comprises a federal cache of medicines and other medical supplies to be used in the event of a public health emergency. In an event, these supplies will be delivered to requesting or affected states within 12 hours. Each state has a plan to receive and distribute resources provided from the SNS.

training needs assessment	A **training needs assessment** identifies what educational courses or activities should be provided to employees to address gaps in knowledge and improve work productivity.
vulnerable populations	**Vulnerable populations** comprise a range of residents who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, relief, and recovery. These groups will likely include, but may be larger, than the Department of Health and Human Services (HHS) definition of at-risk populations, or the NRF definition of special-needs populations. The Department of Health and Human Services has developed the following definition of at-risk individuals: Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: communication, medical care, maintaining independence, supervision, and transportation. In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include those who have disabilities, live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and have pharmacological dependency.[4]

[4] http://www.phe.gov/preparedness/planning/abc/Pages/default.aspx

TRDHD

Public Health

Competency Assessment

Instrument

Three Rivers District Health Department
Public Health Competency Assessment

Demographic Information

Name:_____Date:_____

Classification:_____Working Title:_____

Number of years in public health:_____Number of years in your current position:_____

Degree(s): _____College/University:_____

If some college, number of credit hours:_____

Vocational/Trade School:_____

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						**Level of your proficiency**				
Analytic/Assessment Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
A1. Defines a problem											
A2. Determines appropriate uses and limitations of both quantitative and qualitative data											
A3. Selects and defines variables relevant to defined public health problems											
A4. Identifies relevant and appropriate data and information sources											
A5. Evaluates the integrity and comparability of data and identifies gaps in data sources											
A6. Applies ethical principles to the collection, maintenance, use and dissemination of data and information											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						**Level of your proficiency**				
A7. Partners with communities to attach meaning to collected quantitative and qualitative data											
A8. Makes relevant inferences from quantitative and qualitative data											
A9. Obtains and interprets information regarding risks and benefits to the community											
A10. Applies data collection processes, information technology application, and computer systems storage/retrieval strategies											
A11. Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues											

Policy Development/Program Planning Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
B1. Collects, summarizes, and interprets information relevant to an issue											
B2. States policy options and writes clear and concise policy statements											
B3. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs											
B4. Articulates the health, fiscal, administrative, legal, social and political implications of each policy option											
B5. States the feasibility and expected outcomes of each policy option											
B6. Utilizes current techniques in decision analysis and health planning											
B7. Decides on the appropriate course of action											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						**Level of your proficiency**				
B8. Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps											
B9. Translates policy into organizational plans, structures, and programs											
B10. Prepares and implements emergency response plans											
B11. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality											

Communication Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
C1. Communicates effectively both in writing and orally, or in other ways											
C2. Solicits input from individuals and organizations											
C3. Advocates for public health programs and resources											
C4. Leads and participates in groups to address specific issues											
C5. Uses the media, advanced technologies, and community networks to communicate information											
C6. Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences											
C7. Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						**Level of your proficiency**				
Cultural Competency Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
D1. Utilizes appropriate methods for interacting sensitively, effectively, and professional with persons from diverse backgrounds											
D2. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services											
D3. Develops and adapts approaches to problems that take into account cultural differences											
D4. Understands the dynamic forces contributing to cultural diversity											
D5. Understands the importance of a diverse workforce											

Community Dimensions of Practice Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
E1. Establishes and maintains linkages with key stakeholders											
E2. Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships											
E3. Collaborates with community partners to promote the health of the population											
E4. Identifies how public and private organizations operate in a community											
E5. Accomplishes effective community engagements											
E6. Identifies community assets and available resources											
E7. Develops, implements, and evaluates a community public health assessment											
E8. Describes the role of government in the delivery of community health services											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						**Level of your proficiency**				
Basic Public Health Sciences Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
F1. Identifies the individual's and organization's responsibilities within the context of the Essential Public Health Services and core functions											
F2. Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services											
F3. Understands the historical development, structure, and interaction of public health and health care systems											
F4. Identifies and applies basic research methods used in public health											
F5. Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious disease and injuries											
F6. Identifies and retrieves current relevant scientific evidence											
F7. Identifies the limitations of research and the importance of observations and interrelationships											
F8. Develops a lifelong commitment to rigorous critical thinking											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						Level of your proficiency				
Financial Planning and Management Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
G1. Develops and presents a budget											
G2. Manages programs within budget constraints											
G3. Applies budget processes											
G4. Develops strategies for determining budget priorities											
G5. Monitors program performance											
G6. Prepares proposals for funding from external sources											
G7. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts											
G8. Manages information systems for collection, retrieval, and use of data for decision-making											
G9. Negotiates and develops contracts and other documents for the provision of population-based services											
G10. Conducts cost-effectiveness, cost-benefit, and cost-utility analyses											

Leadership and Systems Thinking Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
H1. Creates a culture of ethical standards within organizations											
H2. Helps create key values and shared vision and uses these principles to guide action											
H3. Identifies internal and external issues that may impact delivery of essential public health services (i.e. strategic planning)											
H4. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						**Level of your proficiency**				
H5. Promotes team and organizational learning											
H6. Contributes to development, implementation, and monitoring of organizational performance standards											
H7. Uses the legal and political system to effect change											
H8. Applies theory of organizational structures to professional practice											

	Importance to your work						**Level of your proficiency**				
Emergency Preparedness Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
I1. Applies the public health role in emergency response in a range of emergencies that might arise											
I2. Understands and can utilize the hierarchy of persons in the agency who have authority for making decisions related to emergency situations											
I3. Identifies and locates the official documents containing the agency emergency response plans											
I4. Recognizes his/her functional role(s) and responsibilities in emergency response and demonstrates his/her role(s) in regular drills											
I5. Demonstrates correct use of all communication equipment used for emergency communication											

Please rate both items by placing a check in the appropriate box.
Scale: 1=Very Low, 2=Low, 3=Moderate, 4=High, 5=Very High

	Importance to your work						Level of your proficiency				
Emergency Preparedness Skills	**1**	**2**	**3**	**4**	**5**		**1**	**2**	**3**	**4**	**5**
I6. Recognizes his/her communication role(s) in emergency response: Within the agency											
With the media											
With the general public											
With personal relationships (i.e. family)											
I7. Identifies limits to knowledge, skills and authority and identifies key system resources for referring matters that exceed these limits											
I8. Applies creative problem solving and flexible thinking to unusual challenges within functional responsibilities											
I9. Evaluates effectiveness of all actions taken in responding to emergencies											
I10. Recognizes deviation from the norm that might indicate an emergency and describes appropriate action (i.e. communicates clearly within the chain of command).											

