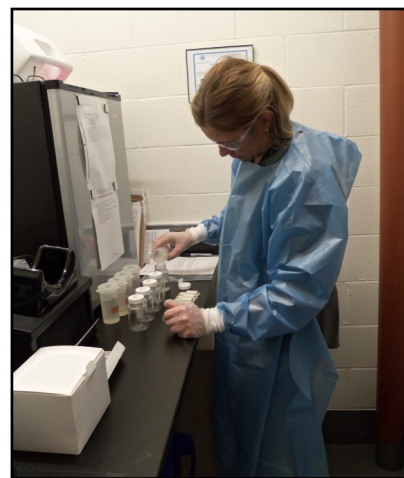


Florence County Health
Department 2023

Workforce Development Plan



Public Health
Prevent. Promote. Protect.

**Florence County
Health Department**

Connecting You to a **Better Life!**

2023 Florence County Workforce Development Plan

COMMITMENT • COLLABORATION • COMPASSION

This page left blank intentionally.

Table of Contents

Introduction	4
Plan Purpose	4
Plan Goal	4
Workforce Profile	5
Assessment against adopted core competencies and future needs	6
Strategies	7
Goals, Objectives & Implementation Plan	10
Process	11
Supporting Professional Development	11
Population Characteristics	12
Identifying Potential Barriers	12
Sustainability	13
Strategic Plan Linkage	13
FCHD Workforce Development Work Plan	14
FCHD Curricula & Training Schedule	15
Evaluation & Tracking	19
Conclusion	19



Public Health
Prevent. Promote. Protect.
Florence County
Health Department



Table of Contents

Introduction

This document provides a comprehensive workforce development plan (WDP) for Florence County Health Department (FCHD). It also serves to address the documentation requirement for Reaccreditation Standard 8.2: *The health department's workforce development plan articulates specific objectives and strategies the health department plans to undertake to achieve its desired future workforce.*

The issues Florence County Health Department faces mirror the national concern of a widening gap between the Public Health system's charge to improve the health of populations and the capacity of the public health workforce to meet that challenge. Critical challenges facing the public health system are an aging workforce, workforce shortages, funding cuts, and greater demands on the public health system to support its broad mission to prevent new and emerging disease, promote healthy lifestyle behaviors, protect the environment from hazards and prepare for emergencies. In order to meet these demands, it is imperative that local public health agencies have a comprehensive workforce development plan that provides a roadmap to address these challenges. Workforce competency in public health continues to evolve but has increasing demands in IT advances, increasing the need for adequate public health infrastructure.

Plan Purpose

The purpose of the FCHD WDP is to ensure a systematic process is in place for FCHD professional staff to identify individual competency strengths and areas for improvement as compared to national standards, and to institute corrective actions to fulfill improvements. This will ultimately ensure that staff is using a continuous quality improvement (CQI) process to enhance their skill sets. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, as well as addressing those gaps through targeted training and development opportunities.

Plan Goal

The goal of this workforce development plan is to assure a competent, skilled and dynamic professional public health workforce who systematically pursues opportunities to increase their skill sets so they can contribute to the goals of the FCHD Strategic Plan, and ultimately improve the quality of public health services and programs offered to the residents of Florence County.

Workforce Profile

Introduction

This section provides a description of Florence County Health Department’s current and anticipated future workforce needs addressing and being responsive to public health priorities. Evolving future strategies around the changing external environment are taken into consideration in determining training needs such as pandemic response and recovery, climate change and advances in technology for information management and communication. Capabilities in increasing facilitation skills for community engagement and providing health equity through cultural competence for the population is assessed through nationally developed competencies and is a priority for the department.

The table below summarizes the demographics of the agency’s current workforce as of February 20, 2020.

Category	# or %
Total # of Employees:	5
# of FTE:	4.25
Gender:	
Female:	5
Male:	0
Age:	0
< 20:	0
20 – 29:	1
30 – 39:	1
40 – 49:	1
50 – 59:	2
>60:	0
Primary Professional Disciplines/Credentials:	
Leadership/Administration:	1
Nurse:	2
Registered Sanitarian/EH Specialist:	2
Finance:	1
Health Educator:	1
Clerical/Administrative Support:	1
Nurse Practitioner:	0
Medical Directors:	1
Other: Intern	1
Retention Rate per 5 Years:	
>20 years:	
>10 years:	1
>5 years:	1
<5 years:	3
Employees < 5 Years from Eligible Retirement:	
Management:	1
Non-Management:	1

Workforce Profile

Assessment against adopted core competencies and future needs

Nationally Accepted Public Health Competencies: The FCHD recognizes the Council on Linkages Core Competencies for Public Health Professionals as the benchmark for basic skills required of all FCHD professional staff. 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 FCHD staff need to possess in order to protect and promote health in the community. The Core Competencies address the following key dimensions of public health practice:

