



Title: Workforce Development Plan	Page 1 of 5
Number: Administrative Policy A-22.1	Effective Date: 11/5/13
Applies To: All Employees	Supersedes: 7/2/13
Approved: Scott Daniels, MS, RS, Administrator	Next Review: 10/1/14

A. Purpose

The purpose of this policy is to establish a comprehensive workforce development plan for the Kitsap Public Health District that includes nationally adopted core competencies and training schedules, and provides leadership and management development activities.

B. Policy Statement

The District is committed to developing a competent workforce with the skills and experience needed to carry out our mission. Workforce development is a vital component of the District's comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills and abilities, and addressing those gaps through targeted training and development opportunities.

For related information regarding requesting and authorizing training and continuing education, refer to [Administrative Policy A-22: Training](#).

For related information on staff development through mentorship, see [Administrative Policy A-22.2: Mentoring Program](#).

C. Implementing Procedures

1. Core Competencies

In order to identify gaps in the knowledge, skills and abilities of staff, the District has adopted a selection of nationally adopted public health core competencies. The selection of which set of core competencies is most suitable to each employee's position will be determined by the Program Manager in consultation with the Human Resources Manager. The adopted core competencies are:

- a. [Informatics Competencies for Public Health \(Effective Use of Information Technology\)](#), Northwest Center for Public Health Practice, University of Washington School of Public Health and Community Medicine, 2002. This set of competencies applies to administrative support staff and others who want to improve their computer/technology skills.
- b. [Core Competencies for Public Health Professionals](#), Council on Linkages, Academia and Public Health Practice, 2010.

- c. [Quad Council Competencies for Public Health Nurses](#), Association of Community Health Nursing Educators, Association of State and Territorial Directors of Nursing, American Public Health Association (APHA), American Nurses Association, 2011.
 - d. [Environmental Health Competency Project Recommendations](#), National Center for Environmental Health, Centers for Disease Control (CDC), APHA, 2001.
 - e. [Applied Epidemiology Competencies in Governmental Public Health Agencies](#), United States Department of Health and Human Services, CDC, Council of State and Territorial Epidemiologists, 2004.
 - f. [Competencies for Public Health Informaticians](#), United States Department of Health and Human Services, CDC, University of Washington School of Public Health, Community Medicine's Center for Public Health Informatics, 2009. Note: "Informatician" means one who specializes in computer science or information technology.
2. **Evaluation and Tracking.** Employees will complete the following tools to assess and develop core competencies:
- a. **Learning Plan Self Assessment.** Employees will complete a Learning Plan Self Assessment form for their applicable set of core public health competencies. The various self-assessment forms are available on the Anet. These forms are working documents for the employee and Program Manager to use prior to preparing an Individual Learning Plan. There is no need to submit self-assessment forms to Human Resources.
 - b. **Individual Learning Plan.** Employees will work with their Program Manager to ensure that their training requirements are met and to set learning goals based on the above Learning Plan Self-Assessment. This process is documented by the Individual Learning Plan Form (Attachment 4) which should be submitted to Human Resources each year by the anniversary of the employee's hire date with the District.

Note: The Individual Learning Plan focuses on training and development, not performance evaluation. The Individual Learning Plan should **not** be associated with, or done at the same time as, the employee's performance evaluation. This process is consistent with Public Health Accreditation (PHAB) Standard 8.2, which states, *"This should not be a punitive process but one that identifies needs for employee training or education. This approach can provide workforce development guidance for the individual and may point out gaps in competencies and skills for the health department."*
3. **Training Schedule.** To see the District's identified mandatory training needs and scheduling see the District's [Training Matrix](#) (Attachment 2).
4. **Roles and Responsibilities.** The following table lists individuals responsible for the implementation of this workforce development plan as well as the associated roles and responsibilities.

Who	Roles and Responsibilities
All Employees	Ultimately responsible for their own learning and development. Work with supervisor to develop a learning plan that meets their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.
Kitsap Public Health Board	Responsible for ensuring resource availability to implement the workforce development plan.
Health Officer Administrator	Responsible to the Board for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identify high potential employees as part of agency succession plan.
Division Directors	Responsible to the Administrator for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identify high potential employees as part of agency succession plan.
Human Resources Manager	Provides guidance to the Executive Leadership Team regarding workforce development and assists in creating a culture that is conducive and supportive of learning. Works with Directors to find appropriate training/ development opportunities for staff. Provides guidance to the Directors with coaching, mentoring and succession planning. Responsible for informing Program Managers of workforce development needs, plans, and issues.
Program Managers	Responsible to their Director and employees to ensure that individual and agency-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (i.e., time away from work, coaching, opportunities for application, tuition reimbursement). Identifies high potential employees as part of agency succession plan.

