



ILLINOIS PUBLIC HEALTH WORKFORCE DEVELOPMENT PLAN 2018 - 2021

Public Health Is Stronger Together

Table of Contents

Executive Summary.....	2
Background	2
Workforce Development Goals.....	3
Implementation	3
PHIST Illinois Public Health Workforce Development Plan.....	4
Purpose and Introduction.....	4
Statewide Public Health Workforce Profile	4
Current Workforce Development Resources.....	5
Identified Barriers, Priorities and Gaps.....	8
Goal 1: Develop a system for the effective use of workforce development resources.	10
Goal 2: Offer leadership development opportunities with a focus on skill building around systems thinking, emerging issues, and the recommendations from PH 3.0.....	10
Goal 3: Provide and promote training on management and administrative skills.	10
Goal 4: Support and foster the development of the future Public Health Workforce.	10
Infrastructure for Ensuring Alignment and Sustainability	11
Implementation of the Workforce Development Plan	11
System for Evaluation and Tracking of Plan.....	12
Appendices.....	13
Appendix A: Public Health Workforce Table.....	13
Appendix B : LHD WD Plan Excerpts	17
Appendix C: CEPH Accredited Public Health Program in Illinois.....	21
Appendix D: WD Resources	22
Appendix E: Template Resources.....	24
Appendix F: Detailed Illinois Workforce Development Goals and Objectives.....	25
Appendix G: Letter of Commitment.....	31

Executive Summary

Background

Public Health is Stronger Together (PHIST) is a collaborative initiative that formed out of the budget crisis in 2016 and brought together the Illinois Public Health Association (IPHA); Illinois Department of Public Health (IDPH); Illinois Association of Public Health Administrators (IAPHA); Northern Illinois Public Health Consortium (NIPHC); Southern Illinois Public Health Consortium (SIPHC); and the University of Illinois at Chicago, School of Public Health's MidAmerica Center for Public Health Practice (UIC-SPH MCPHP). As a part of the PHIST initiative, workforce development was identified as a focus area for strengthening the public health system in Illinois. PHIST continues to work on strategic improvements in the public health system and has had a number of successes through increased collaboration and alignment of effort across the system. The development of this plan has been a collaborative effort.

In 2017 the Illinois Public Health Association working in conjunction with PHIST and supported by funds from the Region V Great Lakes Public Health Training Collaborative at UIC SPH, formed a Workforce Development Committee (WDC). The Committee conducted an assessment to develop and implement a plan that aligns workforce development efforts throughout the state of Illinois improving public health practice. This plan is designed to highlight existing resources, more effectively address current needs, and to build a better coordinated overarching system of addressing public health workforce development in Illinois.

The governmental public health workforce in Illinois is shrinking, based on numbers of employees in local health departments from 4 years ago to those today. Seventy percent of local health departments have 30 or fewer employees as a part of their public health workforce. There are only 2.8 local public health employees per 10,000 people in Illinois. In addition, 37% of local health departments are led by those with less than five years of experience. These trends are adding to the challenge of providing workforce development along with the need to focus the workforce on the implementation of Public Health 3.0., a new framework for focusing on social determinants of health to address the new challenges faced by public health practitioners.

Through an assessment of barriers, needs, and existing opportunities the following issues were identified as key workforce development topics for Illinois governmental public health staff:

- additional training needed on administrative skills and leadership development,
- a mechanism to more effectively address emerging issues, and
- a systematic approach that ensures a coordinated effort and effective use of limited resources to address workforce development needs.

Workforce Development Goals

To address the priority issues identified goals and objectives were developed. Following are the goals for the Illinois Workforce Development Plan:

Goal 1: Develop a system for the effective use of workforce development resources.

Goal 2: Offer leadership development opportunities with a focus on skill building around systems thinking, emerging issues, and the recommendations from PH 3.0*.

Goal 3: Provide and promote training on management and administrative skills, with a focus on the Public Health Core Competencies and skill development.

Goal 4: Support and foster the development of the future public health workforce.

The detailed goals and objectives can be found posted on the IPHA website at www.ipha.com.

*Key components of PH 3.0: becoming a chief health strategist, focusing on social determinants of health and health equity, building cross-sector partnerships, increasing the optimal use of data, aligning infrastructure with public health standards and finding innovative ways to fund programming

Implementation

The partners of the PHIST Initiative are committed to the implementation of this plan and have shared a letter of commitment outlining their responsibilities. The IPHA Workforce Development Committee will provide oversight to the plan's dissemination and implementation by tracking and reporting progress, through actively promoting coordination and alignment of efforts, assessing for emerging needs, and sharing workforce development best practices tools and resources. IPHA staff will serve as the point of contact for the implementation of the plan and the IPHA website will serve as a collective site for sharing of resources, best practices, and reports on progress. The plan includes a number of appendices with resources and templates which can be used to support the development of local workforce plans.

The plan will be broadly disseminated with a focus on how to use the plan to focus and align workforce development opportunities throughout Illinois.

PHIST Illinois Public Health Workforce Development Plan

Purpose and Introduction

Workforce development is a process to build individual skill with a goal to improve performance for the benefit of the community. Workforce development in public health is an attempt to improve health outcomes (i.e. healthier people) by enhancing the training, skills, and performance of public health workers. A well-prepared public health workforce is the foundation of a healthy community. Solid emphasis and strong recognition of the benefit of public health workforce development for the individual, organization, and perhaps most importantly, the public solidifies that the public health community is committed to providing training to their workers. However, in Illinois there has long needed to be a more systematic approach to public health workforce development. Workforce development opportunities have been fragmented and a lack of an overall approach to workforce development as well as a decrease of funding for workforce development at both the state and local levels. Local resource constraints have also led to an underutilization of available opportunities. Due to the changes in the roles and responsibilities, the fiscal situation faced by all levels of public health enterprise, it remains important and needed to contribute and increase efforts to meet the workforce challenges and strengthen the public health workforce illustrating the need for the PH 3.0 concepts.

As a part of the Public Health is Stronger Together (PHIST) initiative, workforce development was identified as a focus area for strengthening the public health system in Illinois. PHIST is a collaborative initiative that formed out of the budget crisis in 2016 and brought together the Illinois Public Health Association (IPHA); Illinois Department of Public Health (IDPH); Illinois Association of Public Health Administrators (IAPHA); Northern Illinois Public Health Consortium (NIPHC); Southern Illinois Public Health Consortium (SIPHC); and the University of Illinois at Chicago, School of Public Health's MidAmerica Center for Public Health Practice (UIC- SPH MCPHP). PHIST has been involved in improving communication and collaboration across the public health system. Some of the PHIST successes include providing a venue for strategic discussion between partners, joint messaging campaigns for National Public Health Week, coordinated legislative efforts, and training on conveying the value of public health.