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

In addition, the agency evaluated staff competency relative to the 15 Preparedness Capabilities as determined by the Centers for Disease Prevention and Control (CDC). These capabilities are assessed annually in all Local Health Departments (LHDs) and tribes through the Wisconsin Department of Health Services (DHS) Public Health Preparedness program. Annually, Wisconsin Department of Health Services Public Health Emergency Preparedness identifies key preparedness capability areas to be addressed through grant deliverables in plans, corrective actions and appropriate trainings and/or resources to ensure that competency scores are increased. The 15 Preparedness Capabilities are as follows:

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing

Workforce Profile

9. Medical Material Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

Emergency Preparedness & Response - *Public Health Preparedness & Response Core Competency Model*
<http://www.asph.org/document.cfm?page=1081>

Other Competency

In addition to the use of the competencies listed above the following are used to guide the professional development in discipline-specific areas:

- Environmental Health - *Environmental Health Competency Project: Draft Recommendations for Non-Technical Competencies at the Local Level* <http://www.apha.org/programs/standards/healthcompproject/corenontechnicalcompetencies.htm>

Strategies

FCHD implements workforce development strategies to address current and anticipated gaps in capacities and capabilities through a variety of mechanisms. One of those tools is mandatory training as noted in the table below. Assurance of current credentials as identified by discipline is included below. Utilizing public health resources for training and curricula topics for staff are also included in the plan. FCHD partners with academic and educational programs to promote the training of current and future public health workers. In 2020, the department collaborated with an online Masters Public Health program through Kent State University. Professional development for staff and leadership opportunities are utilized through the Wisconsin Public Health Association (WPHA) and Wisconsin Local Health Departments and Boards (WALHDAB).

Workforce Profile

Mandatory Training

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

Training	Who	Frequency
HIPPA Compliance	All staff	Annually
Civil Rights	All Staff	Annually
Human Trafficking	FP Staff	Annually
Quality Improvement	All Staff	Annually
ICS 100, 200, & 700	New Employees	Upon Hire
Respiratory Fit Testing	PHN & EPC/CHS	Annually
Confidentiality	All Staff	Annually
Blood borne Pathogens	All Staff	Annually
Strategic Planning	All Staff	Annually
Cultural Competency	All Staff	Annually
Mandatory Reporting	All Staff	Annually

CE required by discipline

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

Discipline	Recertification
Nursing (RN)	License Renewal-every 2 years
Registered Environmental Health Specialist /Registered Sanitarian	24 CEUs every 2 years & License Renewal
Cardiopulmonary Resuscitation (CPR)	Recertification every 2 years, American Heart Association

Workforce Profile

Other information

The agency utilizes many discipline specific training opportunities to meet training needs including:

- Maternal Child Health Summit.
- Family Planning related Conferences on reproductive health.
- WIC Annual Staff Conference/Training.
- Health Emergency Preparedness Conference.
- Wisconsin Public Health Association (WPHA)/Wisconsin Association of Local Health Departments and Boards (WALHDAB) Conference.
- TB/STD Conference.
- National Association of County and City Health Officials (NACCHO) Annual Conference
- Wisconsin Environmental Health Association (WEHA)/National Environmental Health Association (NEHA) Annual Educational Conference
- Department of Natural Resources (DNR)/Transient Non-Community (TN) Annual Training

FCHD also utilizes free trainings, webinars, and online training opportunities from such agencies as:

- FEMA - ICS (Incident Command System) classes
- Center for Disease Control and Prevention (CDC)
- Wisconsin Department of Health Services
- Wisconsin TRAIN

New Employees receive on the job training and spend time shadowing staff. See orientation guides G:/Plans and Reports/Workforce Development/Orientation of New Employees – Orientation Checklist.

Goals, Objectives, & Implementation Plan

Introduction

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

Roles & Responsibilities

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

Who	Roles & Responsibilities
County Chairperson	Appointing County Board of Health Members.
Board of Health	Given authority from the County to be Responsible for approval of budgets and all operations of the Health Department.
Medical Director	Provide guidance on overall clinical operations.
Health Officer	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Works with staff to find appropriate training/development opportunities. Provide guidance to all staff through coaching and mentoring. Responsible for informing Health Board of workforce development needs, plans, and issues. Identifies high potential employees as part of agency succession plan.
All Employees	Ultimately responsible for their own learning and development. Report needs for individual trainings to supervisor. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

Communication Plan

This plan will be approved by the Board of Health and shared with staff on an annual basis. All updates will be shared in the same manner. In addition, this manual may be accessed electronically on the agency shared drive at the following location [G:/Plans and Reports/Workforce Development Plan/Year](#) which all employees have access to at any time.