Employee

360^0 Evaluation

Profile

Local Health Department
Employee 360^0
Evaluation Profile

Three Rivers District Health Department
510 South Main
Owenton, Kentucky 40359

LOCAL HEALTH DEPARTMENT EMPLOYEE
360^0 EVALUATION Profile

Name:_____ Date:_____

Health Department _____

Work Station_____

Review Period _____ Evaluator _____

Type of Evaluation ____ Self ____ Supervisor

____ Peer ____ Other

Tier 2 (mid-tier)

Public health professionals at this level have coordination and/or supervisory responsibilities. Other responsibilities may include program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues, etc. Typically, TRDHD Tier 2 employees are at the master's degree level in education with limited experience or bachelor's degree level in education with significant experience.

Core Competencies for Public Health Professionals (adopted May 3, 2010)
The Council on Linkages Between Academia and Public Health Practice

Scoring Criteria can be found on page 9.

Mid Tier Core Employee Performance Evaluation Factors; employee is evaluated on the following competencies:

Analytical/Assessment Skills: Assesses the health status of populations and their health determinants

Policy Development/Program Planning Skills: Analyzes information and articulates policy

Communication: Possesses appropriate skills and applies strategies

Cultural Competency: Incorporates appropriate strategies and considers the role of cultural factors in the delivery of public health services

Community Dimension of Practice Skills: Assesses and/or establishes community linkages

Public Health Science Skills: Practices from the Core Public Health Functions and the Ten Essential Services

Financial Planning and Management Skills: Utilizes effective, efficient practices

Leadership and Systems Thinking Skills: Incorporates ethical standards of practice; influences others to strive toward objectives; inspires staff to productive achievement; provides environment for self-motivation and teamwork.

LOCAL HEALTH DEPARTMENT EMPLOYEE
360^0 EVALUATION Profile

Analytical/Assessment Skills	Observations/Comments	
Assesses the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, availability and use of health services)		
Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)		
Generates variables that measure public health conditions		
Uses methods and instruments for collecting valid and reliable quantitative and qualitative data		
References sources of public health data and information		
Examines the integrity and comparability of data		
Identifies gaps in data sources		
Employs ethical principles in the collection, maintenance, use, and dissemination of data and information		
Interprets quantitative and qualitative data		
Makes community-specific inferences from quantitative and qualitative data (e.g. risks and benefits to the community, health and resource needs)		
Uses information technology to collect, store, and retrieve data		
Uses data to address scientific, political, ethical, and social public health issues		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Policy Development/Program Planning Skills	Observations/Comments
Analyzes information relevant to specific public health policy issues	
Analyzes policy options for public health programs	
Determines the feasibility and expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	
Describes the implications of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	
Uses decision analysis for policy	

development and program planning		
Manages public health programs consistent with public health laws and regulations		
Develops plans to implement policies and programs		
Develops policies for organizational plans, structures, and programs		
Develops mechanisms to monitor and evaluate programs for their effectiveness and quality		
Incorporates public health informatics practices (e.g. use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)		
Develops strategies for continuous quality improvement		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Communication	**Observations/Comments**	
Assesses the health literacy of populations served		
Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency		
Solicits input from individuals and organizations		
Uses a variety of approaches to disseminate public health information (e.g. social networks, media, blogs)		
Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences		
Applies communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Cultural Competency	**Observations/Comments**
Incorporates strategies for interacting with persons from diverse backgrounds (e.g.	

cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)		
Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services		
Responds to diverse needs that are the result of cultural differences		
Explains the dynamic forces that contribute to cultural diversity		
Describes the need for a diverse public health workforce		
Assesses public health programs for their cultural competence		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Community Dimension of Practice Skills	**Observations/Comments**	
Assesses community linkages and relationships among multiple factors (or determinants) affecting health		
Collaborates in community-based participatory research efforts		
Establishes linkages with key stakeholders		
Facilitates collaboration and partnerships to ensure participation of key stakeholders		
Maintains partnerships with key stakeholders		
Uses group processes to advance community involvement		
Distinguishes the role of governmental and non-governmental organizations in the delivery of community health services		
Negotiates for the use of community assets and resources		
Uses community input when developing public health policies and programs		
Promotes public health policies, programs, and resources		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Public Health Science Skills	**Observations/Comments**
Discusses the scientific foundation of the	

field of public health	
Distinguishes prominent events in the history of the public health profession	
Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	
Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	
Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or, intervention	
Retrieves scientific evidence from a variety of text and electronic sources	
Determines the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)	
Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)	
Contributes to building the scientific base of public health	
ENTER PERFORMANCE FACTOR RATING	**HC – Highly Commendable**
	PC - Proficient and Commendable
	EC - Effective and Competent
	ND - Needs Development
	U - Unsatisfactory

Financial Planning and Management Skills	**Observations/Comments**
Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	
Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	
Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	
Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	

Develops a programmatic budget		
Manages programs within current and forecasted budget constraints		
Develops strategies for determining budget priorities based on federal, state, and local financial contributions		
Evaluates program performance		
Uses evaluation results to improve performance		
Prepares proposals for funding from external sources		
Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts		
Applies public health informatics skills to improve program and business operations (e.g. business process analysis, enterprise-wide information planning)		
Negotiates contracts and other agreements for the provision of services		
Uses cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic prioritization and decision making		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Leadership and Systems Thinking Skills	**Observations/Comments**
Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	
Incorporates systems thinking into public health practice	
Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	
Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	
Promotes individual, team and organizational learning opportunities	
Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	
Contributes to the measuring, reporting and continuous improvement of organizational performance	
Modifies organizational practices in consideration of changes in the public health system, and the larger social,	

political, and economic environment		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

List Performance Strengths:

List Areas for Growth:

Employee's Comments About Performance Discussion:

LOCAL HEALTH DEPARTMENT EMPLOYEE
360^0 EVALUATION Profile

Scoring Criteria:

HC – consistently demonstrates **HIGHLY COMMENDABLE** skills surpassing expectations in the execution of the majority of critical job responsibilities and objectives; makes exceptional contributions to the overall functioning of a department by demonstrating initiative, flexibility, and creativity in addressing issues and/or developing systems, procedures, or enhancements for greater efficiencies and effectiveness; possesses superb skills and knowledge; constantly anticipates and/or responds quickly to changing situations and departmental needs; constantly contributes workable solutions to projects or problems; demonstrates work of a superior quality; and is a solution-oriented team player that maintains and promotes excellent working relationships.

