5-2019

Creation of Evaluation Tools for Workforce Development Opportunities within a Local Health Department

Nancy Ann Esch
University of Nebraska Medical Center

Recommended Citation

Esch, Nancy Ann, "Creation of Evaluation Tools for Workforce Development Opportunities within a Local Health Department" (2019). *Capstone Experience*. 85.
https://digitalcommons.unmc.edu/coph_slce/85

Creation of Evaluation Tools for Workforce Development Opportunities within a Local Health

Department

Nancy A Esch

Degrees:

Associates of Science – Nursing, Registered

Bachelors of Science, Arizona State University – Family and Human Development

Masters of Science, Arizona State University – Family and Human Development

April 2019

Creation of Evaluation Tools for Workforce Development Opportunities within a Local Health

Department

Abstract

Improving the skills and competencies of the Central District Health Department's (CDHD) workforce is essential in assuring the public's health. However, to develop the desired skills and competencies of the workforce requires effective training programs. CDHD provides professional development funds to all staff to attend workforce development opportunities that can be used on specific training relevant to their position. Approved trainings at CDHD, however, are not evaluated for effectiveness. This capstone project aimed to develop evaluation tools to help determine the effectiveness of training programs at the CDHD. Kirkpatrick's Four Levels of Training Evaluation (2016) was used to help build the project's evaluation tools, and the Psychology of Change was the training program chosen to evaluate for this project. The purpose of the Psychology of Change training was to prepare staff to move forward with the public health accreditation process. A total of eight staff members participated in the capstone project (**Table 1**), two performance management staff and six environmental health staff. The characteristics of the sample included 50 percent women, 13 percent minority population, and an average of 7.6 years of public health experience per staff member. Content analysis was obtained by qualitative methods, including written responses on a survey and through a focus group discussion.

This capstone project developed an appreciation for integrating evaluation tools into the training process and concludes by offering recommendations that could be used for future trainings at CDHD.

Introduction

The Central District Health Department serves Hall, Hamilton, and Merrick Counties in Nebraska with approximately 75,000 residents living within the district's coverage area (2016 Central District Comprehensive Community Health Needs Assessment). Currently, there are 32 full time and part time employees and four divisions in the department, including Community Health, Environmental Health, Health Projects Division, and Disease Surveillance and Investigation.

In May 2015, CDHD developed its Organizational Strategic Plan as the initial process towards public health accreditation. The existing plan expired in September 2015. In 2016, CDHD made the commitment to achieving accreditation through the Public Health Accreditation Board (PHAB). Accreditation is the systematic approach for public health improvement. The initial and ongoing process of accreditation helps identify performance and quality improvement opportunities, improve management processes, identify organizational strengths and weaknesses, improve relationships with the community, and illustrate accountability and transparency to the public and policymakers (PHAB, 2011). In addition, PHAB, who developed a set of nationally recognized, practice-focused and evidenced-based set of standards in which health departments measure their performance against, found that continuous training of staff is necessary to ensure competence in a field that is making constant advances in collective knowledge and improved practices (PHAB, 2011).

PHAB requires eight prerequisites to submitting the application for accreditation, which include 1) an adopted current community health assessment; 2) an adopted community health improvement plan; 3) an adopted current department strategic plan; 4) a department workforce development plan; 5) a department emergency operations plan; 6) organizational branding

strategy; 7) a department quality improvement plan; and 8) a performance management system (PHAB, 2014).

Of the eight prerequisites, the CDHD workforce development plan was selected for this capstone project. In 2016, the Office of Public Health Practice at the University of Nebraska Medical Center, College of Public Health (COPH) conducted a comprehensive assessment of the workforce education and training needs of CDHD. This assessment involved conducting a survey, based on a 2010 modified version of the Council on Linkages between Academia and Public Health Practice, and was sent to all CDHD staff in February 2016. The results of the survey were used to identify priority workforce education and training needs, and to develop a workforce development plan for CDHD. The importance of the workforce development plan is to improve the skills and competencies of the CDHD's workforce, which is essential in assuring the public's health. The Institute of Medicine declared that local health departments (LHD) have a "critical role in ensuring conditions for a healthy community" and emphasized LHD's as the backbone of the public health system (Yeager, Wharton & Beitsch et al., 2018, p. S72).