In 2017 the Illinois Public Health Association along with PHIST and supported by funds from the Region V Great Lakes Public Health Training Collaborative at UIC SPH, formed a Workforce Development Committee (WDC) to align workforce development efforts throughout the state of Illinois to improve public health practice. This IPHA Workforce Development Committee has directed the formation of this plan from the description of the public health workforce, the assessment of needs, the development of goals and the response to input. This plan is designed to highlight existing resources, more effectively address current needs and to build an overall system of addressing public health workforce development in Illinois.

Statewide Public Health Workforce Profile

There are 102 counties in Illinois and all but two are served by a local health department (LHD) with 99.8% of the population served by a local health department. There are 97 certified local health departments in Illinois,

Public Health Is Stronger Together Illinois Public Health Workforce Development Plan

85 are single-county health departments but there are also 4 multi-county departments, 3 district departments and 5 municipal departments. Local health departments range in size from 0 employees to over 700 employees. The five departments with zero employees contract with an adjoining health department to provide services. Seventy-nine percent of LHDs have sixty or fewer employees. The size of the departments is greatly influenced by what services are provided in addition to public health services. Forty percent of LHDs have employees working in other services with 32 LHDs offering dental clinics, 17 providing home health or hospice services, 17 providing mental health services and 6 LHDs also have federally qualified health clinics or provide primary care. The public health workforce in each department ranges from 0 to 510 with 70% of the LHDs having 30 or fewer public health employees (public health employees was broadly defined and includes maternal child health, support and administrative staff).

About 6780 people work in governmental public health agencies in Illinois with 1132 working at the state health department and 5649 working in local health departments. However, only 3644 employees work in public health related positions, see the table in appendix A. This workforce has been shrinking in recent years with significant reductions in overall FTEs and particularly in public health positions. Nationally the reduction of the public health workforce between 2008 and 2016 was 23%, according to NACCHO Forces of Change data. The 2017 NACCHO Forces of Change Report indicates that 62% of the responding LHDs in Illinois had reduced their workforce in the past year either through lay-offs or attrition, this is in comparison to about one third of LHDs nationally. Forty-eight percent of Illinois respondents also indicated that their budget was smaller this year than last, compared to the national average of 23%.

There has also been a significant turnover of leadership at local health departments in the past five years. Thirty-seven percent of LHDs (36 of the 97) are directed by administrators who have been in their positions four or fewer years (hired since January 1, 2014) and eight have been in their positions for less than two years (hired since January 1, 2017). There are a number of retirements planned for the next few months, so this trend will continue.

As of April of 2018, eleven Illinois LHDs and the state health department have been accredited by the Public Health Accreditation Board (PHAB). Each of these departments has a workforce development plan. Some of these plans were reviewed as part of the planning process to develop this Illinois Workforce Development Plan. Some best practices were identified and are shared as resources in Appendix B. A number of other departments are working toward accreditation or are aligning their work with accreditation standards and have recently developed or are working on the development of workforce development plans.

Current Workforce Development Resources

As a part of the assessment process for this plan, surveys were sent to 7 public health organizations and associations with training as part of their mission as well as the state health department. Surveys were also sent to the 8 programs and schools of public health in Illinois which are accredited by the Council on Education for Public Health (CEPH). Following is a summary of the information gathered on current resources.

Public Health Is Stronger Together Illinois Public Health Workforce Development Plan

The Illinois Public Health Institute (IPHI) and UIC's MidAmerica Center for Public Health Practice have as part of their mission to provide workforce development for the public health system. Both of these entities have long histories of providing a wide variety of skill based trainings to the public health workforce in Illinois. Unfortunately funding for both has decreased in recent years.

IPHI has focused much of their workforce development on the components of PHAB accreditation and the PH 3.0 concepts. IPHI's Center for Community Capacity Development was initially formed in 2006 by a grant from IDPH to provide training and TA to support workforce development related to IPLAN from assessment activities, all sorts of planning, implementation of best practices and process and outcome evaluation. IPHI developed an infrastructure to support training and TA, facilitated a statewide training subcommittee from health departments across the state that helped conduct LHD workforce development assessment of learning needs, methods, experts etc. Web and in-person trainings offered across the state in a variety of formats over several years. IDPH funding declined every year until eventually they no longer provided funding. Recently IPHI has offered learning collaboratives on quality improvement and accreditation.

MCPHP had for many years offered a yearlong multi-state leadership institute which was team based and provided leadership development to hundreds of public health leaders in Illinois. MCPHP also provided an annual rural public health institute held in downstate Illinois. Unfortunately, funding for these efforts has been eliminated and both institutes have been discontinued. More recently MCPHP has offered a webinar series on leading for change and strategic communication. MCPHP through its federal grants has been a driving force and funder for the development of this plan and the formation of the IPHA Workforce Development Committee.

In addition, public health employees are offered trainings through a broad array of public health related associations in Illinois including the Illinois Public Health Association, Illinois Association of Public Health Administrators, Illinois Public Health Nurse Administrators, Illinois Environmental Health Association, Illinois Society of Public Health Educators. Annual meetings as well as regional trainings are offered. Training is also accessed from other associations including Illinois Emergency Management Agency, Illinois Rural Health Association, Ounce of Prevention, and the Springfield Urban League. The Illinois Department of Public Health provides a variety of conferences and trainings around specific grants or programs including: preparedness, women's health, HIV/STD, immunization, communicable disease, and food outbreaks. The number of training/conferences has decreased in recent years with tightening budgets.

Most LHDs also provide trainings to their employees including trainings mandated by law, those required by grants and trainings focused on agency priorities and their own workforce development plans. Resources for these local trainings include in-house trainings, other local agencies, and universities. Some LHDs are using the TRAIN Illinois online learning management system to support local trainings.

The Council on Education in Public Health (CEPH) accreditation requires that academic programs offering public health degrees conduct a workforce development assessment and provide workforce development. There are thirteen CEPH accredited programs in public health in Illinois and the School of Public Health at UIC, for a complete list see Appendix C. A number of local health departments work with local colleges and universities

Public Health Is Stronger Together
Illinois Public Health Workforce Development Plan

to offer training opportunities for students from a variety of fields. Several CEPH accredited programs noted that they work with local health departments near them. For both the programs and LHDs there does not seem to be an established system of collaboration but rather one based on the interests of faculty and LHD staff and therefore subject to change with staff turnover.

