

Portsmouth City Health Department

**605 Washington Street
Portsmouth Ohio 45662**



Workforce Development Plan 2015-2016

**Chris Smith, RS, MA
Health Commissioner**

Signature Page

This plan has been approved and adopted by the following individuals:

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
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Signature	Title	Date

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by
12/02/2015	01	Development of WFD Plan	All	Belinda Leslie, Special Projects Officer
12/15/2015	02	Board Approval	All	Dr. Timothy Angel, Board President <i>pro tempore</i>

For questions about this plan, contact:
 Belinda Leslie, Special Projects Officer
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Table of Contents

Topic	See Page
Agency Profile	5
Workforce Profile	7
Competencies & Education Requirement	9
Training Needs	10
Workforce Development Goals	14
Curricula & Training Schedule	15
Implementation & Monitoring	16
Appendices	18

Training and development of the workforce is one part of a comprehensive strategy toward agency quality improvement. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through the assessment of both organizational and individual needs, and addressing those gaps through targeted training and development opportunities.

This plan serves as the foundation of the Portsmouth City Health Department's ongoing commitment to the training and development of its workforce.

Agency Profile

Our Mission:

Prevent disease, promote optimal health and safety, bridge the gap of unmet health care needs, and respond to public health emergencies for the citizens of Portsmouth.

Our Vision:

A fully accredited, financially stable, professional organization committed to improving the health of our community.

Strategic Priorities:

1. Lack of financial resources and staff.
2. Resistance to change among staff
3. Lack of training and cross-training of staff on some areas of essential job duties.
4. No history of working together as a Health Department on strategic goals. Leadership will be challenged to make this happen and communicate the message to all staff.

Governance:

Portsmouth City Health Department (PCHD) is governed by the Portsmouth City Health District Board of Health, composed of five members appointed by the mayor and confirmed by the legislative authority. Each member is required to complete two (2) hours of Continuous Education each year to remain an active member.

Funding

PCHD is funded through several different sources, including: federal and state grants, service fees (immunizations, environmental, vital statistics), and state subsidy. Training costs are supported by grant funds whenever possible and through general health funds. The agency strategic plan includes efforts for the agency to remain fiscally viable.

Learning Culture:

The PCHD supports an open mindset, an independent quest for knowledge, and shared learning directed toward the mission and goals of the organization. By implementing this workforce development plan we provide acknowledgement of the strength of our workforce, identify opportunities for improvement, and provide resources for a well trained, knowledgeable staff dedicated to improving the health of our community.

Links to Other Agency Programs:

In the past decade, it has become increasingly clear that having a competent public health workforce is essential to protecting the health and welfare of populations. Competency assessment and workforce development activities are only a part of our overall revisions of operations. In addition to workforce development PCHD has implemented Quality Improvement and Performance Improvement Plans. Workforce development is the foundation for all program and administrative operations because qualified, well trained staff are essential to excellent service delivery.

Workforce Policies:

Training policies and procedures are found in the agency personnel policy manual. This includes conference requests procedures as well as out of district, overnight, and out of state travel approval procedures that are established by the Board of health. This addresses the ORC requirement that all out of district travel must be approved by the Board of Health.

Policies pertaining to work/life balance such as bringing children to work, breastfeeding, etc. are also in the manual.

Workforce Profile

This section provides a description of our current and anticipated future workforce needs. The table below summarizes the demographics of our current workforce as of October 1, 2015.

Category	# or %
Total # of Employees:	30
# of FTE:	28
% Paid by Grants/Contracts:	%
Gender:	
Female:	22
Male:	8
Race:	
Hispanic:	0
Non-Hispanic:	0
American Indian / Alaska Native:	0
Asian:	0
African American:	0
Hawaiian:	0
Caucasian:	30
More than One Race:	0
Other:	0
Age:	
< 20:	0
20 – 29:	3
30 – 39:	7
40 – 49:	8
50 – 59:	10
>60:	2
Primary Professional Disciplines/Credentials:	
Leadership/Administration:	5
Nurse:	7
Registered Sanitarian/EH Specialist:	1
Epidemiologist:	.5
Health Educator:	1.5
Dietician:	0
Social Workers:	0
Medical Directors:	0
Other:	14
Retention Rate per 5 years:	
5 years:	40%
10 years:	23%
15+ years:	37%
Employees < 5 Years from Retirement:	
Management:	1
Non-Management:	0
	3