Research shows that a key component for strengthening a public health infrastructure is a strong workforce who is well trained and skilled to accomplish this goal (Aidala, Cavaliere & Cinnick, 2018). However, the Public Health Workforce Interests and Needs Survey (PH WINS) estimates that 25 percent of employees are planning to retire before 2020 with an additional 18 percent intending to leave their organizations within one year (Workforce Development and Research, 2014). In addition to unfilled positions, Grimm et al., (2015) found that only four percent of public health employees in Nebraska had training or certification that was specific to public health. This lack of qualified public health professionals is a serious concern, and reinforces the need to maintain a competent public health workforce. The good news is that

training public health professionals in the United States gained momentum and strength in 1999

when the Health Resources and Services Administration (HRSA) established a public health

training center program (Grimm et al., 2015). In 2011, the University of Nebraska Medical

Center established the Great Plains Public Health Training Center (PHTC), through funding from

HRSA (Grimm et al., 2015). The Great Plains PHTC assessed the workforce development,

education, and training needs of Nebraska's public health workforce. Results of the assessment

identified cultural competency and communication skills as priority competency domains

(Grimm et al., 2015).

Potential barriers to professional development, as identified from the 2016 survey of

CDHD employees, include time to participate in training, relevance of training, and cost of

trainings. The purpose of this project was to create an evaluation protocol for education and

training opportunities.

The importance of the project is to help CDHD improve training outcomes by using a

logical approach to evaluating the results of training and development. Trainings should enhance

performance and measurably contribute to the organizational outcomes. In addition, trainings

should be evaluated and monitored for effectiveness with the goal of improving the program, and

maximizing the transfer of learning to behavior change within the organization (Kirkpatrick &

Kirkpatrick, 2016). Training should also be accompanied with tools to retain the organization's

qualified public health staff. Workforce shortages in public health make it critical for

organizations to identify factors that contribute to any dissatisfaction from employees.

Addressing the root causes of dissatisfaction may decrease the likelihood of employees leaving

their jobs in public health (Wisniewski, et al., 2018). Root causes of dissatisfaction in employees

identified by Harper, Casturcci, Bharthapudi and Sellers (2015) include lack of communication

between senior leadership and employees, and not being rewarded for creativity and innovation. Also identified by The Council on Linkages Between Academia and Public Health Practice (2016), was that public health "respondents most strongly disagreed that there is an atmosphere of trust and mutual respect within the organization" (p. 43), which leads to job dissatisfaction. Conversely, job satisfaction was fostered when employees' needs and motivations are considered, recognition given for performance, adequate trainings, and feedback (Wisniewski, et al., 2018). Taking a closer look at the gains derived by linking rewards and recognition to an organization's business strategy, Ali and Ahmed (2009) found a statistically significant relationship between reward and recognition respectively, and motivation and satisfaction. However, it should be noted "one size fits all" approach to rewards and recognition will not be sufficient, and the cultural and personality characteristics of employees should be taken into consideration (Ali & Ahmed, 2009).

The purpose of this capstone was to build tools to evaluate the effectiveness of training programs at CDHD. The hypothesis: Integrating evaluation tools into the training process will improve efficiency and employee satisfaction.

Evaluation of Training Program

Kirkpatrick's Four Levels of Training Evaluation was chosen to help guide Psychology of Change training that was completed at CDHD. There are three basic reasons to evaluate training programs. First, to ensure that training programs are developed and delivered in such a way as to maximize learning. Second, post-training evaluation can help to increase the amount of on-the-job application. Finally, a good evaluation should demonstrate business or mission value (Kirkpatrick & Kirkpatrick, 2016). Kirkpatrick's four levels are:

Level One: Reaction: The degree to which participants find the training favorable, engaging, and relevant to their jobs.

Level Two: Learning: The degree to which participants acquire the intended knowledge, skill, attitude, confidence, and commitment based on their participation in the training.

Level Three: Behavior: The degree to which participants apply what they learned during training when they are back on the job.

Level Four: Results: The degree to which targeted outcomes occur as a result of the training and the support and accountability package.