PC – consistently demonstrates **PROFICIENT and COMMENDABLE** skill in the execution of the majority of critical job responsibilities and objectives; makes important contributions to the overall functioning of a unit/dept by demonstrating solid performance with respect to productivity and quality of work and possesses strong skills and knowledge; is a strong team player who maintains and promotes good working relationships.

EC – competently demonstrates **EFFECTIVE and COMPETENT** performance in the execution of the majority of critical job responsibilities and objectives; makes positive contributions to the overall functioning of a unit/dept by demonstrating sufficient performance with respect to productivity and quality of work; possesses appropriate level of skills and knowledge, seeking opportunities to develop; is a team player who maintains and promotes positive working relationships; work behaviors positively influences the work group; and readily adjusts to changing situations and work assignments.

ND – overall performance **NEEDS DEVELOPMENT** to ensure consistent execution of all job responsibilities and objectives; demonstrates success in some areas but guidance/direction/monitoring in other areas has been needed; performance factors/competencies as addressed above need further development and/or consistent application.

U – overall performance **UNACCEPTABLE**; job responsibilities and objectives have not been consistently met; performance requires close monitoring and has not kept pace with requirements; successes have been only occasional or of minimal impact; performance has failed to improve to demonstrate sufficient level of competencies required.

Employee Evaluation

CH-40-A

2011 Revision

Local Health Department Employee Performance Evaluation Form

Prepared by Department for Public Health
Division of Administrative & Financial Management
Local Personnel Section

Revised by Leadership Council 2011

LOCAL HEALTH DEPARTMENT EMPLOYEE
PERFORMANCE EVALUATION

Name:_____ Social Security # _____

Classification_____ Title Code _____

Health Department _____

Work Station_____

Review Period _____ Evaluator _____

Type of Evaluation ___ Initial Probationary ____1st Interim Meeting
___ Annual Evaluation ____2nd Interim Meeting
___ Special Evaluation

Tier 2 (Mid Tier) Core Competencies apply to individuals with program management and/or supervisory responsibilities. Other responsibilities may include: program development, program implementation, program evaluation, establishing and maintaining community relations, managing timelines and work plans, presenting arguments and recommendations on policy issues etc.

Core Competencies for Public Health Professionals (adopted May 3, 2010)

The Council on Linkages Between Academia and Public Health Practice

Mid Tier Core Employee Performance Evaluation Factors; employee is evaluated on the following competencies:

Analytical/Assessment Skills: Assesses the health status of populations and their health determinants

Policy Development/Program Planning Skills: Analyzes information and articulates policy

Communication: Possesses appropriate skills and applies strategies

Cultural Competency: Incorporates appropriate strategies and considers the role of cultural factors in the delivery of public health services

Community Dimension of Practice Skills: Assesses and/or establishes community linkages

Public Health Science Skills: Practices from the Core Public Health Functions and the Ten Essential Services

Financial Planning and Management Skills: Utilizes effective, efficient practices

Leadership and Systems Thinking Skills: Incorporates ethical standards of practice; influences others to strive toward objectives; inspires staff to productive achievement; provides environment for self-motivation and teamwork.

LOCAL HEALTH DEPARTMENT EMPLOYEE PERFORMANCE EVALUATION

Analytical/Assessment Skills	Observations/Comments
Assesses the health status of populations and their related determinants of health and illness (e.g. factors contributing to health promotion and disease prevention, availability and use of health services)	
Describes the characteristics of a population-based health problem (e.g. equity, social determinants, environment)	
Generates variables that measure public health conditions	
Uses methods and instruments for collecting valid and reliable quantitative and qualitative data	
References sources of public health data and information	
Examines the integrity and comparability of data	
Identifies gaps in data sources	
Employs ethical principles in the collection, maintenance, use, and dissemination of data and information	
Interprets quantitative and qualitative data	
Makes community-specific inferences from quantitative and qualitative data (e.g. risks and benefits to the community, health and resource needs)	
Uses information technology to collect, store, and retrieve data	
Uses data to address scientific, political, ethical, and social public health issues	
ENTER PERFORMANCE FACTOR RATING	**HC – Highly Commendable**
	PC - Proficient and Commendable
	EC - Effective and Competent
	ND - Needs Development
	U - Unsatisfactory

Comments: _____
_____
_____
_____

Policy Development/Program Planning Skills	Observations/Comments
Analyzes information relevant to specific public health policy issues	
Analyzes policy options for public health programs	
Determines the feasibility and expected outcomes of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)	

Describes the implications of policy options (e.g. health, fiscal, administrative, legal, ethical, social, political)		
Uses decision analysis for policy development and program planning		
Manages public health programs consistent with public health laws and regulations		
Develops plans to implement policies and programs		
Develops policies for organizational plans, structures, and programs		
Develops mechanisms to monitor and evaluate programs for their effectiveness and quality		
Incorporates public health informatics practices (e.g. use of data and information technology standards across the agency where applicable, and use of standard software development life cycle principles when developing new IT applications)		
Develops strategies for continuous quality improvement		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____