Future Workforce:

Over the past twenty years the city of Portsmouth has experienced a slow population decline:

1990	22,744
2000	20,917
2010	20,226

2010 US Census. US government, March 24, 2011. Web. September, 2015 Accessed.
<http://www.census.gov/2010census/data>.

Based on this data and the current economic status in the city, we do not anticipate a substantial increase in the population we serve. Nearly two thirds of our work force has been employed ten or more years, with half of those employed five years or less filling newly created positions. Therefore, our focus is on (in order of priority) staff development, succession training, and competency based hiring. Each employee is responsible for creating a “How to Manual” to be used for direction by someone filling in during their absence or succession training. We anticipate and respond to emerging issues that require advancement of knowledge, skills, and/or abilities.

Competencies and Education Requirements

Core Competency Standard:

To measure our competency we use the *Council on Linkages Core Competencies for Public Health Professional*; the national standard guiding the development of the current and future workforce.

Job descriptions were redesigned to reflect the new measures. Employees were trained and given a copy of the *Core Competencies for Public Health Professionals*, created by The Council on Linkages Between Academia and Public Health Practice. All new employees will also receive training and a copy of the measures.

Other Competencies:

In addition to the core competencies related to each job, we also measure and provide training for the following organizational values:

- Customer Service
- Trustworthiness
- Leadership
- Accountability
- Teamwork
- Communication
- Confidentiality
- Learning

Continuing Education Required by Discipline:

Discipline	Ohio CE Requirements (as of 10/2015)
Nursing	24 contact hours every 2 years
Nursing	CPR every two years
Registered Sanitarian	18 CEUs per year
Certified Public Health Practitioner	50 hours every 2 years
Board of Health Members (Ohio)	2 contact hours each year

Training Needs

Introduction:

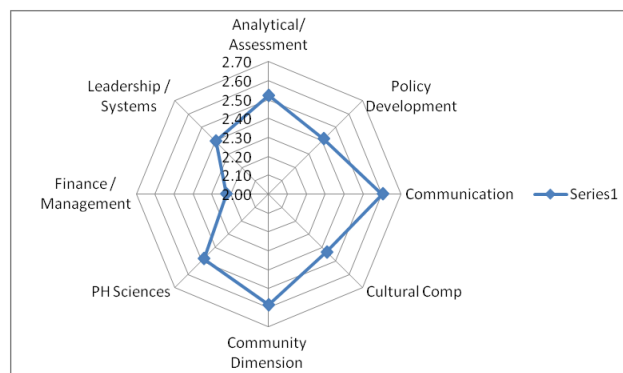
This section provides an overview of our agency’s identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps. Training will be provided in a variety of ways Public health laws; rules, mandates, and technology are constantly changing. PCHD staff will need to stay abreast of these changes to ensure compliance with local, state, and federal regulations.

Competency Based Training Needs:

To begin implementation of the use of Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice; adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina), each employee of the Portsmouth City Health Department (PCHD) completed the appropriate tier assessments.

Individual scores were recorded and strengths and weaknesses identified. Each will be addressed on the individual’s annual evaluation as part of their professional development. A Radar Chart was then used to identify averages of aggregated scores to determine overall and division strengths and weaknesses.

Over all scores were highest in Communication and Community Dimension. There are opportunities for improvement indicated in the areas of Leadership/Systems, Finance, Cultural Competency and Public Health Sciences, Policy Development and Analytical Assessment fell somewhere in the middle.



For the full report see Appendix A

Discipline Specific Training Needs:

The Workforce Development Plan is a result of our Accreditation process. Through this process we have identified the following competencies needed for specific disciplines:

Public Health Nursing Competencies ¹

- Practice evidence-based Public Health Nursing to promote the health of individuals, families and groups.
- Describe the structure of the public health system. Identifies public health laws and regulations relevant to PHN practice. Provide public health nursing services in a manner consistent with laws and regulations.
- Articulate the role of public health nursing to internal and external audiences.
- Use individual, team, and organizational learning opportunities for personal and professional development as a public health nurse.
- Adapt the delivery of public health nursing care in consideration of changes in the public health system, and the larger social, political, and economic environment.