The opportunity to access training online has increased over the last few years with the reformation of TRAIN Illinois. This system is managed by IDPH and is part of the Public Health Foundation's TRAIN Learning Network. TRAIN Illinois features thousands of trainings on a wide array of public health topics. The system features the ability to save searches for courses, track the courses completed, provide access to state announcements and registration for courses using its registration system. TRAIN Illinois uses a five-star review system to help the user identify the best courses. One feature on TRAIN Illinois that is used by some but could provide significant workforce development value is the ability to post on the site a training plan with links to the trainings that are recommended for a specific position. TRAIN Illinois has been promoted to LHDs primarily through preparedness programming and is widely used by IDPH in employee training. However, it remains underutilized by many LHDs especially outside the area of preparedness.

Online resources are also available through the MidAmerica Center for Public Health Practice on their learning management system, [Public Health Learning](#). This system archives trainings developed by MCPHP and provides access to trainings from other universities. Some topics of interest include: communication toolkit of public health leaders and webinars on medical billing and coding for public health. Archived webinars are also available at the Illinois Public Health Institute website with a focus on performance management, quality improvement and other PHAB standards.

Many of the national public health associations are focusing attention on workforce development. The Association of State and Territorial Health Officers (ASTHO) and National Association of County and City Health Officials (NACCHO) both have a number of resources on their website that describe the public health workforce as well as templates, samples and other documents to support state and local workforce development efforts. Recommendations, training and resources are also available through the Public Health Foundation and the National Consortium for Public Health Workforce Development (deBeaumont Foundation). A more complete listing of workforce development resources is available in Appendix D.

While there are a number of players providing training there has been little coordination between these groups and in many cases no formal assessment of local needs. The result has been disjointed opportunities which do not always address the most pressing needs, especially related to emerging issues. Much of the current opportunities are topic specific and not as likely to relate to skill development or overall competency building in management or leadership. Lack of awareness of the availability of existing resources along with the lack of time locally to search out resources has led to an underutilization of existing training opportunities. There has also been little sharing of best practices across agencies and associations.

Identified Barriers, Priorities and Gaps

As background to this current plan, there was a study conducted in 2013 by MidAmerica Center for Public Health Practice and funded by NACCHO. The study included stakeholder interviews on workforce development. Participants cited four primary barriers to workforce development in their organizations: lack of money or funding, the challenge of scheduling and justifying time away from work, location of training which contributes to time away and cost. It was also noted that there are few trainings available for support staff, especially regarding fiscal issues. From the state perspective, participants identified three different barriers: funding cuts in federal and state public health programs and shrinking local levies, little support statewide for developing and implementing comprehensive online training programs and finally, the potential for “competition among the partners” that provide training.

As a part of this current planning process the IPHA Workforce Development Committee surveyed both local health departments and public health associations to collect information on barriers and priorities for workforce development in Illinois. Responses were received from 35 local health departments ranging from small to large and representing the geographic diversity of the state. Since the 2013 study, Illinois has experienced significant budgetary issues including going two years without a state budget from 2015-2017. With this budgetary crisis it is not surprising that all the barriers identified in the 2013 study were still present and many of these barriers were identified as more acute. The most common barriers reported were: lack of resources; lack of time due to decreased number of employees; lack of sensitivity to training needs and preferences across department size, region or rural vs urban jurisdictions; lack of system to address emerging and rapidly changing public health issues; need for more sharing of resources and best practices. Some additional barriers and issues noted include: need to improve quality of webinars; underutilization of TRAIN Illinois; need for self-directed learning; need for training directed at public health competencies and proficiency levels; lack of recommendations on training for specific positions; and lack of support for workforce development.

Many workforce development priorities were identified from the surveys completed by associations and local health departments. There have also been a number of groups making recommendations on public health workforce development including the Public Health 3.0 framework, the National Consortium for Public Health Workforce Development Priorities, the strategic plans for statewide public health associations and the State Health Improvement Plan. The priorities from the surveys were compared with those from state and national recommendations of training needs. Based on this crosswalk and on the input of the Workforce Development Committee the following list of priorities were identified:

- Leadership development including change management, systems thinking, and problem solving and conveying value of public health
- Public Health 3.0 concepts including resource management, evidence based strategies, social determinants of health, multi-sector partnerships, and optimal use of data
- Diversity, inclusion, cultural competency, health communication, health literacy
- Administrative functions such as fiscal management, supervision, and grants management
- More systematic approach to workforce development with alignment of opportunities with needs

Public Health Is Stronger Together
Illinois Public Health Workforce Development Plan

After discussions on the barriers and priorities the Workforce Development Committee then compared information on existing resources to the needs that had been identified. The following strategic issues were identified:

- more training on administrative skills and leadership development,
- a way to more effectively address emerging issues
- a systematic approach that ensures a coordinated effort and effective use of limited resources to address workforce development needs
- consistent funding for training and workforce development.

Based on these strategic issues a three-year plan was developed. The primary goal of this plan is to develop an overall system for coordinating and aligning workforce development while focusing on identified needs, emerging issues and the future public health workforce. Input on the goals and objectives of the plan was sought from the PHIST Leadership, participants in the workforce development session at the May 2018 PH 3.0 Forum, and via posting on the IPHA website for public comment during the last two weeks of May 2018. The following table of goals and objectives for the next three years reflects the assessment, discussion from the committee and input from others.

Workforce Development Goals and Objectives

For the more detailed version with activities and timelines see [Appendix F](#).

Goal 1: Develop a system for the effective use of workforce development resources.

- Objective 1.1 Coordinate training across organizations and match more effectively with needs.
- Objective 1.2 Provide training to address emerging issues in public health
- Objective 1.3 Support adoption of local workforce development plans.
- Objective 1.4 Increase awareness and use of online training opportunities.
- Objective 1.5 Explore additional certifications through the Public Health Practitioner Certification Board (possibly some type of entry level certification or certification for community health workers)

Goal 2: Offer leadership development opportunities with a focus on skill building around systems thinking, emerging issues, and the recommendations from PH 3.0.

- Objective 2.1 Support skill development related to PH 3.0 Concepts*.
- Objective 2.2 Develop opportunities to strengthen competency in public health leadership skills.
- Objective 2.3 Offer team-based public health leadership institute and learning collaboratives.

Goal 3: Provide and promote training on management and administrative skills.