Communication	**Observations/Comments**
Assesses the health literacy of populations served	
Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency	
Solicits input from individuals and organizations	
Uses a variety of approaches to disseminate public health information (e.g. social networks, media, blogs)	
Presents demographic, statistical, programmatic, and scientific information for use by professional and lay audiences	
Applies communication and group dynamic strategies (e.g. principled negotiation, conflict resolution, active listening, risk communication) in interactions with individuals and groups	

LOCAL HEALTH DEPARTMENT EMPLOYEE
PERFORMANCE EVALUATION

ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____
_____
_____

Cultural Competency	**Observations/Comments**
Incorporates strategies for interacting with persons from diverse backgrounds (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious affiliation, mental and physical capabilities)	
Considers the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services	
Responds to diverse needs that are the result of cultural differences	
Explains the dynamic forces that contribute to cultural diversity	
Describes the need for a diverse public health workforce	
Assesses public health programs for their cultural competence	

ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____

Community Dimension of Practice Skills	**Observations/Comments**
Assesses community linkages and relationships among multiple factors (or determinants) affecting health	
Collaborates in community-based participatory research efforts	
Establishes linkages with key stakeholders	
Facilitates collaboration and partnerships to ensure participation of key stakeholders	

Maintains partnerships with key stakeholders		
Uses group processes to advance community involvement		
Distinguishes the role of governmental and non-governmental organizations in the delivery of community health services		
Negotiates for the use of community assets and resources		
Uses community input when developing public health policies and programs		
Promotes public health policies, programs, and resources		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____

Public Health Science Skills	**Observations/Comments**
Discusses the scientific foundation of the field of public health	
Distinguishes prominent events in the history of the public health profession	
Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health	
Applies the basic public health sciences (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs	
Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or, intervention	
Retrieves scientific evidence from a variety of text and electronic sources	
Determines the limitations of research findings (e.g. limitations of data sources, importance of observations and interrelationships)	
Determines the laws, regulations, policies and procedures for the ethical conduct of research (e.g. patient confidentiality, human subject processes)	
Contributes to building the scientific base of public health	

LOCAL HEALTH DEPARTMENT EMPLOYEE PERFORMANCE EVALUATION

ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____

Financial Planning and Management Skills	**Observations/Comments**
Interprets the interrelationships of local, state, and federal public health and health care systems for public health program management	
Interprets the organizational structures, functions, and authorities of local, state, and federal public health agencies for public health program management	
Develops partnerships with agencies within the federal, state, and local levels of government that have authority over public health situations or with specific issues, such as emergency events	
Implements the judicial and operational procedures of the governing body and/or administrative unit that oversees the operations of the public health organization	
Develops a programmatic budget	
Manages programs within current and forecasted budget constraints	
Develops strategies for determining budget priorities based on federal, state, and local financial contributions	
Evaluates program performance	
Uses evaluation results to improve performance	
Prepares proposals for funding from external sources	
Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts	
Applies public health informatics skills to improve program and business operations (e.g. business process analysis, enterprise-wide information planning)	
Negotiates contracts and other agreements for the provision of services	
Uses cost-effectiveness, cost-benefit, and cost-utility analyses in programmatic	

prioritization and decision making		
ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____

Leadership and Systems Thinking Skills	**Observations/Comments**
Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals	
Incorporates systems thinking into public health practice	
Participates with stakeholders in identifying key values and a shared vision as guiding principles for community action	
Analyzes internal and external problems that may affect the delivery of Essential Public Health Services	
Promotes individual, team and organizational learning opportunities	
Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce	
Contributes to the measuring, reporting and continuous improvement of organizational performance	
Modifies organizational practices in consideration of changes in the public health system, and the larger social, political, and economic environment	

ENTER PERFORMANCE FACTOR RATING		**HC – Highly Commendable**
		PC - Proficient and Commendable
		EC - Effective and Competent
		ND - Needs Development
		U - Unsatisfactory

Comments: _____
_____
_____
_____

LOCAL HEALTH DEPARTMENT EMPLOYEE PERFORMANCE EVALUATION

List Performance Strengths:

List Areas for Growth:

Supervisor's Comments About Performance Discussion:

Employee's Comments About Performance Discussion:

Objectives and Goals for Next Performance Period

Employee Development Plan

LOCAL HEALTH DEPARTMENT EMPLOYEE PERFORMANCE EVALUATION

Evaluation Criteria:

HC – consistently demonstrates **HIGHLY COMMENDABLE** skills surpassing expectations in the execution of the majority of critical job responsibilities and objectives; makes exceptional contributions to the overall functioning of a department by demonstrating initiative, flexibility, and creativity in addressing issues and/or developing systems, procedures, or enhancements for greater efficiencies and effectiveness; possesses superb skills and knowledge; constantly anticipates and/or responds quickly to changing situations and departmental needs; constantly contributes workable solutions to projects or problems; demonstrates work of a superior quality; and is a solution-oriented team player that maintains and promotes excellent working relationships.

PC – consistently demonstrates **PROFICIENT and COMMENDABLE** skill in the execution of the majority of critical job responsibilities and objectives; makes important contributions to the overall functioning of a unit/dept by demonstrating solid performance with respect to productivity and quality of work and possesses strong skills and knowledge; is a strong team player who maintains and promotes good working relationships.

EC – competently demonstrates **EFFECTIVE and COMPETENT** performance in the execution of the majority of critical job responsibilities and objectives; makes positive contributions to the overall functioning of a unit/dept by demonstrating sufficient performance with respect to productivity and quality of work; possesses appropriate level of skills and knowledge, seeking opportunities to develop; is a team player who maintains and promotes positive working relationships; work behaviors positively influences the work group; and readily adjusts to changing situations and work assignments.

ND – overall performance **NEEDS DEVELOPMENT** to ensure consistent execution of all job responsibilities and objectives; demonstrates success in some areas but guidance/direction/monitoring in other areas has been needed; performance factors/competencies as addressed above need further development and/or consistent application.

U – overall performance **UNACCEPTABLE**; job responsibilities and objectives have not been consistently met; performance requires close monitoring and has not kept pace with requirements; successes have been only occasional or of minimal impact; performance has failed to improve to demonstrate sufficient level of competencies required.