5. **Exceptions:** Exceptions to this policy are allowed in extenuating circumstances at the discretion of the Executive Leadership Team.

D. Agency and Workforce Profiles

1. **Agency Profile.** The District’s profile --- including our mission statement, guiding principles, location, population served, governance, and organizational structure --- is provided in Attachment 2: Agency Profile.

2. **Workforce Profile**

a. **Current Workforce Demographics.** For the latest annual data on demographics of the District’s current workforce, see Attachment 3: Workforce Demographics.

b. **Future Workforce.** Like public health agencies nationwide, the District is dealing with increasing public demands, adverse economic conditions and a shrinking workforce. The District now, more than ever, needs to recruit, train, develop, and retain a highly qualified workforce that can efficiently provide quality services. According to a study by the Center for Studying Health System Change (HSC), “Local health departments face a mounting workforce crisis as they struggle to recruit, train and retain qualified workers to meet their communities’ needs....”¹ The study found five major factors behind public health workforce shortages, all of which apply to the District:

- i. Inadequate public health funding;
- ii. Uncompetitive salaries and benefits;
- iii. Looming exodus of retired workers;
- iv. Insufficient supply of trained workers; and
- v. Lack of enthusiasm for public health careers.

E. Continuing Education Requirements. Multiple public health disciplines require continuing education (CE) for ongoing licensing/practice. Licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	CE Requirements
Licensed Practical Nurse: Renewal required every year on or before their birthday.	531 practice hours and 45 CE hours every 3 years.
Registered Nurse: Renewal required every year on or before their birthday	531 practice hours and 45 CE hours every 3 years.
Physician Assistant: Renewal required every 2 years on or before their birthday.	100 hours of CE every 2 years.

¹ Debra Draper, Robert Hurley, and Johanna Lauer, *Public Health Workforce Shortages Imperil Nation’s Health*, Center for Studying Health System Change (HSC) Research Brief No. 4, April 2008.

Discipline	CE Requirements
Advanced Registered Nurse Practitioner (ARNP): Renewal required every 2 years on or before their birthday.	30 hours of CE (15 additional in pharmacology if licensee has prescriptive authority) and 250 hours of practice in the ARNP role at time of renewal.
International Board Certified Lactation Consultants (IBCLC): Renewal required every 5 years.	75 hours of CE, 5 of which must be in professional ethics over the 5-year certification period.
Physician and Surgeon: Renewal required every 2 years on or before their birthday.	100 hours of CE every 2 years.
Registered Sanitarian (REHS/RS) – NEHA: Renewal required every 2 years.	Minimum of 24 hours of CE every 2 years.
Registered Sanitarian – WSBRS: Renewal required every year.	1 Continuing Education Credit (CEU) or 10 contact hours per year to maintain registration.
Social Worker: Renewal required every year on or before their birthday.	36 hours of CE, 6 of which must be in law and ethics every 2 years.
Agency Affiliated Counselor: Renewal required every year. Credentials expire on the credential holder's birthday and may be renewed within 90 days of the expiration date.	DOH will establish required CE requirements at a later date although the law does require CE.
Health Educator (CHES/MCHES): Renewal required every 5 years.	75 CE Contact Hours (CECH) over the 5-year certification period. CHES are encouraged to accumulate a minimum of 15 CECH per year, and to complete all CE requirements at least 90 days prior to recertification.
Certified in Public Health (CPH): Renewal required every 2 years.	50 credits every 2 years; see description of credits at www.npphe.org/recertactivities.cfm .

F. Review of Plan. This Workforce Development Plan will be reviewed at least once every three years. The attachments will be reviewed annually and updated as needed. The Human Resources Manager is responsible for maintaining the plan.

G. Policy Review History

Initial Approval 7/2/13

Revised 11/5/13

**Kitsap Public Health District
Workforce Development Plan**

Agency Profile

As of 11/5/13

1. Mission Statement

Kitsap Public Health District prevents disease and protects and promotes the health of all persons in Kitsap County.