Process

The FCHD will use the Council on Linkages Core Competencies and CDC capabilities to:

1. Annually assess staff competency relevant to job functions. The assessment used will be the electronic survey available through the WIC-PHET or the Public Health Foundation Core Competency Assessment to be determined annually by the Health Officer and will be conducted in the first quarter of the year for all professional staff. Results will be analyzed by the Health Officer and individual competency training plans will be developed with each employee. The WIC-PHET assessment can be accessed electronically on G: Plans and Reports/Workforce Development/Core Competencies.
2. The training plan will identify the top two areas for improvement for each employee based on the results of the competency assessment and other performance indicators.
3. Areas for improvement will be transferred to an Individual Staff Competency Development Training Plan to document the Plan of Action.
4. The director will assist the employee in identifying competency-based training content and curricula available from recognized institutions. If none are found, the agency will create trainings internally.
5. The employee will be expected to document completion of all education and training in the Staff Training Log.
6. The completed training plan will be reviewed during the employee's annual performance review with the employee.

Supporting Professional Development

The FCHD supports the continued growth and development of its workforce to ensure a competent staff who can meet the needs of its emerging and innovative public health programs and services. Outlined below are opportunities for professional development at FCHD:

- Membership in professional organizations
- Conferences sponsored by professional organizations
- Continuing education related to maintaining professional licensure/certification
- Training opportunities for staff related to nationally recognized core competencies

In addition, FCHD recognizes the importance of on-boarding new staff to provide Quality Improvement training both online and in person. FCHD has established a resource library and a required QI reading list for new staff. New staff is also required to read past storyboards and other QI products completed by FCHD and potentially other health departments to build infrastructure for QI knowledge and experience.

Population Characteristics

FCHD considers the characteristics of the county in recruitment efforts to reflect the population served. Data from the 2020 Community Health Assessment (CHA) and ongoing evaluation of the characteristics of the population is integrated in outreach for recruitment. The health department serves an area of 488 square miles and has a population of approximately 4,558 according to the 2020 US Census Quick Facts. Florence is one of two counties in the State of Wisconsin with no incorporated cities or villages. About 50% of children attending Florence Schools are eligible for free or reduced-price lunch which is a significant indicator of general economic status for the county because families must be at or below 185% Federal Poverty Level (FPL) to qualify.

Our sizeable low- to moderately-low-income (less than 200% FPL*) population is prone to poorer health outcomes. Research has linked race and ethnicity to inequitable health outcomes. Florence County has limited cultural diversity. However, health equity is affected by economics, access, geography, and transportation as well. Additionally, the overall literacy rate for Florence County is below the state average.

Florence County is often referred to as a “retirement community”, with many residents over age 60 and fewer young people. The aging population trend has been established over the past ten years and is expected to continue into the future. Related to this, we have a high proportion of disabled residents when compared to the state (see below). An aging population is also a consideration in overall health outcomes.

Although cultural diversity is limited, FCHD has instituted updated policies to prevent cultural bias in recruitment efforts. One such example is by removing the name of the applicant to prevent racial or ethnic biases. The name of the applicant is not relevant when reviewing for the quality of the potential employee and therefore, should not allow for implicit bias to enter the process.

Identify Potential Barriers

Very small staff so individuals are often very busy already and adding more training requirements can feel overwhelming.

To address this, the health officer will discuss training plans with each employee and individualize so training will be meaningful and targeted. These plans will be reviewed mid-year and any necessary adjustments can be made at that time. Employees may also set up additional meetings with the health officer if at any time s/he feels the plan needs to be modified.

Low public health funding.

Wisconsin has one of the lowest public health budgets compared to other states. Therefore, each employee in the department will need to be as effective and efficient as possible. Having targeted and personalized training should help to make this achievable.

Sustainability

Sustainability is a critical component for the long-term success of the workforce development plan and the assurance of a well-educated and competent workforce. All staff development is recorded on the annual staff training log. The director monitors on a quarterly basis the staff training completed individually through a meeting with each staff to assure implementation is occurring as planned.

These updates will include the development of the agency-wide training plan and maintaining the individual staff orientation guides. The Workforce Development Plan will be updated with staff every three years. The workforce development work plan is maintained on an annual basis and is based off addressing the gaps identified within a one-year timeframe.

Linkage to Strategic Plan

FCHD addresses health department priorities in the workforce development plan which will support achievement of the goals and objectives in the department's strategic plan. One of the four strategic priorities in the 2019-2021 strategic plan focuses on workforce development.

2 Strategic Priority: Workforce Development

Goal 1: Assure a work environment where employees are supported and valued

- **Objective:** Demonstrate an increase in employee satisfaction via annual surveys.
- **Objective:** Annually implement staff wellness policy that supports workforce retention.
- **Objective:** Annually review results of Employee Feedback Survey and develop recommendations for department improvements.