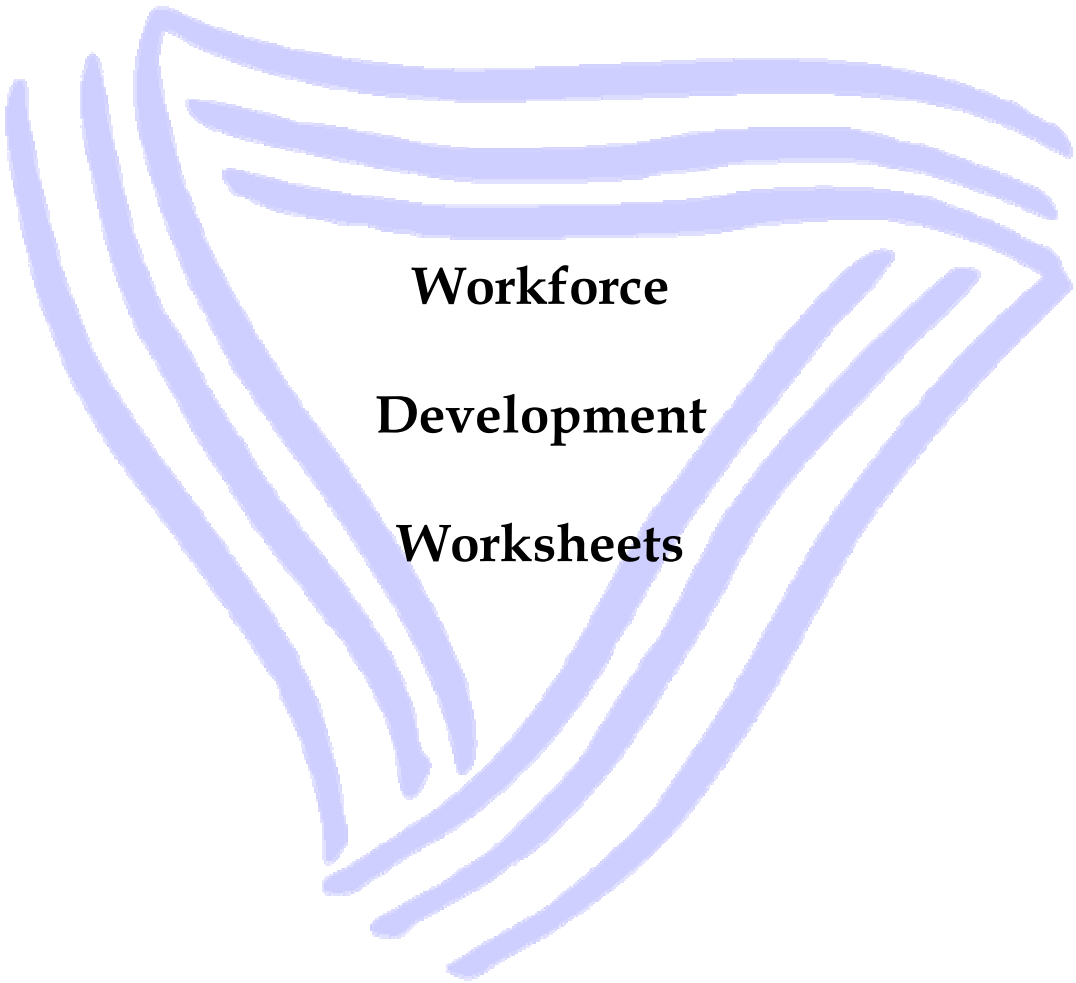
Overall Rating for this Evaluation Period: _____

Beginning Date of Rating Period: _____ Ending Date of Rating Period: _____

Appraiser's Signature: _____ Date: _____

Second Level Management Signature: _____ Date: _____

Employee's Signature: _____ Date: _____



Workforce

Development

Worksheets

Personal Characteristics and Attitudes Worksheet

The following profile will allow you to take an honest look at how you perceive the world around you. Your characteristics and attitudes determine how well you will fit into certain occupations and into the world in general.

Complete the following profile honestly. Answer the questions from the perspective of who you are now, not who you would like to be. Identify each item with either a Y for YES, I have this characteristic, or enter a D to indicate that you DESIRE to have this characteristic or attitude. Leave the area blank if the answer is no. This profile will help you investigate career choices that fit your characteristics and attitudes. It will also help you read between the lines when exploring career options. You can match the working conditions of occupations to your positive characteristics or plan a course of action to develop the characteristics that are required for your career choices.

Personal Characteristics and Attitudes Profile

Characteristic/Attitude	Y/D	Characteristic/Attitude	Y/D	Characteristic/Attitude	Y/D
Organizational ability		Good study habits		Social skills	
Work alone		Work in groups/teams		Public speaking	
Write clearly		Manage stress		Aggressive	
Passive		Adjusts to change		Assertive	
Detail oriented		Cautious		Risk-taker	
Calm		Nervous		Focus on tasks	
Competitive		Conscientious		Creative	
Diplomatic		Optimistic		Patient	
Persuasive		Nurturing		Mature	
Loyal		Honest		Easy-going	
Task oriented		People Oriented		Logical	
Friendly		Efficient		Enthusiastic	
Rational		Dependable		Analytical	
Open-minded		Trustworthy		Trainable	
Self-confident		Organized		Motivated	
Empathetic		A good listener		Persuasive	
Quiet		Punctual [on time]		Fast	
Humorous		Mechanically inclined		Consistent	
Accepts responsibility		Resourceful		Professional	
Progressive		Influence others		Decisive	
Modest		Liked by others		Reserved	
Sensible		Tough		Strong willed	
Meticulous		Follow directions		Composed	
Manual dexterity		Evaluate situations		Follow instructions	
Adventurous		Cheerful		Kind	
Practical		Generous		Sincere	

CAREER ISSUES WORKSHEET

What are your career issues?
How much time and effort you need to spend at any one step in the process depends on your career issues. It is important to be clear about these career issues, so that you can develop an effective strategy for dealing with them. Career issues cover a broad spectrum, ranging from getting up to speed in a new job, to making a major career field change, or planning your retirement. The following is a list of statements that reflect the full range of career issues people face at one time or another.
Which ones are relevant for you now? Place an "X" in front of the statements that are true for you at this time.