¹Quad Council Competencies for Public Health Nurses, Summer 2011. Retrieved 11.02.15.
<http://www.achne.org/files/Quad%20Council/QuadCouncilCompetenciesforPublicHealthNurses.pdf>

Environmental Health Competencies ²

- Articulate basic concepts of environmental health and public health and convey an understanding of their value and importance to clients and the public.
- Produce reports to document actions, keep records and inform appropriate parties.
- Effectively interpret and enforce rules and laws as stated in the Ohio Administrative Code and Ohio Revised Code.
- Utilize equipment specific to environmental health services and programs.

²Environmental Health Competency Project, May 2001. Retrieved 5.26.15.
http://www.cdc.gov/ncet/ehs/Corecomp/Core_Competencies_EH_Practice.pdf

There are also training needs for staff holding a specific license or certification. These needs will be addressed throughout the year. Some will be provided by the agency, while others will be the individual's responsibility to obtain. PCHD has policies in place to assist staff with their training needs such as time off, travel reimbursement (when applicable), flexible work schedule, etc. All related policies may be found in the Personnel Policy Manual.

Mandatory Training:

Training for the PCHD staff can be mandated by the Board of Health, local state, or federal requirements, and professional certifications. While certain credentials require staff members to

complete a designated amount of contact hours but not specific trainings, others dictate specific mandatory trainings.

Mandatory In-services

Training	Who	Frequency
HIPAA	All staff	Annually
Bloodborne Pathogens	All Staff	Annually
Tuberculosis	All Staff	Annually
Drug Free Workplace	All Staff	Annually
Sexual Harassment/Discrimination	All Staff	Annually
Fire Safety	All Staff	Annually
Emergency Preparedness	All Staff	Annually
CPR Training	All Staff	Bi-annually
ISO 100, 200, 700 and 800	All Staff	Upon hire
MARCS Radio	All Staff	Upon hire

Certain trainings are also required for accreditation by the PHAB Standards and Measures. Those trainings are as follows:

- Personal professional development for all staff (Domain 8), completed every two (2) years.
- Leadership development activities (Domain 8) completed every two (2) years.
- Staff development in Performance Management (Domain 9), completed every five (5) years.
- Staff training on patient confidentiality policies (Domain 11), completed every five (5) years.
- One training on social, cultural, and/or linguistic factors, (Domain 11), completed every five (5) years.

Barriers and Solutions:

The Barriers to Training survey identified cost, time, administrative support and distance (in that order) as the greatest barriers to training.

Barrier	Possible Solutions
Cost	<ul style="list-style-type: none"> • When possible, include training as line item in grant applications • Examine and increase (if feasible) the budgeted amount for training in PCHD general budget • Take advantage of the Skill Soft training package available through AOHC • Use on-line trainings available through the Public Health Foundation, Ohio Trains, etc.

	<ul style="list-style-type: none"> • Use staff that are subject matter experts
Time	<ul style="list-style-type: none"> • Create a system that allows annual in-services to be completed on line within a set time frame to allow more flexibility • Schedule trainings during routine meetings • Provide more in-house trainings to decrease time away from work
Administrative Support	<ul style="list-style-type: none"> • Administration will more effectively communicate their support for the advancement of learning • Administration will facilitate the change to a learning culture at PCHD
Distance	<ul style="list-style-type: none"> • Take advantage of the Skill Soft training package available through AOHC • Use on-line trainings available through the Public Health Foundation, Ohio Trains, etc. Use staff that are subject matter experts • Seek opportunities at Shawnee State and Ohio University, Ironton branch

Other Training Needs: Training schedule will change as the need arises.

Areas such as emergency preparedness, health equity, and cultural competence present unique challenges for training because they are ever evolving. To remain abreast of changing requirements in training we will use the following to identify and address further training needs:

- Strategic direction of the organization
- QI plan, CHIP
- Agency climate survey
- Performance reviews or plans
- Talent assessments lessons learned from exercises, real-time responses, and after action reports

Workforce Development Goals

Goal	Measure	Time Frame	Responsible Parties
Revise HR Policy Manual	Completed revisions	12/31/2015 Revisions complete Board approved 2/24/16	Special Projects Officer / Health Commissioner
New competency based Job Descriptions and Performance Evaluations	Completed descriptions and evaluations	2/28/2016 Revisions complete, HC approved 2/24/16	Directors, Supervisors, Special Projects Officer
Design General and Job Specific Orientations	Completed Orientation schedules	12/1/2015 Complete 12/15/15	Special Projects Officer/ Directors
Training needs identified and a training schedule developed	Training schedule completed	2/28/2016 Needs identified 11/21/15- Training schedule development ongoing	Special Projects Officer
Leadership Training / Professional Development	Training complete/satisfactory evaluations of training	9/1/16	Each Director / Supervisor
Diversity Training	Training complete/satisfactory evaluations of training	12/31/2016	All staff
Finance Training	Training complete/satisfactory evaluations of training	12/31/2016	All staff