- Objective 3.1 Offer skill-based management training at a variety of venues which addresses core competencies in management and administrative skills**.

Goal 4: Support and foster the development of the future Public Health Workforce.

- Objective 4.1 Increase the opportunities of students to gain public health experience.
- Objective 4.2 Facilitate communication between practitioners of public health and academic programs on the changing needs of public health workforce development.

*PH 3.0 concepts: becoming a chief health strategist, focusing on social determinants of health and health equity, building cross-sector partnerships, increasing the optimal use of data, aligning infrastructure with public health standards and finding innovative ways to fund programming

**PH core competencies on management and administrative skills: supervision, team building, motivation, grant writing and management, governmental agencies, governance, budgeting, financial analysis, and performance management.

Infrastructure for Ensuring Alignment and Sustainability

The most effective approach to workforce development in Illinois is one of collaboration and alignment by connecting individual efforts both at the state and local levels into one cohesive system. All providers of training are encouraged to align where feasible with the priorities identified in this plan and to provide opportunities for skill development beyond just information sharing where possible. Focus should be given to ways to extend one time trainings through follow-up webinars, archiving the training or providing materials that lend themselves to participants going back and training their co-workers and staff. Trainings should also provide opportunities for a sharing of best practice.

IPHA has assigned staff to support the implementation of this plan and to serve as a point person for the collection of information on trainings, resources and best practices. This plan, along with resources, best practices and reports on implementation will be made available through the IPHA website. Each of the entities in the PHIST Leadership Group recognizes the need to coordinate and align public health workforce development in Illinois and has signed a letter of commitment regarding their role in the promotion and implementation of this plan.

The IPHA Workforce Development Committee will ensure a broad dissemination of this plan. The dissemination of this plan will include an article in the IPHA newsletter, regional and local presentations at the IPHA annual meeting and other association meetings. The WDC will work with IPHA staff to provide oversight to the plan's implementation by tracking and reporting progress, actively promoting coordination and alignment of efforts, and assessing for emerging needs. IPHA Workforce Development Committee will oversee workgroups including: Public Health Leadership Training Workgroup, Strategic Communication Workgroups and Spring Forum Planning Workgroup.

Implementation of the Workforce Development Plan

For training providers this plan provides an overview of the public health workforce, identification of priority areas where more workforce training is needed, and insight into the many barriers to attendance at trainings. Many of the activities listed in the plan provide guidance on additional ways to support workforce development in Illinois through increasing awareness of opportunities, access and alignment. The many fiscal barriers and shrinkage of workforce being experienced call for approaches that can be accessed locally or where training can be extended to co-workers through train-the-trainer approaches. There is significant need to work systematically and to go beyond one day trainings on specific topics to skill development opportunities. Training providers should also be using the core public health competencies as guidance for planning training opportunities since these are a focus of most of the local workforce development plans that were reviewed.

For the public health workforce, the appendices of this plan provide a number of resources and best practice models to support the development of workforce development plans by local agencies. There are links to national websites, templates for an agency plan and individual training plans, and excerpts from workforce development plans from Illinois local health departments. These resources are intended to set the stage for additional alignment and sharing of best practice. Everyone in the public health workforce is encouraged to

share local best practices including training plans for specific positions, locally developed trainings, and workforce development plans. This sharing of best practices will ensure the most effective use of very limited resources.

System for Evaluation and Tracking of Plan

This plan will be reviewed and updated biennially by the IPHA Workforce Development Committee and a report will be shared with the PHIST Leadership Group and the IPHA Executive Council for further distribution and posted on the IPHA website. In addition, there will be an annual assessment of local and state public health professionals to identify emerging issues that require further workforce development.

Appendices

Appendix A: Public Health Workforce Table

Illinois Governmental Public Health Workforce						
2018						
Department	Total # FTEs	FTEs for PH	Jurisdiction	WD Plan	Services other than PH	Comments
Adams	45.7	28.6	66,578	X	DC	
Bond	65	45	16,824		HH, MH, DC	
Boone	15	15	53,503	X	none	
Brown	3.6	3.6	6762		none	Shares Administrator with Adams
Bureau	24	24	33,359		DC	
Calhoun	8.95	5.5	4894		HH	
Carroll	6	5	14,539		none	
Cass	62.64	11.88	12,676		HH, MH, DC, primary care	
Champaign	0	0	79,768			CUPHD covers
Champaign-Urbana PHD	125	125	128,651	X	DC	
Chicago	571.5	510	2,704,958	X	MH, DC	
Christian	9	8.5	33,309		none	
Clark	8.5	8.5	15,938		none	
Clay	44.6	14.72	13,300	X	HH	
Clinton	10	10	37,729		none	
Coles	19	19	52,343		none	
Cook	133	133	2,344,691	X	none	
Crawford	16	16	19,308		None	
Cumberland	7	7	10,858		none	
Dekalb	43	43	104,528		none	
Dewitt-Piatt	10	10	32786		DC	

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

Douglas	20	15	19,630		DC	
Dupage	575	290	929,368	X	MH, DC	
Eastside	47	47	62,759		DC	Located in St. Claire County
Edgar	18	12	17,566		DC	
Effingham	15.83	15.83	34,386	X	HH	Shares Administrator with Clay
Egyptian	150	28.5	45,000		MH, HH	Covers Galleton, White, Saline Counties
Evanston	29	15	74,895		MH	
Fayette	32	21	21,789		HH	
Ford	9	7	13,575		Senior programs	
Franklin-Wil-liamson	37	27	106,716		HH	
Fulton	37	37	35,536		DC	
Greene	19	4	13,093		HH	
Grundy	26.8	17	50,437		MH	
Hamilton	2	2	8061		none	Shares Administrator with Wayne
Hancock	24.56	13.56	18,508		HH, DC	
Henderson	19.6	7	6869		HH	
Henry	90	32	49,280		HH	
Iroquois	13.5	13.5	28,334		none	
Jackson	50	50	58,870		none	
Jasper	29	20	9536		MH	
Jefferson	15	15	38,460		none	
Jersey	25	16	22,025		HH	
Jo Daviess	10	10	21,770		none	
Kane	66	66	531,715	X	none	
Kankakee	32	32	110,008		none	
Kendall	50	40	124,695		MH	