____ You are new in your job and must learn the basics to get up to speed and feel comfortable and productive.

____ You have been in your job for a while and are striving for increased competence, in general.

____ You need to improve your performance in certain areas of your current job.

____ You need to update your skills or expertise to keep up with the changing technologies or state-of-the art knowledge in your line of work.

____ Your job duties have changed recently (or will change), requiring some new skills or expertise on your part.

____ Your job may be eliminated due to re-engineering or restructuring, and you want to begin "retooling" to be ready for future opportunities.

____ You want to prepare for a promotion or move to the next higher level of responsibility.

____ You want to broaden your skills or expertise to allow yourself more flexibility for future job moves.

____ You want to change jobs within your current job category, and...
____ stay at your Agency ____ stay in State Government
____ stay within your Div./Bureau/Unit ____ leave State Government

____ You want to change job categories, and…
____ stay at your Agency ____ stay in State Government
____ stay within your Div./Bureau/Unit ____ leave State Government

____ You don't see much of a future if you remain in your current job, but aren't sure of your options.

____ You want to plan your retirement. ____ Other

KNOWLEDGE OF WORK ENVIRONMENT WORKSHEET

Answer the following questions to identify what is currently going on around you and your organization.

1. What changes do you expect to occur in the near future?

2. How is the mission of my organization (e.g., Division, Bureau, Unit) changing? What other changes are occurring regarding our customers, services, work processes, organizational structure, reporting relationships and personnel? Is this a change of which I want to be a part or is it time for me to consider a move?

3. What are the organization's changing needs regarding the workforce and what new expertise and skills will be required or desirable?

4. What opportunities are available for developing this new expertise and skills (work experiences, training, rotational assignments, professional conferences, mentoring, etc.)?

5. How might my role (job) change in my organization? How can I prepare for or develop new skills for these changes?

6. New expertise and skills my organization wants me to learn include.

7. What new missions or projects in my agency appeal to me? What are the organization's future needs? What kinds of development activities would help position me for participation in another work project?

KNOWLEDGE OF SELF WORKSHEET

To gain a better understanding of your self, answer the following questions:

1. Of the new and recent developments in my organization or field, what interests me the most?

2. What are my current strengths for pursuing these interests? What do I need to do to reposition my career so that I can get involved in these new developments?

3. Is it time for me to consider working outside of my organization? If I am considering a complete career change, what experiences and learning would help reposition my career in the direction of my new interests?

4. Of all the things I have done in the last 5 years (work and non-work related), what specific activities and functions have energized me the most? What developmental activities—work experiences, learning, skill building--would help me grow in or increase these energizing functions?

5. Other things I would like to learn are...

6. What non-work related issues do I need to consider that will likely impact my career plans (e.g., health, family, financial, and social)?

INTEGRATION OF KNOWLEDGE OF SELF AND WORK ENVIRONMENT WORKSHEET

To address the match between you and your career goals and organizational needs, answer the following questions:

1. In what areas do my interests and personal plans overlap with the changing needs of my organization? Do any areas of overlap represent "first choice" development targets?

2. What knowledge, skills or abilities are important for increasing or maintaining the quality of my performance in my present assignments? See pages 20-30 for competencies and definitions.

3. What knowledge, skills or abilities would help prepare me for opportunities or roles I might have in the future? See pages 20-30 for competencies and definitions.

4. Compared to the development needs suggested by these factors, other interests for development that are important to me include...

GOAL DEVELOPMENT WORKSHEET

A development goal is a statement of a desired outcome or accomplishment that is specific, observable and realistic. Based on the data you have generated about yourself on the previous worksheets and your specific career issues, write some career goals for the next 1, 2 and 3 years and answer the following questions. You can use the Public Health Competencies to assist you.

1. What I want to accomplish and the competencies (knowledge/skills) I want to acquire or improve by this time next year are…

2. What I want to accomplish and the competencies (knowledge/skills) I want to acquire or improve by the end of the second year are...

3. What I want to accomplish and the competencies (knowledge/skills) I want to acquire or accomplish by the end of the third year are...

4. What barriers or obstacles might prevent me from accomplishing my goals on time (e.g., time, money, and other commitments)?

5. What can I do to overcome these barriers or obstacles? What resources are available to help me?

METHOD FOR TAKING ACTION WORKSHEET

To achieve your career developmental goals, identify the actions you plan to take by placing an "X" in front of all applicable actions. In planning your career moves, consider all of the following possibilities. Remember that "Up" is not the only way:

___ **Lateral Move:** Change in position within or outside an agency, but not necessarily a change in status or pay.

___ **Job Enrichment:** Expand or change my job in order to provide growth experiences for myself.

___ **Exploration:** Identify other jobs that require skills I have and also tap my interests and values. Job rotation is an example.

___ **Downshifting:** Take an assignment or job at a lower level of responsibility, rank, and/or salary in order to reposition my career for something new and interesting to me, or to achieve a better balance between work and personal life.

___ **Change Work Setting:** No significant change to my job duties, but ***transition to a*** different boss, organization or employer.

___ **No Change:** Do nothing, but only after careful consideration.

1. There are a wide range of potential actions for me to consider in order to achieve my goals. Put an "x" next to the actions that you might consider.

-- New assignments in my current job
-- Rotation to a different project/job
-- Seek a mentor(s)
-- Volunteer for a task force or process action/re-engineering team
-- Obtain on-the-job guidance from someone who is more expert in a specific area
-- Attend seminars/conferences (on-site and off-site)
-- Enroll in university courses
-- Attend commercial/contracted courses
-- Experience self-paced learning (books, videos, computer-based instruction, etc.)
-- Pursue an academic degree or certification program
-- Conduct informational interviews
-- Move to a new job within my agency
-- Move to a new job within State Government
-- Move to a new job outside of State Government
-- Plan retirement
-- Other actions:

Career Advancement through Tuition Assistance and Flexible Schedules

Current research emphasizes the importance of continual knowledge and skill enhancement in the work environment in order to be competitive in today's job market. Research also recommends organizations provide ***continual knowledge and skill enhancement opportunities in order to effectively recruit and retain employees.***

Achievement of Three Rivers' goals is related to the knowledge, skills and abilities of its workforce. One of several tools to Three Rivers, for the purposes of workforce development, is a career advancement program that helps employees attain college courses/degrees needed to advance their careers. Career advancement programs also assists Three Rivers in keeping critical positions filled by training a cadre of employees in the knowledge and skill areas needed to fill critical positions.