Curriculum and Training Schedule*

PCHD Training Schedule for 2016

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
Critical Thinking	This course defines critical thinking, describes the elements of critical thought, and outlines strategies for improving the quality of your thinking.	All Staff	1B1, 1B2, 1B3, 1B4 PH Competencies	All must complete by 7/1/2016	On line pd_14_a01_bs_enus
Communication Skills	Explains how to adapt to the different communication types and identifies the common emotions that customers experience. It also explains how to adapt your writing skills to communicate through e-mail and to document incidents.	Directors	3B2, 3B5, 3B6 PH Competencies	All must complete by 7/1/2016	On line pd_05_a03_bs_enus
Diversity	Focuses on how to leverage the diversity that exists within the organization. It defines diversity and dispels some common myths that surround the topic of diversity.	All Staff	4A1, 4B2, 4B3, 4C4, 4B5, 4B6, 4C7, 4B8 PH Competencies	All must complete by 7/1/2016	On line pd_07_a01_bs_enus
Developing Workplace Diversity Awareness Simulation	Breaking down diversity myths, overcoming barriers to diversity, embracing diversity, communicating in a diverse setting, communicating the benefits of developing diversity.	All Staff	4A1, 4B2, 4B3, 4C4, 4B5, 4B6, 4C7, 4B8 PH Competencies	All must complete by 7/1/2016	On line PD007A
Leadership Essentials: Motivating Employees	Provides you with an understanding of why motivating strategies are important as a leader. It also provides you with practical techniques for encouraging motivation	Directors	PHAB 8.2.3	All must complete by 12/31/16	On line lead_05_a01_bs_enus

	among employees in your organization				
Management Essentials	Caring about your Direct Reports; Confronting Difficult EE Behavior; Delegating; Directing Others; Treating Your Direct Reports Fairly;	Directors / Supervisors	PHAB 8.2.3	All must complete by 12/31/16	On line lead_05_a03_bs_enus
Embracing Quality in Public Health: A Practitioner's Performance Management Primer	Reflects five years of study, action, and learning; providing a guide for all public health practitioners who wish to begin or advance a rewarding journey to quality.	All staff / new hires	9.1.1.1	All must complete by 1/26/16	On line https://www.mphiaccredandqi.org/
CPR –Nurses	Recertification	All nurses due for recert	State	5/27/16	Lisa Roberts trainer

* This training schedule is in addition to our mandatory and/or license required training. See training spreadsheet for complete listing.

Implementation and Monitoring

Communication:

The Workforce Development plan will be communicated to leadership, staff and stakeholders in various ways.

- All employees will receive an electronic copy of the Workforce Development Plan
- An electronic copy will be on the server
- All new staff will be educated and receive a hard copy during New Employee Orientation.
- The plan will be presented to the Board of Health annually. Revisions will be discussed as necessary.
- Copies may be provided to other stakeholders as needed.

Training Evaluation:

The PCHD has developed a training evaluation form based on the Kirkpatrick Model. Unless the facilitator requires a specific evaluation tool, all trainings will be evaluated using the standard PCHD evaluation form (See Appendix B).

Tracking:

The Special Projects Officer will be responsible for monitoring training participation, entering the information on the Tracking Log and placing verification (certificate, sign-in sheet, etc.) in the employees personnel file. Directors or their designees are responsible for informing the Officer of all training their staff receives. Individuals are responsible for submitting to the officer verification of CE's obtained.

Roles and Responsibilities:

Who	Roles & Responsibilities
Board of Health	Ultimately responsible for ensuring resource availability to implement the workforce development plan.
Health Commissioner	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.

Special Projects Officer	Provide guidance to the Health Commissioner regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Directors to find appropriate training/development opportunities for staff. Provide guidance to the Directors with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.
Division Directors	Responsible to the Health Commissioner for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of agency succession plan.
Supervisors	Responsible to their Director and employees to ensure that individual and agency-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (i.e. time away from work, coaching, opportunities for application, tuition reimbursement). Identifies high potential employees as part of agency succession plan.
All Employees	Ultimately responsible for their own learning and development. Work with supervisor to identify and engage in training and development opportunities that meet their individual as well as agency-based needs. Identify opportunities to apply new learning on the job.