Goal 2: Maintain a passionate, competent workforce

- **Objective:** Annually by December 31st update/revise Florence County Health Department Workforce Development Plan.
- **Objective:** Conduct annual staff Public Health Core Competency Assessments to identify gaps, to improve competencies, and link staff to training resources.
- **Objective:** By December 31, 2019, revise the administrative assistant Orientation Guide to assure staff competency in succession planning.
- **Objective:** Every three years by December 31st, conduct staff health equity survey to identify gaps, improve knowledge, and link staff to training resources.
- **Objective:** Annually, by December 31st, develop an annual staff training plan/calendar to formalize and improve employee capacity.
- **Objective:** Annually provide staff training on quality improvement to infuse a quality culture into public health practice and operations.

2019-2021 FCHD Workforce Development Work Plan

Goal	Objectives	Target Audience	Responsible Party
FCHD will assess workforce development needs	<ul style="list-style-type: none"> Annually, FCHD will conduct staff core competency assessments Annually, FCHD will aggregate assessment results to determine agency gaps and needs related to workforce development. Annually, FCHD will develop staff development training calendar responsive to gaps and needs. By December 31, 2021, all FCHD staff will complete identified cross-training for succession planning. 	All staff, as applicable	Staff and reviewed by Director
FCHD will provide workforce development opportunities	<ul style="list-style-type: none"> Annually, FCHD staff will complete individual employee training plan based on competency assessments, individual training/program goals, and interests. Annually, FCHD will implement all staff development training calendar. 	All staff, as applicable	All staff
FCHD will evaluate its workforce and workforce development opportunities	<ul style="list-style-type: none"> Annually, FCHD staff will receive a Florence County performance evaluation. 	All staff	All staff
Cultural Competency	<ul style="list-style-type: none"> Ensure necessary technologies are available to ensure staff can access resources related to their cultural competence, humility, diversity, and/or Health equity. 	All staff	Health Officer

FCHD Curricula & Training Schedule

2020-2023

Introduction

This section describes the curricula and training schedule for Florence County Health Department. Additional training courses may be identified based on need.

Accreditation Note: This section is required to meet the documentation requirements associated with Accreditation Standard 8.2.1. Additional training requirements for agency accreditation include:

- Leadership and management development activities (Standard 8.2.2)
- Staff training on patient confidentiality policies (Standard 11.1.2)
- One training on social, cultural, and /or linguistic factors (Standard 11.1.3)
- Staff development in performance management (Standard 9.2.5)

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
New Hire Orientation	Introduction to agency, goals, strategic priorities and directions, new hire paperwork	Mandatory for all staff		As Hired	New employee orientation checklist
Employee Policy Manual, Administration Policy Manual	All employees must read the Employee Policy Manual and Administration Policy Manual and are required to sign off acknowledging understanding of all policies contained in the manual.	Mandatory for all staff		As Hired	Employee Policy Manual, Administration Policy Manual
Cultural Diversity	Define culture and cultural diversity. Explain how cultural differences may affect employees. Provide employees with some tools to address the needs of clients and their families from multiple cultures.	Mandatory for all staff	Cultural 4A1, 4A2, 4A3, 4A5	Annual	HIPAA webinar Z:/HIPAA/HIPAA Log. Civil Rights PowerPoint G:/Staff/Annual Training/Civil Rights
CPR and AED Training	To learn the skills of CPR and how to use the AED for all ages.	Mandatory for nurses; Optional for all other staff		Every two years	American Heart Association

FCHD Curricula & Training Schedule

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
HIPAA Compliance	FCHD has adopted HIPAA Policies to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as other federal and state laws protecting the confidentiality of individually identifiable health information.	Mandatory for all staff		Initial/ Annually	FCHD HIPAA Policies
IS-100, Introduction to the Incident Command System (ICS)	Enable participants to demonstrate basic knowledge of the Incident Command System.	Mandatory for all staff	ASPH 1.4, 3.4	As Hired	https://training.fema.gov/is/courseover-view.aspx?code=IS-100.b
IS-200, ICS for Single Resources and Initial Action	Describe the ICS organization appropriate to the complexity of the incident or event. Use ICS to manage an incident or event.	Mandatory for all staff	ASPH 1.4, 3.4	As Hired	https://training.fema.gov/is/courseover-view.aspx?code=IS-200.b
IS-700 & 800, National Incident Management System (NIMS), An Introduction	Describe the key concepts and principles underlying NIMS. Identify the benefits of using NIMS as a national response model.	Mandatory for all staff	ASPH 1.4, 3.4	As Hired	https://training.fema.gov/is/courseover-view.aspx?code=IS-700.a