Three Rivers' career advancement program adheres to Policy A-HR-9, Tuition Assistance and flexible work scheduling to help employees achieve their education goals.

Policy A-HR-9

Tuition Assistance

Three Rivers District Health Department and Home Health Agency
510 South Main Street
Owenton, KY 40359
(502) 484-3412

Policy A-HR-9 **March 31, 2008**

Tuition Assistance Policy

Purpose: To provide a means for Three Rivers to develop and maintain a competent workforce.

Policy: Three Rivers District Health Department will adhere to the tuition assistance procedures outlined in 902 KAR 8:160, Section 4. An agency director may approve payment of tuition for a regular full-time or designated part-time 100-hour employee to attend a course of study provided by a college or university, correspondence school, vocational school, or other training institution, if the coursework is related to the work of the agency and the employee's current position or an agency position to which the employee can reasonably aspire. The agency director may approve tuition assistance for a non-related course if the course is a requirement for a degree or certification program and the degree is determined to be necessary to the function and purpose of the agency.
The board may approve a tuition assistance request to be used by an agency director for his or her course of study.

Procedure: The employee may apply for tuition assistance by filling out forms A-HR-9 (A) and A-HR-9 (B) and submitting to the District Director by April 1 prior to the fiscal year the employee wishes to receive assistance. Assistance will be awarded based on availability and feasibility.

District Director **Date**

Chairperson, Three Rivers District Health Department **Date**

Form A-HR-9 (A)

Three Rivers District Health Department and Home Health Agency

Request for Tuition Assistance

Applicant Information:

Name:
Position:
Work Station:
Home Address:

Course Information:

Course Title and Number:
Institution and Address:
Justification for Course:
Start and Finish Dates:
Credit Hours and Level:
Cost:

Tuition Assistance Agreement:
I have reviewed the rules of the tuition assistance program, signed the agreement, and will comply with the provisions therein.

Signature Date

Supervisor Review and Recommendation:
I (do, do not) recommend the applicant for the course:

Signature Date

Director Review and Recommendation:
I (do, do not) recommend the applicant for the course:

Signature Date

Form A-HR-9 (B)

Three Rivers District Health Department and Home Health Agency

Tuition Assistance Agreement and Authorization for Repayment

This agreement is entered into between _____ and Three Rivers District Health Department.

I have voluntarily requested approval to receive educational assistance from Three Rivers District Health Department. I understand that educational assistance shall be paid back at the rate of one month of employment for one semester hour of tuition paid by the agency. I understand that credit for repayment begins the day I complete the course(s) and present evidence of such.

I sign this agreement recognizing my obligations and authorize Three Rivers District Health Department to effect a payroll deduction equal to any or all of the total cost of the educational tuition assistance if:

1.) I fail to provide Three Rivers District Health Department, within 30 business days after the scheduled completion of the course, evidence of a satisfactory completion of the course for which assistance was authorized. Satisfactory completion is defined as a "C" in an undergraduate course and a "B" in a graduate course.

2.) I voluntarily terminate employment with Three Rivers District Health Department prior to completion of the time repayment obligation outlined above.

3.) The course is not completed, regardless of cause, without prior approval by the district director.

4.) I receive duplicate payment for the same course from any other source.

Course(s) requested:

Course number_____ Title_____

Course number_____ Title_____

Course number_____ Title_____

Employee signature Date

Required Annual Trainings

Annual Trainings (All Employees)	TRAIN Course ID
OSHA, BBP, TB, HIV, Civil Rights/Title VI, HIPAA, Cultural Competency, Disability Awareness **OR the 7 listed below**	TBA
KY DPH Occupational Safety Health Administration (OSHA) Blood borne Pathogen PART 1 Module	1020108
KY DPH Occupational Safety Health Administration (OSHA) Blood borne Pathogen PART 2 Module	1020109
KY DPH Occupational Safety Health Administration (OSHA) TB Module – PART ONE	1020110
KY DPH Occupational Safety Health Administration (OSHA) TB Module – PART TWO	1020132
KY DPH HIPAA Employee Orientation Module	1020107
KY DPH Limited English Proficient (LEP) Persons-Module	1020091
KY DPH Cultural Competency Module	1017894

New Employees

The "New Employee Orientation" consists in part of a series of online modules that incorporate the core competencies for all public health workers. These courses include visual aids and post-tests of competency knowledge and comprehension levels. The modules can be accessed through the employee's personalized training plan on TRAIN at https://ky.train.org. Depending on the employee's discipline (i.e. clinical, clerical, preparedness, supervisory, HANDS, etc.), other job specific trainings are included on the employee's Individual Development Plan.