> Kirkpatrick's first foundational principle explains that effective training and development begins before the program even starts. Trainers must begin with desired results (Level 4) and then determine what behavior (Level 3) is needed to accomplish them. Then trainers must determine the attitude, knowledge, and skills (Level 2) that are necessary to bring about the desired behavior(s). The final challenge is to present the training program in a way that enables the participants not only to learn what they need to know but also to react favorably to the program (Level 1). (Kirkpatrick & Kirkpatrick, 2016, pp. 33-34)

Psychology of Change Training

The Psychology of Change training was provided to CDHD by the Department of Health and Human Services. The training was presented on-line and recorded so participants could complete the five modules at their own pace. The training is specifically used in planning and carrying out changes in the design of work. The topics included unleash intrinsic motivation, tools and framework of authentic relationships, distribute power systematically, people powered change, and adapt and action. The adapt and action module described autonomy, using the Job

Characteristic Model, which provided the performance management team with Kirkpatrick's

level three behavior that they wanted to apply back on the job at CDHD.

Methods

Evaluation tools were created using the Kirkpatrick Model described above. The tools

created measured levels one and two and were piloted with participants who completed the

Psychology of Change training modules.

To measure the participants' reaction to the training, a survey was created using level one

of the Kirkpatrick model. A five-point Likert scale was used with descriptors that were likely to

have the same meaning to all respondents. Content of the training was used to measure how

favorable the participants found the training. Impact of the training was used to measure

participants' knowledge and interest prior to the training, and knowledge and interest after the

training (pre/post assessment). Application was used to measure the opportunity to use what they

learned in training on the job.

The Likert scales were modified from Vagias (2006) Likert-type scale response anchors.

- Content of training: 1 = Very poor, 2 = Poor, 3 = Ok, 4 = Good, 5 = Very good

- Impact of training: 1 = None, 2 = Very little, 3 = Some, 4 = Good, 5 = Very good; and

  1 = None, 2 = Slightly, 3 = Somewhat, 4 = Very, 5 = Significant

- Application: 1 = Not confident, 2 = Little Confident, 3 = Neither, 4 = Somewhat

  Confident 5 = Very Confident

Qualitative data was also obtained from the survey in the form of written answers the

participants provided to the following questions:

1. What further things might you need to help you use your learning in your job?

2. How could the training be improved?

3. What are employees supposed to do on the job as a result of the training?

4. List the top skill or behavior learned from this training (must be specific, observable, and

    measurable).

The qualitative questions were developed using levels one and two, reaction and learning,

from the Kirkpatrick model. Questions one and two were created to evaluate participant

satisfaction of the training (level one), whereas questions three and four were created to evaluate

the participants' commitment to and knowledge (level two) of the training.

After the survey results were collected and reviewed, the results from level one of the

Kirkpatrick model (Kirkpatrick & Kirkpatrick, 2016) recommended evaluating the five

components of learning (level two): knowledge, skills, attitude, confidence, and commitment.

Knowledge was evaluated and measured with a Certificate of Completion that both members of

the performance management team received after completing the Psychology of Change training

modules. Skills were evaluated with formative and summative methods. The performance

management team agreed that they learn best through having discussions (formative). Both

members of the performance management team participated in an hour-long discussion about the

Psychology of Change training, and then wrote an action plan detailing how they will apply what

they learned on the job and what they will accomplish (summative).

Before implementing the new learning, a focus group of participants (**Table 2**) was

selected to discuss attitude, confidence and commitment to the training content, which are

components of level two learning. The importance of autonomy in the workplace was addressed

prior to the focus group discussion to increase their engagement. The questions presented during

the focus group were:

1. How do you feel about autonomy in the workplace?

2. How confident are you in working autonomously?

3. How committed are you in continuing to work autonomously?

4. What challenges have you encountered with autonomy?

5. What supports/materials would help increase autonomy in your department?

Results

Due to the small sample size, collecting the survey results from the performance

management team (**Table 3**) provided a narrow view of the effectiveness of the Psychology of

Change training. For this reason, the evaluation itself, and the implementation and use of

evaluation tools, became the focus of this project.

Implementing the survey after the performance management team completed the

Psychology of Change training provided an opportunity for the team to reflect on the training. By

reflecting on the training, the participants decided that the training is useful, and would provide

value to CDHD. If the training was not useful, or did not provide value to CDHD, the evaluation

would end at this point. Training usefulness and value were measured when participants rated the

content of the training at 3.5, which is between OK and good, and rated both interest in the

subject and intention to learn more at 4.0 or very interested. The survey also evaluated usefulness

(level one reaction) of the training by measuring knowledge and understanding of the subject

before the training, and after the training. The participants rated their knowledge of the subject

before the training at 2.5 or very little to some knowledge and understanding of the subject, and

after the training they rated their knowledge as 3.5 or some to good knowledge and

understanding of the subject, which showed an improvement of one rating scale.