FCHD Curricula & Training Schedule

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Emergency Response Plans Awareness	Provide an overview of the Emergency Response Plans currently on file and active within the organization; detailing expectations of personnel and responsibilities associated with the specific tasks and missions assigned; explanations of specific threats or hazards and preparedness issues; personnel readiness; partners and stakeholders; support requirements.	Mandatory for all staff		Annually	Local Course
Points of Dispensing (POD) Training	Provide guidance and instruction in individual roles and responsibilities of each position; equip participants with skills, knowledge, and resources to carry out the full spectrum of dispensing facility responsibilities.	Mandatory for all staff		As Hired	Local Course
Vaccine Management	To protect the vaccine inventory and to minimize potential loss of vaccine when a situation occurs that may compromise safe vaccine storage, such as equipment failure, power out-	Mandatory for all staff		Annually	FCHD Nursing Policies, CDC Vaccine Storage and Handling Tool Kit
Emergency Medication Training	To outline nursing responsibilities and procedures for the management of clients or staff experiencing anaphylaxis, or suspected anaphylaxis shock.	Mandatory for all staff		As Hired, Annually	FCHD Nursing Policies
WIC Civil Rights	Teaches staff civil rights related laws, regulations, procedures, and directives.	Mandatory for all staff		Annually	Civil Rights Compliance Training

FCHD Curricula & Training Schedule

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Quality Improvement and Performance Management	Three module, online introduction to CQI basics	Select staff	COL Core: 8A7, 8B7, 8C7	At Hire	NACCHO, Public Health Foundation, APHA, Public Health Improvement Training (PHIT)
Strategic Planning	Review strategic goals and objectives, develop new ones as needed, and conduct research to establish a sufficient background of understanding.	All staff		Annually	NACCHO
Human Trafficking	Provide guidance on Human Trafficking	Select staff		Annually	Wisconsin Department of Health Services-Family Planning Program
Mandatory Reporting	To understand the State and Federal requirements of mandatory reporting of clients and circumstances they may be involved in and/or exposed to.	Mandatory for all nurses		Annually	Wisconsin Department of Health Services
Health Equity Survey	To gain knowledge surrounding staff viewpoint on health equity in Florence county health department's programming, community partnerships, and overall personal knowledge.	Mandatory for all staff	Cultural Competency	Every Three Years	Bay Area Regional Health Inequities Initiative (BARHII)

Evaluation and Tracking

Introduction

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

Evaluation

All training provided in house will be evaluated using the Kirkpatrick Model. Most training will be evaluated using a Level 1 evaluation form. The remaining trainings will be evaluated using Level 2 instruments such as test and quizzes and pre-post questionnaires. The level of evaluation will depend on the material covered in the training. Evaluations may be done via hard-copy or electronic survey. Results will be collated and shared with the appropriate personnel.

Tracking

Each employee is required to track any training on the staff training record, which will be reviewed with their supervisor during the employee performance review.

Agency wide training (such as: HIPAA and Civil Rights training) will be tracked by the Health Officer. Exceptions will be any training required by Environmental Health and WIC which will be tracked by the program staff.

Employees should keep any continuing education certificates. Scanned copies can be placed on the shared drive by each employee in their respective folder.

Conclusion

The FCHD Workforce Development Plan is intended to be a living document and will be reviewed and discussed on an annual basis to reflect the changing needs of the workforce and the population we serve. A list of training resources is located on the shared drive and new resources will be added as they are identified. In addition, the Health Officer shares pertinent trainings regularly through email with staff. The Workforce Development Plan aligns with *PHAB Reaccreditation Domain 8: Build and support a diverse and skilled public health workforce* and aligns with multidisciplinary skills needed for the health department to achieve its mission, goals and objectives.

Other agency documents and plans

This Workforce Development Plan (WDP) is updated as part of the agency’s effort to become reaccredited. It is a part of the agency’s resources to improve performance and meet goals and objectives, as well as assist in preparing individuals as part of the agency’s line of succession. This WDP is linked with the agency’s strategic plan and quality improvement plan.

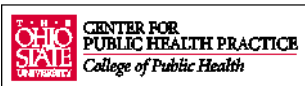
Review of the plan

This document is reviewed and revised on an annual basis by the Health Officer. Revisions will be based upon the core competencies, the agency strategic plan, findings of annual employee performance reviews, client surveys, and employee requests. The Health Officer will be responsible for the maintenance of the plan. Major revisions will be approved by the Board of Health.

Authorship

This plan was finalized and approved by the Board of Health and Health Officer on the following date.

Printed Name & Title	Signature	Date
Annette Seibold, Health Officer	<i>Annette Seibold</i>	2/19/2020
Annette Seibold, Health Officer	<i>Annette Seibold</i>	7/19/21



Development of this template was made possible, in part, by the Ohio Public Health Training Center located in the College of Public Health at The Ohio State University; grant number UB6HP20203, from the Health Resources and Services Administration, DHHS, Public Health Training Center Program. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.



Central Valley Health District of North Dakota is recognized for their contributions and ongoing support in the development of this document.

Appendix 1

Current Capacity of Health Department & Projected Needs (8.2.1a)

Due to the COVID-19 pandemic, workload on public health workers increased immensely as noted in the 2021 Public Health de Beaumont survey, especially in our rural population with eight townships. In order to meet the needs of our population and staff capability, Florence County Health Department (FCHD) brought on 4 LTE for an extended time. These three employees allow FCHD to complete COVID 19 tracing in a timely manner, maintain data logs, and assist core staff in areas of arising need (programing such as reproductive health, communicable disease, maternal/child health, etc.). In the spring of 2022, there were three LTE employees as needs decreased. In summer 2022, two LTE's remained due to resignation of one LTE. As the pandemic continues/ramps downward FCHD will reevaluate staffing demands.