Review and Maintenance:

The Administrative staff functions as the Workforce Development team, with the Special Projects Officer coordinating the team. The coordinator is responsible for ensuring all updates are completed in a timely manner.

The plan will be reviewed annually by the Workforce Development team and presented to the Board of Health at their annual meeting. Revisions will be made as often as necessary and reviewed with the Board if approval is needed.

Appendix A

Competency Based Assessment Report

The Public Health Accreditation Board (PHAB) has set a bench mark for using core competencies as a basis for developing a competent workforce through the assessment of staff Competencies and the provision of individual training and professional development. To begin implementation of the use of Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice; adapted by the Public Health Foundation from an assessment developed by Janet Place, MPH, University of North Carolina (now at the University of South Carolina), each employee of the Portsmouth City Health Department (PCHD) completed the appropriate tier assessments.

Individual scores were recorded and strengths and weaknesses identified (Example 1). Each will be addressed on the individual's annual evaluation as part of their professional development. A Radar Chart was then used to identify averages of aggregated scores to determine overall and division strengths and weaknesses (Example 2).

Over all scores were highest in Communication and Community dimension. There are opportunities for improvement indicated in the areas of Finance, Cultural Competency and Public Health Sciences. Policy Development and Analytical Assessment fell somewhere in the middle. Divisional scores also indicated Communication as our greatest strength in all departments except Environmental; their strongest area is Public Health Sciences, with Communication coming in a close second. We feel that the administrative division's Public Health Competency score is skewed by the addition of a staff member new to Public Health (individual areas for improvement will be addressed during the probationary evaluation).

As a result of the data collected our priorities for training in 2016 related to core competencies for Public Health professionals will be (in order of importance):

1. Finance/Management
2. Cultural Competency
3. Leadership Systems
4. Public Health Sciences
5. Analytical Assessment
6. Policy Development
7. Community Dimension
8. Communication

These trainings will be conducted in a variety of ways including lecture, hands-on, webinar, on line, and workshops to facilitate different learning styles.

As some aspects of Public Health are ever changing, Competencies will be assessed annually during the evaluation process and employee input will be requested on the Employee Satisfaction Survey. Employees are also encouraged to request any training they feel relevant to their position.

Example 1

Tier 1

Division	Analytical/ Assessment	Policy Development	Communication	Cultural Comp	Community Dimension	PH Sciences	Finance / Management	Leadership / Systems
Air	1.50	1.80	1.50	1.00	1.70	1.20	2.10	1.60
Air	1.90	1.90	1.90	1.70	2.10	1.90	2.20	1.90
Air	2.20	1.90	2.50	1.70	2.50	1.60	1.40	1.90
Air	1.00	1.00	1.00	1.00	1.00	1.20	1.10	1.00
Air	2.70	2.20	3.10	2.00	2.60	2.90	2.40	2.80
Clinic	3.30	2.20	2.80	2.90	3.30	2.10	2.60	3.00
Clinic	2.90	2.00	2.90	2.60	2.60	2.70	1.00	2.40
Clinic	2.20	2.70	2.30	1.40	2.40	1.60	2.60	2.60
DFC	3.10	3.30	3.60	3.60	3.60	2.80	2.80	3.60
Environmental	2.40	2.20	2.10	2.00	2.70	2.20	2.10	2.10
Environmental	3.10	3.20	3.30	3.00	3.20	3.10	2.90	3.00
Environmental	3.30	3.50	2.60	2.30	2.80	4.00	2.40	2.70
Environmental	3.00	2.90	3.00	3.00	3.00	2.90	2.60	3.00
Environmental	2.10	2.30	2.60	2.30	2.40	2.10	1.90	2.00
Environmental	2.00	2.00	2.00	2.00	3.00	3.00	3.00	3.00
HIV / STD	2.20	2.30	2.40	2.10	1.90	2.30	2.10	2.20
PHEP	3.00	3.00	3.00	2.70	2.80	2.80	2.00	2.70
Ryan White	2.50	2.00	2.50	2.42	2.20	2.00	1.93	2.11
Ryan White	2.40	2.40	2.90	2.90	2.10	2.00	2.10	3.10
Average	2.46	2.36	2.53	2.24	2.52	2.34	2.17	2.46