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

Knox	52	24	50,938	X	FQHC/MH/DC	
Lake	884	238	703,047	X	FQHC/MH/DC	
LaSalle	33	33	110,642		DC	
Lawrence	56.5	18.5	16,377		HH, MH	
Lee	19.5	19.5	34,251		none	
Livingston	29	29	36,526		none	
Logan	23	23	29,527		DC	
Macon	85	84	106,550		DC	
Macoupin	100	22	45,908		FQHC/MH/DC	
Madison	36	36	265,759	X	none	
Marion	23	23	38,140			
Marshall	0	0	11,939		MH	Bureau covers
Mason	58	32	13,507		nonprofit services	
McDonough	14.12	14.12	30,996		none	
McHenry	125	125	307,004		none	
McLean	87	86	172,418		HH, DC	
Menard	0	0	12,516		DC	Sangamon covers
Mercer	17	10	15,730		DC	
Monroe	7	7	34,068		none	
Montgomery	39.2	20.5	28,952		MH	
Morgan	21	21	34,277		none	
Moultrie	6.6	6.6	14,827		none	
Oak Park	6.75	6.75	51,774		none	Located in Cook County
Ogle	12.15	12.15	53,000		none	
Peoria	67	58	187,112	X	DC	
Perry	14	10	21,672		HH	
Pike	27	18	15,950		HH, DC	
Putnam	0	0	5611		none	Bureau covers
Randolph	12	12	32,621		none	

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

Rock Island	51	51	144,784		none	
Sangamon	108	108	197,499		DC	
Schuyler	3.8	3.8	6923		plan for FQHC	Share administrator with McDonough
Scott	2.5	2.5	5053		none	
Shelby	13.75	13.75	21,717		none	
Skokie	17	17	64,270			
Southern Seven	177	40	65,050		Head start employees	Covers Alexander, Hardin, Johnson, Massac, Pope, Pulaski, and Union Counties
St Claire	58	58	200,000	X	DC	
Stark	0	0	5776		none	Henry covers
Stephenson	48	45	45,624		DC	
Stickney Township	35	10.9	40,000		MH, DC	Part of Cook County
Tazewell	89	89	134,385	X	DC	
Vermilion	26	26	78,111	X	none	
Wabash	21.8	10	11,492		MH	
Warren	8	8	17,378		DC	
Washington	6	6	14,154		none	
Wayne	8	8	16,396		none	
Whiteside	120	26	56,536		FQHC/MH/DC	
Will	261	128	689,529		FQHC/MH/DC	
Winnebago	99.5	99.5	285,873	X	DC	
Woodford	7.9	7.9	39,140		none	
LHD Total	5685.85	3644.16	12,802,023			2.8 LHD PH employees/10,000 people
IDPH	1132	1132		X		
Illinois Total	6817.85	4776.16	12,848,432			3.7 PH employees/10,000 people

Appendix B : LHD WD Plan Excerpts

Lessons from other LHD Workforce Development Plans

About a dozen LHDs in Illinois have developed Workforce Development Plans. These existing plans are a wealth of information and lessons for those who are now working on plans. Most of the completed plans used the Ohio template which is available on NACCHO's workforce resource page. Following are some excerpts that have value across departments.

Discipline Specific Illinois CE Requirements

Discipline	CE Requirement
Nursing	20 contact hours every 2 years
Registered Sanitarian	24 CE every 2 years
Health Educator (CHES/MCHES)	75 CECH every 5 years
Certified Public Health Practitioner	50 hours every 2years
Certified Public Health Administrator	90 hours every 3 years
Advanced Practice Nurse	50 hours every 2 years
Disease Intervention Specialist (DIS)	6 months training course
Dietitian	(RD) 75 CPE every 5 years, LDN 30 CPEs every 2yrs
Lactation Counselor (CLC)	45 contact hour training course, 18 CEUs every 3 yrs
Lactation Consultant	90 hours within 5 years
Social Worker (LSW or MSW)	30 hours every 2 years
CMA	60 CEUs every 5 years
Physician	150 hours(CEUs) every 3 years
Dentist	48 CEUs every 3 years
Dental Hygienist	36 CEUs every 3 years
Board of Health Members (Illinois)	2 contact hours each year
Environmental Health Practitioner	20 hours every 2 years
Food Safety Instructor	20 CEUs every 5 years
Food Service Sanitation Manager	8 hour training course
Radon Measurement Professional	30 CEUs every 5 years
Licensed Lead Risk Assessor	8 CEUs every 3 years
Certified Emergency Response Coordinator (CERC)	90 hours every 3 years

Annual Mandatory Trainings

Sample of mandatory trainings from LHDs that shared their WD Plans

All staff:

- HIPAA
- Blood borne pathogens
- OSHA
- Ethics
- Mandated reporting
- Sexual harassment

Other training which some LHDs make mandatory for all staff:

- N95
- Cultural competency
- Quality Improvement/Performance management
- Informatics
- Violence in workplace
- Incident/safety training
- Confidentiality training
- Collective impact
- Trauma 101
- Civil right

Preparedness Mandatory Training (core list)

All staff

- IS-100 and IS-700
- SIREN
- Starcom

Command Staff

- IS-300 and IS 400

Specific Staff

- IMATS training
- PIO training
- CERC Crisis and Emergency Risk

Communication

Additional Position Specific Training Requirements

Freedom Of Information Act (FOIA)—annually for designated staff

Open Meetings Act (OMA)—annually for designated staff and within 90 days of becoming Board member

WIC

- civil rights <http://www.springsfieldul.org>
- Certified Health Professional training, medically prescribed formula, counseling

Public Health Is Stronger Together
Illinois Public Health Workforce Development Plan

Cornerstone training
breastfeeding

New Sanitarians-list of potential training (Ogle)

food protection—Training modules 1- 6 on web portal

potable water—new sanitarian training water part 1 & 2 on IDPH web portal

<https://www.compliancewire.com/CW3/Standard/Authentication/LogIn> sewage disposal

Annually 5 hours of food program ED; 3 hours of water program ED; 3 hours of private sewage program ED

Nurses

Immunization Training: You call the shots <https://www2a.cdc.gov/TCEOnline?>

I-NEDSS training

In addition to the Core Public Health Competencies Winnebago County Health Department identified these Organizational Competencies.

Public Health Leadership

- Identifies emerging public health issues
- Utilizes methods of individual and organizational empowerment
- Applies principles of community engagement
- Social forecasting methods and interprets emerging needs and trends Articulates the definitions of crisis level and its elements
- Implements the Performance Management System

Public Health Nursing

- Understand clinical nursing functions as well as population based interventions.
- Cross training in all WCHD nursing program areas (where applicable)
- Public Health Nursing Skill Validation (annually)
- Motivational interviewing and intervention to support behavior change
- Application of the Nursing Process in the Community setting with individuals, families, and communities.