The two charts below display counties in Wisconsin that have health departments with similar sized jurisdictions and perform similar functions to FCHD. Based on the below charts, you can see that our staff capacity meets the needs of our programing and ranks similarly to counties our size. Several of our grant funded programs such as Women, Infant and Children (WIC), Reproductive Health, Public Health Emergency Preparedness (PHEP) and Department Agriculture Trade and Consumer Protection (DATCP) require an annual budget and capacity assessment which assures that the department has both appropriate staffing levels for service provisions and administrative/clerical support. These four programs are FCHD's largest grants.

In addition to the identified programming, FCHD has recognized the need for increased epidemiological capacity during and post COVID. Therefore, FCHD created an additional position which was an LTE during COVID and is a regular, part-time staff position (i.e. public health assistant). This increased epidemiological capacity strengthens the health departments communicable disease response. Staff capacity is adequate and meets the requirements for successful investigation and surveillance in our community.

The charts below identify services which vary depending on jurisdiction. Staffing capacity is assessed to meet the population and programs the health department serves.

	Florence	Forest	Iron	Pepin
Population of County	4,593	9,258	6,178	7,364
Full Time Staff	4	5	6	5
Part Time Staff	2	2	0	0
LTE Staff	1	0	1	2
Total Staff	7	7	7	7
Created 10/20/2022				

Appendix 1

Current Capacity of Health Department & Projected Needs (8.2.1a)

Created 10/20/2022	Florence	Forest	Iron	Pepin
School Nursing		X	X	
Jail Nursing			X	X
Reproductive Health	X		X	X
WIC	X	*X	*X	X
Maternal Child Health	X	X	X	X
DATCP	X		X	
DNR - TN Drinking Water Program	X		X	
Foot & Nail Care			X	
Communicable Disease	X	X	X	X
PHEP	X	X	X	X
Immunizations	X	X	X	X
		*WIC - Forest in partnership with Potawatomi provide WIC services. The WIC director & administrative responsibilities are with the Tribe as the fiscal agent. Therefore Forest County Health Dept. has limited roles in WIC.	*WIC in Iron County is through a tri-county partnership. Iron County is not the fiscal agent nor WIC director & therefore has limited responsibilities in WIC.	

Annual Core Competency Data (8.2.1 b)

Florence County Health Department permanent staff completes a yearly competency survey that includes the following measures: analytic/assessment, policy development & program planning, communication, cultural competency, community dimensions of practice, public health services, financial planning & management, and leaderships & systems thinking. This competency survey is done annually to measure staff's skills required to perform job functions. Below is the 2021 data for staff's competency in each measure. It is to be noted that while FCHD had five staff members, only four completed the survey due to the RD position being contracted. In 2022, the RD will complete the survey as this position is now a part-time position through the county.

The competency survey has four categories of ranking:

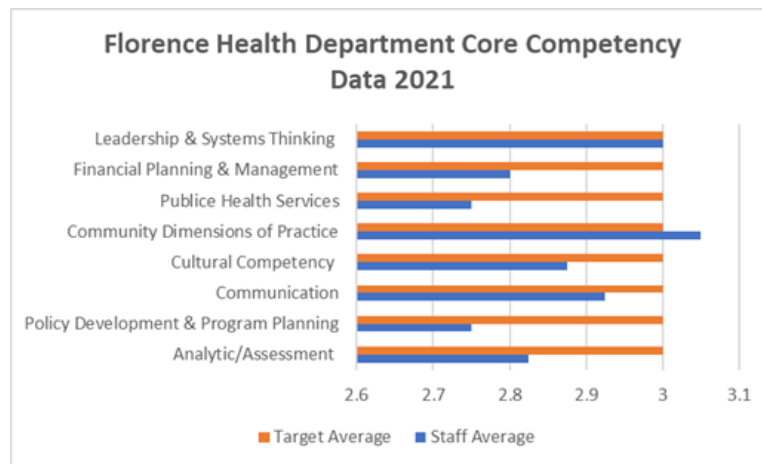
- 1 = None I am unaware or have very little knowledge of the skill
- 2 = Aware I have heard of, but have limited knowledge or ability to apply the skill
- 3 = Knowledgeable I am comfortable with my knowledge or ability to apply the skill
- 4 = Proficient I am very comfortable, am an expert, or could teach this skill to others

The competency ranking that the health department has decided is the target is ranking 3 – knowledge, the staff member is comfortable with my knowledge or ability to apply the skill. The data below shows that staff met target in the measures of Leadership & Systems Thinking and Community Dimensions of Practice. All other areas were below average. In order to meet target average in 2022, staff completed an individual staff competency development training plan that involved the individual staff members to take their lowest two averages of the eight competencies and write a plan of action that may have involved training via train.org or other specific training opportunities to increase their knowledge/comfort level with each measure.