The second part of the survey provided qualitative data by asking participants to write

their answer to the questions. Again, because the small sample size data is not that useful, the

focus is on the questions that were built into the survey to evaluate the training. Open-ended questions were included in the survey to gain participant insight into the training and to provide a more detailed response than the Likert scale could provide. For example, the first question asked participants what further information; skills or resources might help you in applying the new skill or behavior in your job? Participants answered with practice, continued learning, and supporting resources/literature would help to apply new learning on the job. These are tangible learning aides that can be added to the evaluation process and measured for effectiveness. These learning aids are also referred to as post-training supports, or required drivers that are identified and implemented for continuous performance monitoring and improvement in Kirkpatrick's and Kirkpatrick's (2016) Level three: Behavior.

Participant satisfaction was also evaluated by asking how the training could provide a better learning experience. To one participant, shorter training sessions would provide a better learning experience.

The following question asked participants what they would like employees to do on the job as a result of the training? This question is significant because it provides Kirkpatrick's fourth level evaluation: what are the desired results from this training. Also important, is the question built into the survey that provides Kirkpatrick's level three behavior: what behavior is needed to accomplish level four? Both participants agreed that autonomy, which would provide ownership to projects, was the behavior that would help accomplish level four, which is overall well-being, and higher levels of job satisfaction.

For level two learning (knowledge, skills, attitude, confidence, and commitment) knowledge was achieved through the Certificate of Completion that the performance management team completed. Through the action plan that was developed by the performance

management team to evaluate skills, two metrics were measured: how to apply the skill on the job, and what will the skill accomplish. The team decided that buy-in of autonomy by staff was needed before they could successfully apply the new skill (autonomy) on the job. The reason for their decision is because the Psychology of Change training came about to help an existing process, accreditation, move forward. Because staff was already aware of the existing process, it was important to have a focus group discussion surrounding attitude, commitment and confidence into the training content before implementing the new skill (autonomy). The problem that was addressed for the six focus group participants: What are the challenges, if any, in transitioning to an autonomous work group? Most felt that autonomy in the workplace was a measure of being trusted to accurately complete a task, and will end in a better product. However, it was noted that direction and guidance are necessary to ensure everyone is working towards the same goal. Adding to direction and guidance, one participant stated, "The quality assurance supervisor should check on operations within the lab from time to time. Micro-management by him is unnecessary, though."

     All participants stated confidant to very confident in his or her ability to work autonomously, and one participant added, "Very confident if the directions are clear with both sides." Participants stated that they were committed and very committed to working autonomously. One participant added, "I am committed each day to moving this lab forward so as to accomplish its intended purpose of ensuring communities and private individuals are given reliable information concerning the quality of their drinking water."

     When asked what challenges they have found with autonomy produced the most discussion. One participant stated that "…expected to be too autonomous at times. Not told what is going on, what is expected." Another shared concerns about the accreditation process, "…not

knowing what the final results are or expected, and not knowing which direction

(documentation) shall be taken." This participant is concerned that some of the documentation he

plans to submit might be rejected by the PHAB. However, it was discussed that CDHD has

resources at the state level that will look over documentation, and give suggestions before

submitting to PHAB. The last participant to comment on challenges stated, "I believe I have met

the majority of challenges. Interesting things happen each day. I am flexible enough to keep the

lab functioning."

The last question for the focus group asked to list any supports or materials that would

help increase autonomy in your department. Again, guidance and feedback were requested.

Another participant added, "So far, things seem to be fine."

The Psychology of Change survey (Document 1) that was developed during this project

is a tool that could be used for future trainings at CDHD. Below, a revised version of the

Psychology of Change survey is provided that removed the Psychology of Change heading, and

labeled all anchors.