Clinical Functions

- Cross training in all WCHD nursing program areas (where applicable)
- Annual laboratory skills validation for CLIA
- Annual training in infection control practices within the clinical environmental
- Application of evidence-based treatment modalities for communicable diseases including tuberculosis, STI/STD
- Motivational interviewing and intervention to support behavior change.

Environmental Health

- Understand emerging environmental health issues and influence discussions and policy making around environmental health to improve the health of the population.
- Food Borne Disease Outbreak Response Water Safety
- Environmental Hazards
- Built and Systematic Environment Policy

Emergency Preparedness

- Strengthen our local public health and healthcare system
- Preparedness and response by identifying and prioritizing policy and programmatic needs. This can be realized through strong collaboration with local, state, and federal partners.
- Health security surveillance
- Public health emergency law
- Medication countermeasures and dispensing

Infectious Disease

- Building sound public health infectious disease control programs requires developing and implementing science-based policies, programs, and infrastructure for preventing infectious disease morbidity and mortality;
- Control of outbreaks and vigilance against diminishing diseases; and prevention and response to reemerging and emerging infectious disease threats.
- Development of systems for surveillance and epidemiology of communicable diseases
- Integration with healthcare provider systems
- Knowledge of at-risk populations

Chronic Disease and Prevention

- Strategically coordinate and implement comprehensive, evidence-based approaches to wellness and the prevention of chronic diseases and injury.
- Development of systems for surveillance and epidemiology of chronic diseases and injury
- Policy, Systems and Environmental change including Active Transportation or Complete Streets Policy and Food and Nutrition Policy

Appendix C: CEPH Accredited Public Health Program in Illinois

For more information on Council on Education for Public Health please visit <https://ceph.org>

[Benedictine University](#)

5700 College Road
Lisle, IL 60532
1-866-295-3104

[DePaul University](#)

2352 N. Clifton Ave., Suite 130
Chicago, IL 60614
773-325-4008

[Loyola University Chicago](#)

Stritch School of Medicine
2160 South First Avenue
Maywood, IL 60153
1-888-584-7888

[Northern Illinois University](#)

1425 W. Lincoln Hwy.
DeKalb, IL 60115
815-753-1000

[Northwestern University](#)

633 N. St. Clair, 20th Floor
Chicago, IL 60611
312-503-0500

[Southern Illinois University Carbondale](#)

Carbondale, IL 62901
618-453-2777

[University of Illinois at Chicago](#)

1603 W. Taylor Street
Chicago, IL 60612
312-996-6620

[University of Illinois at Urbana-Champaign](#)

1206 S. Fourth Street
Champaign, IL 61820
217-333-2307

Appendix D: WD Resources

Public Health Core Competency Assessment

The [Core Competencies for Public Health Professionals](#) (Core Competencies) are a consensus set of skills for the broad practice of public health, as defined by the [10 Essential Public Health Services](#). Competency Assessments were developed for each of the three tiers to determine your level of knowledge and skill with respect to each of the eight domains that comprise the Core Competencies.

[Competency Assessment for Tier 1 Public Health Professionals \(2014 Version\)](#)

[Competency Assessment for Tier 2 Public Health Professionals \(2014 Version\)](#)

[Competency Assessment for Tier 3 Public Health Professionals \(2014 Version\)](#)

The Modified Version of Core Competencies was developed in 2017. This simplified version was created by grouping similar competencies which reduces the overall number from 90 to 54. The modified version is based on Tier 2 with competencies pulled from Tier 3 if there is no equivalent competency. All this information can also be found under the Competency Assessment tab in the [Illinois TRAIN LMS](#).

Public Health Workforce Descriptions

[ASTHO PHWINS](#)

[NACCHO Forces of Change](#)

Workforce Development Plans

[NACCHO's Workforce Resource Center](#) – links to resources and templates

[PHF Examples of Core Competencies Use](#) – examples including plans using the competency assessment

[Ohio Center for Public Health Practice Accreditation Support Project](#) –webinars, work plan template and more

Online Trainings—A low cost tool for Workforce Development

TRAIN (www.train.org)

TRAIN is a national network of the Public Health Foundation which provides thousands of trainings. Its goal is to disseminate, track, or share trainings for health workforce on a centralized training platform. There are many resources that could support LHD workforce development plans. The archived trainings include presentations, self-study courses, webinars and more.

[Illinois TRAIN](#): Illinois is an affiliate of the national network.

TRAIN highlights for workforce development:

There are many courses that could be used for workforce development in Illinois. These can be searched through the filter system or by individual search.

- 305 courses on cultural competency including: National Standards for Culture and Language Appropriate Services (CLAS), A class on CLAS, and Cultural Awareness Series
- 280 courses on Health and Risk Communication including: Active Listening Skills, Motivational Interviewing
- 253 courses on management and leadership—Managerial Communication, Managing and Motivating, Managing Change, Mastering Roles of Supervision, Succession Planning, Heartland Centers Public Health Administration Series, Collaborative Culture

One feature of interest to workforce development is the ability to post a training plan of TRAIN courses for a specific position. Jackson County Health Department and Champaign-Urbana Public Health District have posted training plans

Public Health Is Stronger Together Illinois Public Health Workforce Development Plan

for their response coordinators and Medical Reserve Corps. Another training plan of interest is the CDC Public Health 101 which includes 6 modules: introduction, epidemiology, prevention, public health informatics, public health surveillance, and public health laboratories.

IDPH uses the TRAIN-Illinois system for new employee orientation, program orientations, and is developing its use for management training. Some LHD workforce development plans identify specific courses in TRAIN-Illinois or MCPHP LMS to address specific workforce goals, including training on the following:

- cultural competency
- health equity
- public health science
- management skills
- program planning and evaluation
- quality improvement

TRAIN-Illinois can also be used to track trainings completed by an individual.