Appendix 1

Annual Core Competency Data (8.2.1 b) Continued...

The competency ranking that the health department has decided is the target is ranking 3 – knowledge, the staff member is comfortable with my knowledge or ability to apply the skill. The data below shows that staff met target in the measures of Leadership & Systems Thinking and Community Dimensions of Practice. All other areas were below average. In order to meet target average in 2022, staff completed an individual staff competency development training plan that involved the individual staff members to take their lowest two averages of the eight competencies and write a plan of action that may have involved training via train.org or other specific training opportunities to increase their knowledge/comfort level with each measure.



Appendix 1

2022 Health Equity Staff Survey Results (8.2.1 c)

In the summer of 2022, six staff members completed the health equity survey (see page 18 of plan for specifics). This survey is a modified version from the Bay Area Regional Health Inequities Initiative (BARHII). The Department modified the BARHII assessment to better suite the needs of the department. The assessment showed that first, all staff believe FCHD demonstrates commitment to addressing health inequities in its mission statement, commitment to working with external partners /policy makers/community members to address the factors of environment, social & economic conditions that impact health, and that all staff members feel they are committed to addressing the social factors that impact health. Secondly, based on the health equity survey results, staff demonstrated that they are involved in programming addressing health equity and are open and responsive to community stakeholders participation in the FCHD's work. Other areas of strengths identified in the survey, is staff felt they are able to adapt to change with the population needs, felt trained for health inequities, and were able to explain the populations needs around environment, social, and economic conditions that impacts population health. See attached health equity summary results below in appendix 2.

Areas of need regarding health equity identified are assessing cultural/ linguistic needs of the community served, implementing strategies in the department to advocate for public policies that address environmental, social and/or economic conditions that impact health, and having groups outside of the HD involved in the program planning processes. Overall, FCHD staff is very comfortable around health inequities and feel that they can impact the community with inclusive programming in each division.

Appendix 2

2022 Health Equity Staff Survey Results (8.2.1 c)



Florence County
Health Department

501 Lake Ave PO Box 410 Florence, Wisconsin 54121 715-528-4837
A. Seibold, RN, MS Health Officer/Director



2022 Florence County Health Equity Staff Survey **Summary**

This survey is to help our health department assess our overall capacity for addressing health inequities. While some questions do not deal explicitly with health inequities, all questions contain important information about our overall capacity as an organization to impact the factors that influence community health and well-being, including institutionalized racism and social environmental factors.

- This survey is anonymous and is not a test. The responses will not be individually linked or used against anyone.

	Yes	No	I don't know	Left blank	
1. Does the health department's mission statement demonstrate a commitment to addressing	6	0	0	0	
	Yes	No	I don't know	Left blank	
2. I think as an organization the health department demonstrates a commitment to working with external partners, policy-makers, and community members to address the environmental, social and economic conditions that impact health inequities.	6	0	0	0	
	Yes	Moving that direction	No	I don't know	Left blank
3. I think we have strategies in place in the department to advocate for public policies that address environmental, social and/or economic conditions that impact health inequities	4	2	0	0	
	Yes	Moving that direction	No	I don't know	Left Blank
4. I think <u>most staff members</u> at the health department to advocate for public policies that address environmental, social, and economic conditions that impact health inequities.	3	3	0	0	
	Yes	Moving that direction	No	I don't know	Left Blank
5. Does the LHD's strategic plan include an explicit commitment to addressing health inequities?	4	2	0	0	

Appendix 2

2022 Health Equity Staff Survey Results (8.2.1 c) Continued

	None	Moving that direction	A lot	I don't know	Left Blank
6. In your experience, do community leaders, residents, and community-based organizations play a role in strategic planning?	5	1	0	0	0
	None	Moving that direction	A lot	I don't know	Left Blank
7. How much does program design reflect a general understanding of the environmental, social, and economic conditions that impact health?	0	2	2	2	0
	None	Moving that direction	A lot	I don't know	Left Blank
8. How much are all levels of staff involved in program planning?	0	0	6	0	0
	None	Moving that direction	A lot	I don't know	Left Blank
9. Are groups outside of the LHD, if any, involved in program planning progress?	0	1	5	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
10. Staff is encouraged to be creative in addressing new challenges to address health inequities in our community.	2	4	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
11. I believe that the community partners represent the interests and needs of local community residents	6	0	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
12. I am familiar with the major health inequities affecting residents in the community we serve.	2	4	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
13. I am familiar with the demographic composition of the community we serve.	3	3	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
14. Do you work with community groups (e.g. groups made up of community members rather than institutions or agencies within the community) as part of your job?	3	2	0	1	0
	Yes	Moving that direction	No	I don't know	Left Blank
15. LHD is open and responsive to community stakeholders' feedback on its work.	6	0	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
16. LHD creates and distributes oral and written information that is appropriate for the cultural, linguistic and literary needs in the community.	5	1	0	0	0