Participant Feedback

1. Your name:

2. Your job title/department:

3. Title of the training

4. How did you find the content of the training, e.g. amount and difficulty? (1 = Very Poor, 2 = Poor, 3 = Ok, 4 = Good, 5 = Very good)

	1	**2**	**3**	**4**	**5**
Content	☐	☐	☐	☐	☐

5. Knowledge and understanding of the subject before taking the training : 1 = None, 2 = Very little, 3 = Some, 4 = Good, 5 = Very good

	1	**2**	**3**	**4**	**5**
Impact of the Training	☐	☐	☐	☐	☐

6. Knowledge and understanding of the subject after the training : 1 = None, 2 = Very little, 3 = Some, 4 = Good, 5 = Very good

	1	**2**	**3**	**4**	**5**
Impact of Training	☐	☐	☐	☐	☐

7. Interest in the subject before the training 1 = None, 2 = Slightly, 3 = Somewhat, 4 = Very, 5 = Significant

	1	**2**	**3**	**4**	**5**
Impact of Training	☐	☐	☐	☐	☐

8. Interest in the subject after the training 1 = None, 2 = Slightly, 3 = Somewhat, 4 = Very, 5 = Significant

	1	**2**	**3**	**4**	**5**
Impact of Training	☐	☐	☐	☐	☐

9. How confident do you feel about applying what you learned from the training to your job role? 1 = Not confident, 2 = Little Confident, 3 = Neither, 4 = Somewhat Confident 5 = Very Confident

	1	**2**	**3**	**4**	**5**
Application of Training	☐	☐	☐	☐	☐

10. What further things might you need to help you use our learning in your job?

11. How could the training be improved?

12. What are employees supposed to do on the job as a result of the training?

13. List the top skill or behavior learned from this training (must be specific, observable, and measurable).

Thank you for taking the time to complete this form.

Table 1 Number of Years of Public Health Experience – Capstone Participants (n=8)

Answer Options	Response Percent	Response Count
0 – 2 years	0.0%	0
3 – 5 years	12.5%	1
6 – 10 years	62.5%	5
11 – 20 years	11.2%	2
More than 20 years	0.0%	0

Table 2 Demographics of Focus Group (n=6)

Answer Options	Response Percent	Response Count
Male	66.7%	4
Female	33.4%	2
Minority	16.7%	1
Average years of Public Health experience	7.2%	6
Full-time equivalents	100.0%	6

Table 3 Demographics of Performance Management Staff (n=2)

Answer Options	Response Percent	Response Count
Male	0.0%	0
Female	100%	2
Administrative/Supervisor position	100%	2
General Staff position	0.0%	2
Full-time equivalents	100.0%	2

Limitations

The small sample size of participants to evaluate the effectiveness of the Psychology of

Change training provided was not that useful. Also, both participants are

supervisor/administrative employees, which is not representative of all employees or departments at CDHD.

When evaluating the components of learning, knowledge was evaluated with a certificate of completion that the performance management received. The certificate provides no measures to evaluate. In future evaluation, it is recommended that a pre/post assessment be created on the learning objectives to evaluate knowledge

Although the focus group provided valuable information, there are limitations to its use. To begin with, the open-ended nature of responses that are obtained make interpretation of the results difficult. Giving the participants an option to write responses on paper as well as taking notes is not sufficient; audiotaping would have provided better analysis by capturing discussions that were missed because they were not wrote down. Also, as with most research, the moderator may bias the results unknowingly by providing cues about the type of responses that are desirable. The moderator works at CDHD, so bias is likely due to staff connection with this capstone project. Lastly, as with the survey, the focus group did not represent all staff members and departments at CDHD.

Discussion/Recommendations/Conclusion

An important goal of local health departments (LHD) is assuring the public's health. Research shows that having a strong workforce who is well trained and skilled will accomplish this goal. However, simply providing training to staff does not ensure a well-trained and skilled workforce. As Kirkpatrick and Kirkpatrick (2016) noted, there is an urgent need to create and demonstrate training value. Instead of viewing training as a single event, one that starts and ends with the training itself, training should be viewed as a systematic process. A systematic process that begins before the participant attends the training, and that provides results long after the

training has ended. Kirkpatrick and Kirkpatrick (2016) also found that training without an

evaluation plan yields only 15 percent on-the-job application. However, tools to evaluate training

programs that include reinforcements that occur after the training produces the highest level of

learning effectiveness (Kirkpatrick & Kirkpatrick, 2016).

The Kirkpatrick model uses a logical and systematic approach to evaluating the results of

training and development by having the trainee "plan with the end in mind" (Kirkpatrick &

Kirkpatrick, 2016, p. xii).

Evaluating trainings at CDHD can help determine whether new skills or behaviors are

implemented as planned and identify training strengths, weaknesses, and areas for improvement.