MidAmerica Center for Public Health Practice

([www.http://www.publichealthlearning.com](http://www.publichealthlearning.com))

This system archives trainings developed by MCPHP and provides access to trainings from other universities. Some topics of interest include:

- Communications Toolkit for Public Health Leaders—3-part series on how to be a voice for public health.
- Leading change—7-part series
- Epidemiology
- Medical billing and coding for public health
- Performance management and quality improvement
- Structural determinants of health inequities

Illinois Public Health Institute

(www.iphionline.org)

Archived webinars on topics:

- Performance Management
- Quality Improvement 101
- Building a Culture of Quality
- Measuring Community Health Improvement Implementation
- Healthy Neighborhoods as an Economic Development Strategy Turning Data into Information

National Association for Local Boards of Health (NALBOH) has a board of health training. Governance in Action for Public Health is a web-based course designed to orient new board of health members to the field of public health and initial strategies that boards can take to influence population health outcomes. The Michigan Public Health Training Center is proud to offer this course in partnership with NALBOH and MPHI.

http://c.ymcdn.com/sites/www.nalboh.org/resource/resmgr/gov_in_action_orientation/GAPHPreview.pdf

Additional Training Sources

The Ounce of Prevention Fund, www.theounce.org, Provides professional development for early childhood programs, including those in public health. Their training is based on experience developing, testing and refining innovative programs. Trainings help early childhood professionals use research results to most effectively serve low-income children and their families.

Public Health Is Stronger Together
Illinois Public Health Workforce Development Plan

The Springfield Urban League, <http://www.springfieldul.org/page.aspx?module=15&type=4&item=1&trainingID=9>, provides training for WIC and Family Case Management Programming.

Appendix E: Template Resources

Public Health Foundation: Competency Based Workforce Development Plans: Workforce development plans are an essential component of Public Health Accreditation Board accreditation. Samples of workforce development plans based on the Core Competencies for Public Health Professionals are shared on this page.

ASTHO Workforce Development Plan Toolkit: The Association of State and Territorial Health Officials Workforce Development Plan Toolkit is a thorough resource and a great starting place for assembling a workforce development plan.

Ohio State University Template and User Guide: Ohio State University's Center for Public Health Practice offers a workforce development plan template as well as a user guide that provide a solid structure for an organizational plan.

The Ohio State University Center for Public Health Practice: Provides accreditation support including templates for workforce development plans, quality improvement plans, etc.

Appendix F: Detailed Illinois Workforce Development Goals and Objectives

PHIST Illinois Workforce Development Plan 2018-2021					
Action Steps			Target Audience	Timeframe	Responsible Party
Goal 1. Develop a system for the effective use of workforce development resources.					PHIST
Objective 1.1 Coordinate training across organizations and match more effectively with needs					WD Committee
1.1.A Encourage training that addresses priorities and the public health core competencies					WD Committee
		1.1.A.1 Obtain from PHIST partners letters of commitment regarding the implementation of PHIST WD Plan and focus on priorities.	PHIST leadership	July - 18	PHIST facilitator
		1.1.A.2 Post this plan on the IPHA website with contact information for communicating about the plan and push information on plan out.	PH System	July - 18	IPHA, PHIST
		1.1.A.2. Share this plan at scheduled association and regional meetings and at IPHA annual meeting highlighting the plan's priorities and goals, how to use plan to further alignment and recruit volunteers for workgroups.	Training providers	Oct. - 18	WD Committee
		1.1.A.3. Hold regular committee meetings to address statewide workforce development issues.	PH System	ongoing	WD Committee
		1.1.A.4. Make recommendations regarding standards for training quality and share across the system.	Training providers	Jan. -19	WD Committee
		1.1.A.5. Develop and share system for classifying training sessions by PH competency and proficiency level.	Training providers	Jan. -20	WD Committee
1.1.B. Develop opportunities for working together to address WD needs.					PHIST
		1.1.B.1 Pilot collaborative planning of conference and identify lessons learned for more effective future collaborations.	PH workforce	May - 18	PH 3.0 Forum Planning Group
		1.1.B.2 Offer annually one collaboratively planned WD forum.	PH workforce	Mar.-19	Spring Training Workgroup
		1.1.B.3 Meet with key players to Identify alignment opportunities for sharing WD resources and increasing effectiveness of resources available.	Training providers	Sept. -18	WD committee

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

	1.1.C Develop online directory of resources which highlights workforce development needs, links to resources, links to new offerings on TRAIN	PH workforce	July -18	WD committee
	1.1.C.1 Post WD resources collected for statewide plan on IPHA website.	PH workforce	Aug.-18	IPHA
	1.1.C.2 Continue to collect resources and share on IPHA website.	PH workforce	ongoing	WD committee
	1.1.C. 3 Ensure WD page is linked to PHIST association websites	PH assoc members	Oct. -18	PHIST, IAPHA, SIPHC
Objective 1.2 Provide training to address emerging issues.				
	1.2.A. Assess for emerging issues at least annually.	LHDs	Sept. -19 Sept.- 20 Sept.- 21	WD Committee
	1.2.B. Offer session on emerging issues at IPHA annual meeting.	PH system	ongoing	IPHA Annual Planning Comm.
	1.2.C. Offer session on emerging issues at Preparedness Summit	PH system	ongoing	IDPH OPR
	1.2.D. Encourage and support LHDs in becoming trauma-informed organizations	LHDs	30% by 12-22	IPHA
	1.2.E. Encourage associations to sponsor training on emerging issues as part of ongoing programming	LHDs		IPHA, IAPHA,
Objective 1.3. Support adoption of LHD workforce development plans.				
	1.3.A. Provide training on workforce assessment and plan development.	LHDs	May -18 & annually	MCPHP, WD comm
	1.3.B. Recognize and share local workforce development best practice.	LHDs		IPHA, IAPHA, SIPHC
	1.3.C. Provide guidelines for training of new employees, annual training, and for specific positions.	LHDs		LHD WD Workgroup
	1.3.D. Share training resources for self-directed learning and train the trainer approaches.	PH system		WD committee, Spring Trng Workgroup

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

	1.3.E. Share resources that would enhance local efforts at improving communication, health literacy, inclusion and cultural competency skills.			
	1.3.E.1. Make recommendations for online resources related to these topics.		PH workforce	LHD WD Workgroup
	1.3.E.2. Develop and offer train the trainer approaches on these topics.		PH workforce	LHD WD Workgroup
	1.3.F. Encourage opportunities for job shadowing across agencies.	IDPH and LHDs		IDPH & PHIST, IPHA
	1.3.F.1 Identify IDPH program willing to offer job shadowing and pilot with a few LHDs	IDPH and LHDs	Jan. - 18	IDPH
	Objective 1.4 Increase awareness and use of online training opportunities.			
	1.4.A. Share and promote best practices around use of TRAIN for workforce development.			PH Leadership Trng
	1.4. B. Promote other online archived training opportunities.			PH Leadership Trng
	Objective 1.5 Explore additional certifications through the Public Health Practice Certification Board.			
	1.5.A. Evaluate and align the competencies for current certifications of Public Health Administrator and Emergency Response Coordinator.	PH admin. and ERCs	Jan.-19	PHPCB
	1.5.B. Assess the need for certification for other job titles, such as Community Health Worker.	CHW	Jan. -20	PHPCB
	Goal 2: Offer public health leadership development opportunities with a focus on skill building around systems thinking, emerging issues and the recommendations from PH 3.0.			
	Objective 2.1 Support skill development related to PH 3.0 Concepts: becoming a chief health strategist, focusing on social determinants of health and health equity, building cross-sector partnerships, increasing the optimal use of data, aligning infrastructure with public health standards and finding innovative ways to fund programming.			