Sample Trainings

Course Title	TRAIN Course ID	Public Health Core Competencies	Emergency Readiness Competencies
Medical Reserve Corps-Introduction to Incident Command-Module	1014646	1, 2, 3, 5, 8	2, 6, 7, 8, 9
SNS 100 Introduction- Terms & Concepts Introduction to the Department of Operations Center (DOC)	1010328	2, 3, 5	2, 7, 9
SNS 110 Point of Dispensing (POD) Introductory Level Training SNS 120 Distribution Node (DN) Introductory Level Training	1010329	2, 3, 4, 5	1, 2, 6, 8, 9
IS-808 Emergency Support Function (ESF) #8 – Public Health and Medical Services-	1012892	2, 4, 6, 8	1, 2, 6
IS-200.a ICS for Single Resources and Initial Action Incidents	1016063	1, 2, 3, 5, 7, 8	2, 4, 7, 8, 9
IS-800.B National Response Framework, An Introduction	1011882		2. 6
IS 300 Intermediate ICS for Expanding Incidents		1, 2, 3, 4, 5, 8	2, 4, 7, 9
ICS 400 Advances ICS		1, 2, 3, 4, 5, 6, 7, 8	2, 4, 7, 9
KY DPH Satellite Communication Training Module	1013908	3, 5	5, 6, 9
Continuity of Operations Module 1 (Intro and Team Building)	1014248	2	1
Continuity of Operations Module 2 (Essential Functions, Critical Resources, Delegation of Authority and Succession)	1014249	2	1
Continuity of Operations Module 3 (Risk Analysis and Vulnerability Assessment)	1014513	1, 2, 3, 4, 5, 6, 7, 8	1, 2, 3, 4, 5, 6, 7, 8, 9
Continuity of Operations Module 4 (Recovery Strategies and Development)	1014584	1,3, 5, 6, 8	1, 2, 6, 8, 9
KY DPH Pandemic Influenza-Kentucky's Response-Module	1005569	2, 4, 5, 8	1, 7, 8, 9
KY DPH SNS 210 Developing a Dispensing Campaign	1017001	1, 2, 4, 5	1, 2, 6

Continuing Education Units (CEUs)

Employees with CEU requirements have the opportunity to meet that requirement by attending the annual Kentucky Public Health Conference. In addition, numerous other educational opportunities are available; Kentucky Public Health Systems and Services Research (KPHSSR), Kentucky Public Health Leadership Institute (KPHLI), National Association for County and City Health Officials (NACCHO), Kentucky Association of Milk Food and Environmental Sanitarians (KAMFES), American Public Health Association (APHA), Southern Health Association (SHA), etc.

Individual Development

Planning Forms

INDIVIDUAL DEVELOPMENT PLAN

Employee Name	Grade	Classification	Working Title	Supervisor's Name

Section I – ORGANIZATIONAL ENHANCEMENT OR CAREER GOALS

Short-Term Goals (1-2 Years)	*Long-Term Goals (2-5 years)*

Section II - INDIVIDUAL DEVELOPMENT PLAN
(Completed by Supervisor & Employee)

Development Objectives needed to reach goal.	Developmental Assignments, etc., including target completion dates.	Other Activities

Section II - Individual Development Plan (Continued)		
Developmental Objectives	Developmental Assignments	Other Activities

INDIVIDUAL DEVELOPMENT PLAN

Section III - Formal Training and Accomplishment Schedule

Remarks	Formal Training (e.g. interagency, out-of-agency, private sector, correspondence, etc.)	Projected Cost	Target Completed Date	Actual Completed Date
_____ Employee's signature Date	_____ Supervisor's signature Date	Note: This IDP is subject to change depending on availability of funds, courses, and candidate's requirements.		
_____ Manager's signature Date				

Completed Sample

Individual Development Plan

SAMPLE INDIVIDUAL DEVELOPMENT PLAN

Employee Name	Grade	Position Title	Department	Supervisor's Name
Jane Doe	**9**	**Secretary II**	**Administrative**	**Mary Smith**

Section I – ORGANIZATIONAL ENHANCEMENT OR CAREER GOALS

Short-Term Goals (1-2 Years)	*Long-Term Goals (2-5 years)*
To develop the skills and knowledge required to perform effectively in the Administrative Assistant I position.	To advance to the Grade 16 Administrative Assistant I position

Section II - INDIVIDUAL DEVELOPMENT PLAN (Completed by Supervisor & Employee)

Development Objectives needed to reach goal	**Developmental Assignments, etc., including target completion dates.**	**Other Activities**
Review Labor Grade 16 Admin. Assistant I Position duties **and** responsibilities ***found on the*** class specification. Learn basic accounting techniques.	Call HR by 6/21/?? for a copy of the class specifications or look online on division of personnel website at class specifications Check with local community college regarding accounting courses. 8/15/?? Contact Jim Jones [Business Administrator] to make arrangements for shadowing accountant to learn object codes and basic budgeting processes. 10/1??	Talk with at least two Administrative Assistants [this agency or another agency]. Conduct an informational interview regarding job duties. Date of completion: 9/20/?

Section II - Individual Development Plan (Continued)		
Developmental Objectives	**Developmental Assignments**	**Other Activities**
Learn how to give effective presentation. Develop effective report writing skills.	Contact Division of Personnel and sign-up for: Presentation skills workshop 1/1/?? Report writing workshops 1/1/??	Work with your supervisor [me] to schedule opportunities to present data and other information at meetings.
Administrative Assistant Position requires supervision of staff – seek supervisory training.	Enroll in Certified Public Supervisor Program 5/15/??	
Develop organizational abilities	Set up internal suspense system for my work area immediately.	Order daily planner by 9/1/?? And use it to track action items and activities. Work with supervisor [me] on use of planner.
Improve Customer Services skills [internal and external]	Work with supervisor to develop and distribute customer service survey to our stakeholders. Review results to determine personal strengths and weaknesses. Contact ***Division of Personnel*** regarding customer service training and schedule it.	After completing customer service training set up customer service objectives for you and track performance for 3 months. Work with me to establish performance expectations and a tracking form.
Improve Technology Skills	Sign up for: Advanced Power Point Access II Publisher Complete training by 5/15/??	

INDIVIDUAL DEVELOPMENT PLAN

Section III - Formal Training and Accomplishment Schedule

Remarks	Formal Training (e.g. interagency, out-of-agency, private sector, correspondence, etc.)	Projected Cost	Target Completed Date	Actual Completed Date
Performance excellence in technology skills and customer service part of agency mission and goals	Training provided by Division of Personnel, Bureau of Education and Training	$300	12/15/??	
Presentation skills, report writing skills, time management and organization and supervisor training all part of individualized career development.	Each competency area offered by Bureau of Education and Training as part of Certified Public Manager Program	$900	6/30/??	

_____ Employee's signature Date	_____ Supervisor's signature Date	Note: This IDP is subject to change depending on availability of funds, courses, and candidate's requirements.
_____ Manager's signature Date		