A well-developed evaluation plan has the potential to increase employee satisfaction and well-

being by providing adequate trainings with the required drivers, such as feedback, consideration

of needs and motivations of the employee, and recognition. Administrators and supervisors

should question the purpose behind all trainings, have conversations about the specific results

that the training should support, and what the targeted group or department will have to do on the

job to accomplish it.

For trainings that are meant to bring about department wide change, it would be

beneficial that all staff attend, or at the very least, an employee from each department. Another

recommendation for CDHD is to begin researching the importance of post-training supports,

which aligns with level three of Kirkpatrick's Four Levels of Training Evaluation (Kirkpatrick &

Kirkpatrick, 2016). One support provided by this capstone was drafting a recognition policy for

CDHD (document 3). As stated earlier, trainings should be accompanied with tools to retain the

organization's qualified staff. Recognition to retain staff also aligns with PHAB measure 8.2.4

"Polices that provide an environment in which employees are supported in their jobs" (Public

Health Accreditation Board (2011). Lastly, as noted from the focus group discussion, providing

guidance and feedback should be built into the training evaluation process. Guidance and

feedback promote motivation and job satisfaction.

In conclusion, creating a model using Kirkpatrick can be used for all training

opportunities. My project pilots this with the opportunity that was offered.

Service Learning/Capstone Experience Reflection

My service learning experience was centered on quality improvement, one of the eight

PHAB prerequisites. I began by completing the PHAB online accreditation training. Next, I

presenting information on the accreditation process to all staff at CDHD, and also explained my

role as a student, which differed from my position at WIC. I organized and conducted a PDSA

activity for the CDHD staff. This was a great hands-on learning experience that explained how to

perform PDSA, and my role in working with the departments in conducting PDSA. Conducting

weekly meetings with the branding committee, environmental health staff, and the accreditation

committee from the summer 2018 through December 2018. This included writing agendas,

detailed meeting notes, and uploading all documents to the CDHD shared drive. During this

time, I wrote and distributed CDHD's first accreditation newsletter monthly for several months

until the accreditation coordinator was ready to take it over. It is now called the CDHD monthly

newsletter. Presented a communication audit to staff at CDHD, which gave examples of

materials that the department currently uses that would not comply with our branding strategy.

Worked with the IT committee on the CDHD website. Surveyed the CDHD staff on the current

website, received a lot of feedback and suggestions which have been incorporated.

Once the decision was made to evaluate the Psychology of Change training, my capstone

experience began. I researched and read Kirkpatrick's Four Levels of Training Evaluation. I used

this model extensively throughout my capstone project. Kirkpatrick's training evaluation guided

my writing of the survey questions that were given to the performance management staff after

they completed the training. Next, I researched focus group theory and practice to prepare for

conducting a focus group. Completed one part of the Quest for Accreditation Report on

Workforce Development for CDHD. Researched Strategic Human Resource Management

(SHRM) employee recognition programs, and their employee job satisfaction and engagement to

help build a recognition program for CDHD, and also co-designed a survey to seek employee

input on how they would like to be recognized and/or rewarded. Co-developed the CDHD

education/training calendar for 2019. Lastly, reviewed job descriptions at CDHD as part of the

workforce development plan.

Although I was already employed by CDHD when starting the MPH Program at UNMC,

I had not worked outside of my individual department at Women, Infants and Children (WIC).

The SL/CE experience allowed me to work in the other departments at CDHD, which in itself

was a huge public health learning experience.

Activities and Products

- Developed a feedback survey on the Psychology of Change training (Document 1)**.**
- Developed focus groups questions in regards to Autonomy for the Environmental Health department at CDHD (Document 2).
- Developed a draft of a Recognition Policy for CDHD (Document 3).
- Developed a power point presentation on the accreditation process to staff at CDHD (Document 4).
- Completed PHAB's on-line accreditation training (Document 5).
- Organized and conducted Plan, Do, Study, Act (PDSA) with all departments at CDHD. The PDSA's were conducted over months, and included weekly meetings, which involved me writing the agendas, and meeting notes, conducting the meetings, and delegation of activities (examples Document 6 and 7).

- Developed CDHD's first Accreditation Newsletter. This project has been taken over by Jennifer Hubl, Accreditation Coordinator at CDHD (Document 8).
- Prepared a survey through Survey Monkey on staff's knowledge on Branding before and after five days of multiple methods to educate staff on Branding.
- Developed a power point presentation on Branding and Quality Improvement for staff at CDHD (Document 9).
- Co-developed a 2019 CDHD calendar of Education/Trainings for staff (Document 10).