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

	2.1.A. Promote and hold PH 3.0 Workforce Development Forum	PH system	May-18	Planning group
	2.1.B. Offer a competitive process to earn PH 3.0 Best Practice Awards for LHDs	LHDs	May-18	IPHA & MCPHP
	2.1.C. Recognize and share best practices around PH3.0 implementation.	LHDs	Sep-18	IPHA & MCPHP
	2.1.D. Provide PH 3.0 webinars between face to face trainings	PH system	Summer 18 & ongoing	IPHA & MCPHP
	2.1.E. Form a workgroup of WD committee to plan and offer springtime WD forum with focus on leadership skills	PH system	Sept.-18 & ongoing	Spring Training Workgroup
	2.1.F. Explore PH 3.0 certification process for LHDs	LHDs	Jan. -21	?
Objective 2.2 Develop opportunities to strengthen competency in public health leadership skills.				
	2.2.A. Maintain a IPHA workforce development workgroup on Public Health Leadership Training.	PH system	ongoing	IPHA & WD Comm.
	2.2.B. Include leadership development session in each IPHA annual conference. Initial topics should include change management, systems thinking, optimal use of data.	PH system	Sept.-18 & ongoing	PH Leadership Training Workgroup
Objective 2.3 Offer team-based public health leadership institute and learning collaboratives				
	2.3.A. Seek funding to support team-based training opportunities.			MCPHP, IPHI, IPHA
	2.3.B. Develop leadership institute focused on workforce development and developing tools for statewide use related to WD plan objectives.			MCPHP, IPHI, IPHA
	2.3.C. Focus accreditation support to include workforce development.	Illinois Accreditation Network		IPHI
Goal 3: Provide and promote training on management and administrative skills.				

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

	Objective 3.1 Offer skill-based management training at a variety of venues which addresses grants writing and management, governmental agencies, governance, budgeting, financial analysis, supervision, team building, motivation, and performance management. (topics included in PH core competency on management and administrative skills)			
	3.1.A.Offer skill-based management training at Annual IPHA conference. Initial topics should include motivating staff, team building, performance management, and financial management.	PH managers	ongoing	PH Leadership Training Workgroup
	3.1.B.Increase use of training on TRAIN Illinois related to management and administrative skills.	PH managers	ongoing	IDPH & PH Leadership Training Workgroup
	3.1.B.1. Identify and assess management offerings on TRAIN and develop management training plans in TRAIN	PH managers	Feb.-19	IDPH & PH Leadership Training Workgroup
	3.1.B.2. Develop discussion groups and collaborative learning groups on management issues using TRAIN Illinois courses as launching point for discussion.	PH managers	June -19	IDPH & PH Leadership Training Workgroup
	3.1.C. Identify and promote management and administrative skills training offered through a wide array of sources.	PH managers	ongoing	PH Leadership Training Workgroup
	3.1.D. Develop training on management skills to fill gaps in available opportunities.	PH managers	Jan.-21	PH Leadership Training Workgroup
	3.1.E. Ensure that new LHD administrators are provided orientation session on IDPH, Public health in Illinois, and resources and ongoing support through calls and 1:1 mentoring	New LHD administrators	ongoing & June -19	IAPHA
Goal 4: Nurture and support the future Public Health Workforce.				
	Objective 4.1. Increase the opportunities of students to gain public health experience.	Students interested in PH		IPHA staff and academic and student sections
	4.1. A. Develop statewide clearinghouse for student opportunities to practice public health (both projects and internships).	PH agencies	Feb. -19	IPHA staff

Public Health Is Stronger Together
 Illinois Public Health Workforce Development Plan

	4.1.B. Develop opportunities for students to engage in IPHA activities and meetings	PH students		IPHA staff
	4.1.C. Promote and maintain statewide clearinghouse for student opportunities	university partners	Mar.-19 & ongoing	IPHA student chapters and IPHA academic section
	4.1.D. Promote student participation in IPHA Americorps Placements or CDC Public Health Associate Program (PHAP)	PH students		IPHA student chapters and IPHA academic section
	Objective 4.2 Facilitate communication between practitioners of public health and academic programs on the changing needs of public health workforce development.	LHDs and university programs		IPHA student chapters and IPHA academic section
	4.2.A. Share this plan with all CEPH accredited programs and invite to join WD committee.	CEPH programs		WD Committee
	4.2.B. Facilitate connection between academic programs and the LHDs in surrounding area.	LHDs		IPHA student chapters and IPHA academic section

Appendix G: Letter of Commitment

Public Health Is Stronger Together (PHIST) Workforce Development Plan Letter of Commitment

We, the _____, have a vested interest in strengthening the public health system by supporting coordinated and collaborative workforce development in Illinois. We pledge to promote and support public health workforce development as outlined in the PHIST Illinois Workforce Development Plan 2018-2021.

We further embrace the approach to align the training we offer with the identified priorities and to provide opportunities for skill development beyond just information sharing where possible. Efforts will be made to continuously identify ways to extend one time trainings through: follow-up webinars; or archiving trainings; or providing train the trainer type materials that lend themselves to participants sharing information and training their co-workers and staff. We also agree to promote to our membership trainings both in-person and on-line which help accomplish the goals and objectives outlined in the PHIST WD Plan.

Recognizing that the IPHA Workforce Development Committee has oversight to the plan implementation, we will support the committee by ensuring that we have active representation and participation.

Best practice in workforce development will promoted by our association in the following ways:

- _____ sharing of LHD workforce development plans
- _____ sharing of LHD model trainings
- _____ development and distribution of recommendations on training for specific _____ positions or specific skill sets
- _____ other, please list _____

We also agree to support this effort in the following ways:

- _____ link our website with the Workforce Development Plan and reports available on IPHA's website.
- _____ other, please describe:

This letter of commitment was discussed and completed by the _____ on _____.

Completed By (print): _____

Title: _____

Signature of Association Official: _____