Names have been omitted for privacy

Tier 2

Division	Analytical/ Assessment	Policy Development	Communication	Cultural Comp	Community Dimension	PH Sciences	Finance / Management	Leadership / Systems
Admin	2.20	2.50	3.30	2.90	3.30	2.40	3.10	2.90
Admin	3.50	3.70	3.90	3.70	3.90	3.60	3.50	4.00
Admin	2.70	3.10	2.90	2.60	2.90	2.40	3.40	3.00
Air	1.50	1.60	1.30	1.00	1.20	1.30	1.60	1.20
Air	2.00	2.00	2.10	2.30	2.10	1.90	2.00	2.00
Air	2.30	1.70	2.00	2.00	2.00	2.00	1.70	2.10
Air	1.70	1.20	2.00	2.00	1.60	2.00	1.50	1.50
Air	2.20	2.00	1.60	2.00	2.40	1.80	2.00	2.10
Air	2.70	2.25	3.10	2.00	2.60	2.90	2.40	2.80

Clinic	3.10	3.10	3.10	3.50	3.70	2.40	2.40	3.30
Clinic	3.70	2.90	3.40	3.50	3.50	3.30	2.80	2.90
Clinic	3.10	2.00	3.00	3.00	3.00	3.00	2.60	1.00
Clinic	2.00	2.50	2.30	1.60	2.10	1.60	1.80	1.6
DFC	3.20	3.20	3.50	3.60	3.10	2.70	2.40	3.10
Environmental	3.00	3.00	3.10	2.60	3.00	3.00	2.90	3.00
Environmental	3.00	3.10	2.60	2.80	3.40	3.90	2.30	2.90
Environmental	3.00	3.00	3.00	3.00	3.00	3.00	2.80	2.90
Environmental	2.10	2.00	2.30	1.40	2.00	2.20	1.40	2.20
Environmental	2.07	2.00	2.20	2.00	2.00	3.00	2.00	2.00
Environmental	2.20	1.90	1.90	1.50	1.80	1.90	1.50	1.60
HIV / STD	1.60	1.20	2.00	1.60	1.70	1.40	1.20	1.20
PHEP	3.00	3.00	3.00	2.70	2.80	2.80	2.00	2.70
Ryan White	2.00	2.15	2.25	2.00	2.55	2.40	1.63	2.50
Ryan White	2.50	2.40	2.60	3.00	2.30	2.30	1.90	2.60
Average	2.52	2.41	2.60	2.43	2.59	2.48	2.23	2.40

Names have been omitted for privacy

Tier 3

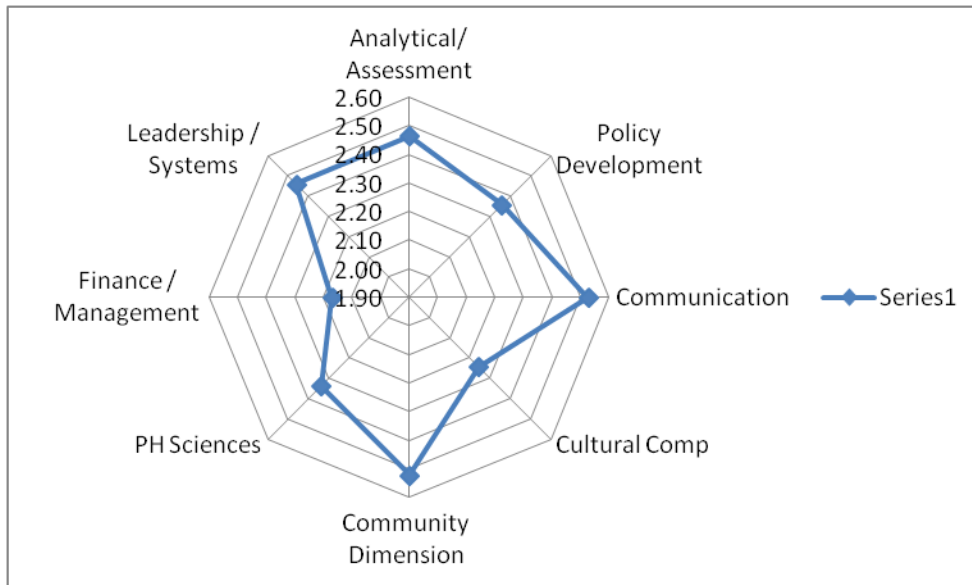
Division	Analytical/ Assessment	Policy Development	Communication	Cultural Comp	Community Dimension	PH Sciences	Finance / Management	Leadership / Systems
Clinic	3.30	3.30	3.50	3.40	3.30	2.90	3.30	3.10
Admin	3.20	2.70	3.40	3.10	3.30	2.30	2.90	3.10
Environmental	3.00	2.80	3.00	2.60	2.90	2.90	2.80	2.70
Admin	3.30	3.70	3.90	3.50	3.70	3.20	3.40	3.90
Air	2.90	2.90	2.40	2.00	2.30	2.90	2.30	2.10
Admin	2.80	2.70	2.80	3.00	3.00	2.70	3.30	3.00
Average	3.08	3.02	3.17	2.93	3.08	2.82	3.00	2.98