2. Vision Statement

Striving to make Kitsap County a healthy and safe place to live, learn, work, and play.

3. Guiding Principles

Prevention	We believe prevention is the most effective way to protect our community from disease and injury.
Partnerships	We work with others when collaboration will produce better and faster results.
Effectiveness	We make data-driven decisions and use science-based practices to produce the best possible outcomes.
Equity	We believe all Kitsap residents should have an equal opportunity to have healthy and safe lives.
Quality	We continuously improve the quality of our services and systems to better serve the community to which we are accountable.

4. Location and Population Served

The District serves Kitsap County, with a population of 251,133 as of the 2010 Census. Located on the Kitsap Peninsula across the Puget Sound from Seattle, the County's land mass is 393 square miles, 0.6% of the state's total land mass. As such, the County ranks 36th in size among Washington State counties and is the second most densely populated county in the state.² For information about the health of the population served by the District, see this link for our latest [Kitsap County Core Public Health Indicators](#).

5. Governance

The Kitsap Public Health Board serves as the District's governing body, and consists of the three Kitsap County Commissioners and the Mayor or a City Councilmember as appointed by each of the cities of Bremerton, Bainbridge Island, Port Orchard, and Poulsbo. The Board appoints the

² Kitsap County, www.kitsapgov.com/county/about.htm

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Director of Health, who must be a licensed physician with training in public health, and who is responsible for the District's public health functions of community health assessment, public health policy development, and assurance of health service delivery.

6. **Organizational Structure**

The Executive Leadership Team consists of the Health Officer, the Administrator and two Division Directors. There are three divisions: Administrative Services, Environmental Health and Community Health.

The Health Officer is responsible for the powers and duties set forth in RCW 70.05.070 and other applicable state law, and is also responsible for the Health District's public health functions of community health assessment, public health policy development, and assurance of health service delivery. In addition, this position oversees the Assessment and Public Health Emergency Preparedness and Response staff.

The Administrator acts as executive secretary and administrative officer for the Board, and is responsible for administering the operations of the District including such other administrative duties required by the Board, except for duties assigned to the Health Officer in RCW 70.05.070 and other applicable state law. The Administrator provides overall planning, direction and management of the agency, and oversees administrative functions and the programs in the Administrative Services Division such as Finance/Accounting; Human Resources; Information Technology; and Support Services.

The Community Health Division Director, sometimes referred to as the Nursing Director, oversees programs such as Parent Child Health; Clinical Services; and Juvenile Detention Adolescent Health.

The Environmental Health Division Director oversees programs such as Food and Living Environment; Drinking Water; On-site Sewage; Pollution Identification and Correction; Solid and Hazardous Waste; and Facilities Maintenance.

Workforce Demographics

As of 3/17/14

Category	Number	Percentage
Total Number of Employees	99	
Full Time Equivalents (FTEs)	91.8	
Gender		
Female	73	73.7
Male	26	26.3
Race/Ethnicity		
Hispanic	6	6.1
Non-Hispanic	93	93.9
American Indian/Alaska Native	2	2.0
Asian	4	4.0
African American	3	3.0
Hawaiian/Pacific Islander	3	3.0
Caucasian	81	81.8
More than One Race	0	0.0
Other	0	0.0
Age		
20 – 29	2	2.0
30 – 39	20	20.2
40 – 49	22	22.2
50 – 59	37	37.4
> 60	18	18.2
Primary Professional Disciplines/Credentials		
Physician	1	1.0
Advanced Registered Nurse Practitioner (ARNP)	2	2.0
Physician's Assistant (PA)	1	1.0
Registered Nurse (RN)	17	17.2
Licensed Practical Nurse (LPN)	2	2.0
Health Educator (CHES)	1	1.0
Registered Sanitarian (RS)	22	22.2
Epidemiologist	2	2.0
Social Worker	3	3.0
International Board Certified Lactation Consultants (IBCLC)	2	2.0
Retention Rate at 10 Years		59.0
Management Staff Breakdown		
Management	16	16.2
Non-Management	83	83.8
Employees Eligible to Retire < 5 Years		
Total	18	18.2
Management	2	12.5
Non-Management	16	19.3
Employees Eligible to Retire < 10 Years		
Total	38	38.4
Management	6	37.5
Non-Management	32	38.6