Accomplishments and contributions would include picking up the accreditation momentum after the previous accreditation coordinator resigned, promoting transparency of the accreditation process at CDHD, building teams of multidepartment staff members, and developing evaluation tools for staff education and trainings. My strength that I brought to each project was my determination to follow through and complete projects, and providing feedback. My greatest challenges were learning the importance of employee buy-in and motivation. Learning and understanding key motivators, such as responsibility, recognition, and the ability to grow ideas, helped me overcome those challenges I encountered early in the SL/CE. My public health education has given me the researched based tools I need to effectively contribute to public health practice.

Appendices

- Document 1 - Psychology of Change training survey

- Document 2 – Focus Group questions

- Document 3 – CDHD Recognition policy draft

- Document 4 – CDHD PHAB power point presentation

- Document 5 – PHAB on-line accreditation training certificate

- Document 6 – Example of prepared Agenda

- Document 7 – Example of meeting notes

- Document 8 – CDHD Accreditation newsletter

- Document 9 – CDHD Branding and Quality Improvement power point

- Document 10 CDHD Education and Training calendar 2019

References

Aidala, A. A., Cavaliere, B., and Cinnick, S. (2018). Strategies and tools for public health

    workforce training needs assessments in diverse and changing population health contexts.

    Journal of Public Health Management and Practice, 1.

    doi:10.1097/phh.0000000000000803

Ali, R., and Ahmed, M.S., (2009). The Impact of reward and recognition programs on

    employee's motivation and satisfactions: An empirical study. *Journal of International*

    Review of Business Research Papers 5(4): 270-279. Retrieved from

    https://www.bizresearchpapers.com/22.Reena.pdf

Central District Comprehensive Community Health Assessment (2016).

    http://cdhd.ne.gov/public-health-data/

Council on Linkages Between Academia and Public Health Practice. (2016). Recruitment and

    retention: What's influencing the decisions of public health workers? Washington, DC:

    Public Health Foundation.

Domain 8: Maintain a competent public health workforce. (2014.). Retrieved from

    http://www.phf.org/resourcestools/Documents/PHAB_Standards_and_Measures_Version

    _1-5_Domain_8.pdf

Grimm, B. L., Johansson, P., Nayar, P., Apenteng, B. A., Opoku, S., & Nguyen, A. (2015).

    Assessing the Education and Training Needs of Nebraska's Public Health Workforce.

    Frontiers in Public Health, 3. doi:10.3389/fpubh.2015.00161

Harper, E., Castrucci, B. C., Bharthapudi, K., and Sellers, K. (2015). Job satisfaction: A Critical,

    understudied facet of workforce development in public health. *Journal of Public Health*

    Management and Practice, 21. doi:10.1097/phh.0000000000000296

Kirkpatrick, J. D., & Kirkpatrick, W. K. (2016). *Kirkpatrick's four levels of training evaluation*.

      Alexander, VA: ATD Press. doi:10:1607280086

Public Health Accreditation Board (2011). PHAB standards and measures, Version 1.0.

      Alexandria VA: Public Health Accreditation Board. Retrieved from

      www.phaboard.org/wp-content/uploads/PHAB-standards-and-measure-version -1.0.pdf.

Stewart, D. W., Shamdasani, P. N., & Rook, D. W. (2007). Focus Groups: Theory and practice.

      Thousand Oaks, USA: *SAGE Publications*.

Vagias, Wade M. (2006). Likert-type scale response anchors. *Clemson International Institute for

      Tourism & Research Development*, Department of Parks, Recreation and Tourism

      Management. Clemson University.

Wisniewski, J. M., Jacinto, C., Yeager, V. A., Castrucci, B., Chapple-Mcgruder, T., & Gould, E.

      (2018). Opportunities to improve employee satisfaction within state and local public

      health agencies. *Journal of Public Health Management and Practice,* 1.

      doi:10.1097/phh.0000000000000857

Workforce Development and Research. (2014). Retrieved from http://www.astho.org/phwins/

Yeager, V. A., Wharton, M. K., & Beitsch, L. M. (2018). Maintaining a competent public health

      workforce. *Journal of Public Health Management and Practice,* 1. doi:

      10.1097/phh.0000000000000750