Names have been omitted for privacy

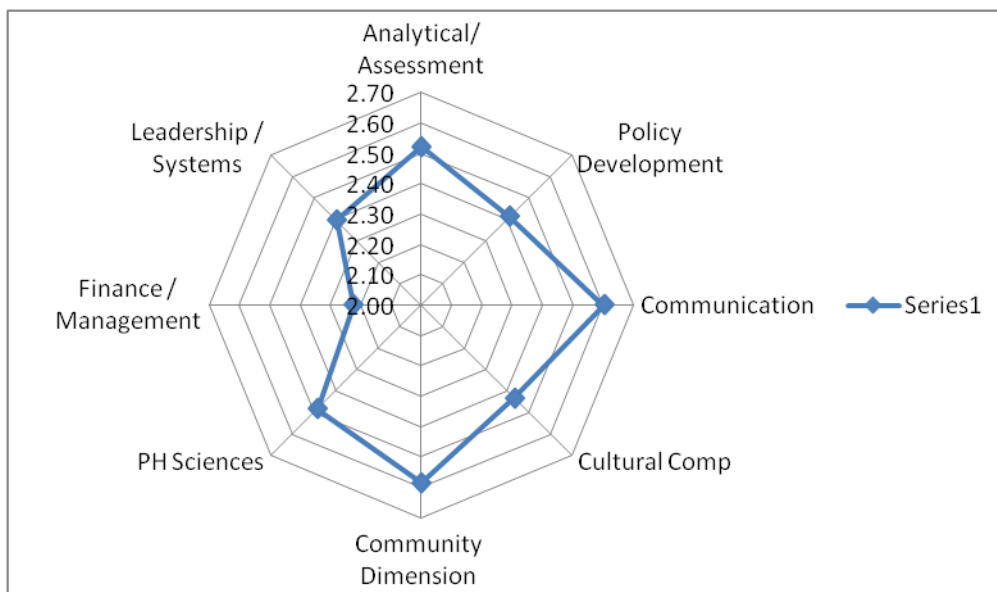
Example 2

Over All Scores

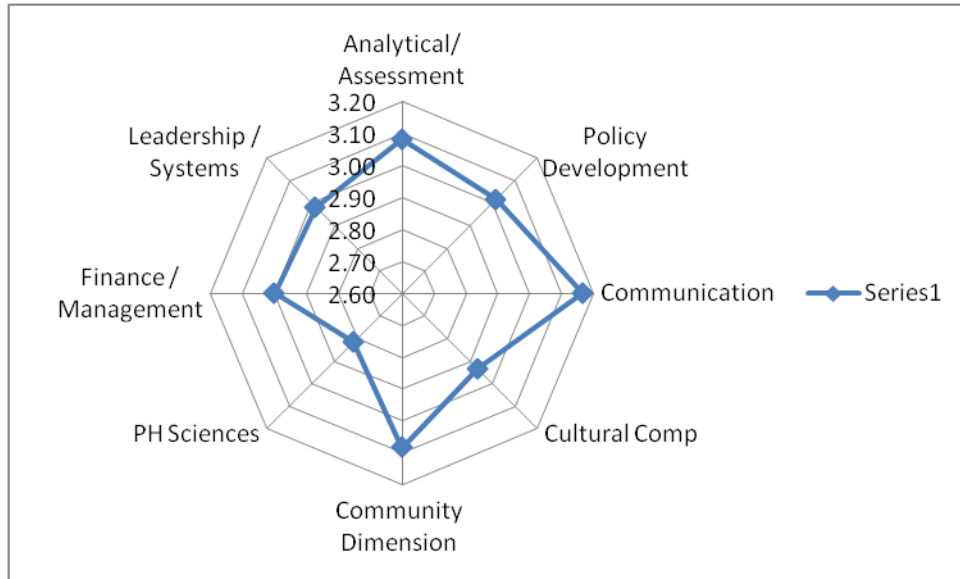