Appendix 2

2022 Health Equity Staff Survey Results (8.2.1 c) Continued

	Yes	Moving that direction	No	I don't know	Left Blank
17. Our health department is able to adapt to changes within the populations we serve.	6	0	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
18. Does the department collect and share data in a manner that is appropriate for the cultural, linguistic and literacy needs in the community?	5	1	0	0	0
	Yes	No	I don't remember	Left blank	
19. Since you have been working at the department, have you ever received training about the different ways public health can address the environmental, social, and economic conditions that impact health?	6	0	0	0	
	Yes	No	I don't know	Left blank	
20. I have opportunities to talk with my supervisor and/or colleagues about the impact of our work on the environmental, social, and economic conditions that impact health.	6	0	0	0	
	Yes	Moving that direction	No	I don't know	Left Blank
21. I understand what the environmental, social, and economic conditions that impact health are.	3	3	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
22. I could explain the environmental, social, and economic conditions that impact health to my coworkers.	3	3	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
23. In general, programs at the health department are structured to address the environmental, social and economic conditions that impact health.	5	1	0	0	0
	Yes	Moving that direction	No	I don't know	Left Blank
24. Assessments of the cultural and linguistic needs of the community we serve are conducted periodically.	3	1	0	2	0
	Yes	Moving that direction	No	I don't know	Left Blank
25. Individual staff members' efforts to address health inequities are considered in performance reviews/evaluations.	4	0	0	2	0
	Yes	Moving that direction	No	I don't know	Left Blank
26. Staff at all levels has the opportunity to become leaders in the work of the LHD to address health inequities.	3	3	0	0	0

Appendix 2

2022 Health Equity Staff Survey Results (8.2.1 c) Continued

	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
27. My work has a role in monitoring health status and tracking the <u>conditions that influence health inequities.</u>	1	5	0	0	0	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
28. My work contributes to diagnosing, investigating and protecting people from health problems and hazards that <u>disproportionately impact vulnerable populations.</u>	0	4	1	0	0	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
29. My work has a role in <u>informing, educating and empowering people from populations that disproportionately experience poor health outcomes to act collectively in improving their health.</u>	2	1	1	0	2	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
30. My work has a role in mobilizing community partnerships and action to identify and address the conditions that influence health inequities.	1	4	1	0	0	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
31. My work contributes to developing <u>policies and plans that support individual and community health efforts to address the conditions that affect health inequities.</u>	1	4	1	0	0	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
32. My work has a role in <u>applying the enforcement of laws and regulations that protect health and ensure safety in order to reduce health inequities (e.g. environmental justice).</u>	0	3	2	0	1	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
33. My work has a role in <u>linking people from populations disproportionately experiencing poor health outcomes to needed personal health services and assuring the provision of health care when otherwise unavailable.</u>	0	4	1	0	1	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank

Appendix 2

2022 Health Equity Staff Survey Results (8.2.1 c) Continued

	not relevant to my job					
34. My work has a role in assuring a competent, culturally sensitive and diverse public health work force that can effectively address health inequities.	1	4	0	0	1	0
	N/A; this component is not relevant to my job	Yes	Moving that direction	No	I don't know	Left Blank
35. My Work has a role in evaluating the effectiveness, accessibility, and quality of health services provided to populations experiencing disproportionately poor health outcomes.	1	3	1	0	1	0
	N/A; this component is	Yes	Moving that direction	No	I don't know	Left Blank
	not relevant to my job					
36. My work contributes to and applies new insights, innovative solutions, and the evidence base to address health inequities and community conditions that influence health.	0	4	2	0	0	0
Other health equity comments: I appreciate the increased inclusion of health equity training."						

Priority Gaps Identified and Addressed (8.2.1 d,e)

1. Regarding health equity staff knowledge and education needs, the health director ensures the completion of the annual core competencies and meets with each staff member in the development and approval of the individual improvement plan. The individual improvement plan addresses health equity in a number of core competencies, including cultural competency, communication, leadership, public health, etc. The plan for each person is individualized based on the gaps identified in the survey results from the core competencies and health equity survey. However, all staff have a baseline required training annually in cultural competency on their staff training log. In 2022, FCHD provided additional health equity training through webinars provided by Wisconsin Department of Health Services, CDC and Wisconsin Rural Health.
2. From the table provided on page 24, Core Competency Data, the health director and team identified financial planning as a priority need for further training as it ranked lower than target in the lower half of the core competency survey results. In addition, due to supplemental COVID funds, the need for further core competency financial tracking and reporting required further staff involvement in health department programming and procurement. All staff participated in three to five financial reviews monthly in 2022 to broaden financial competency.