Tier 1



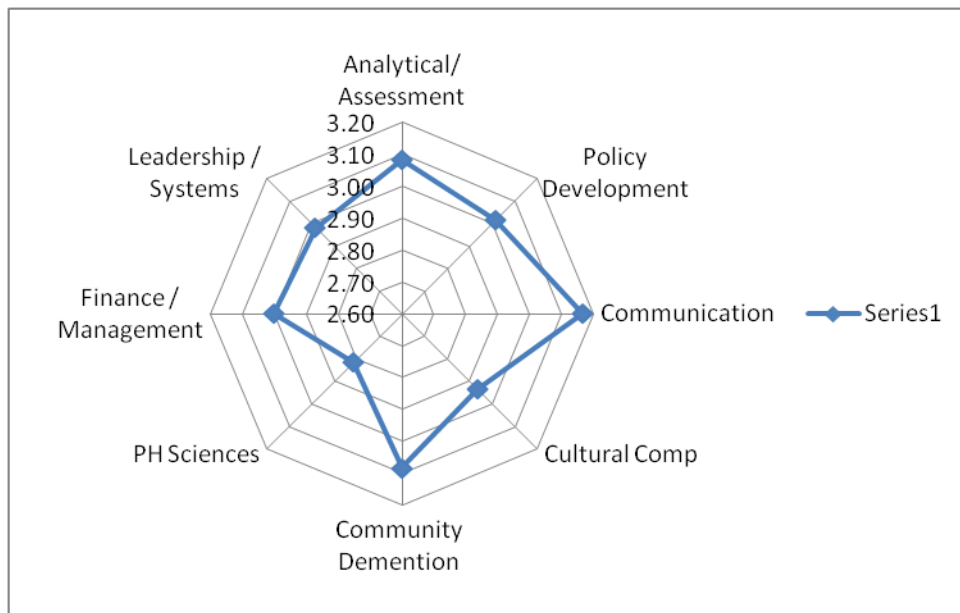
Tier 2



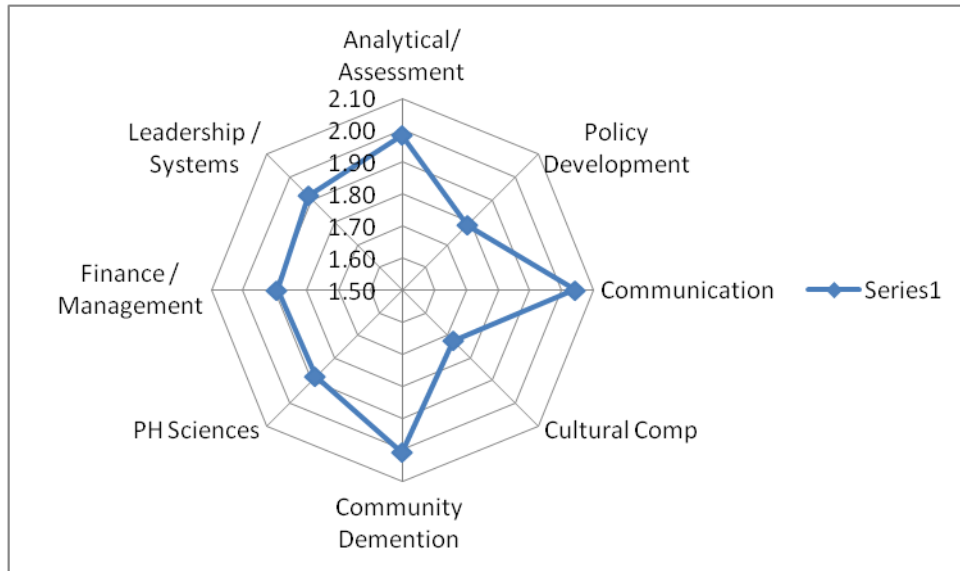
Tier 3



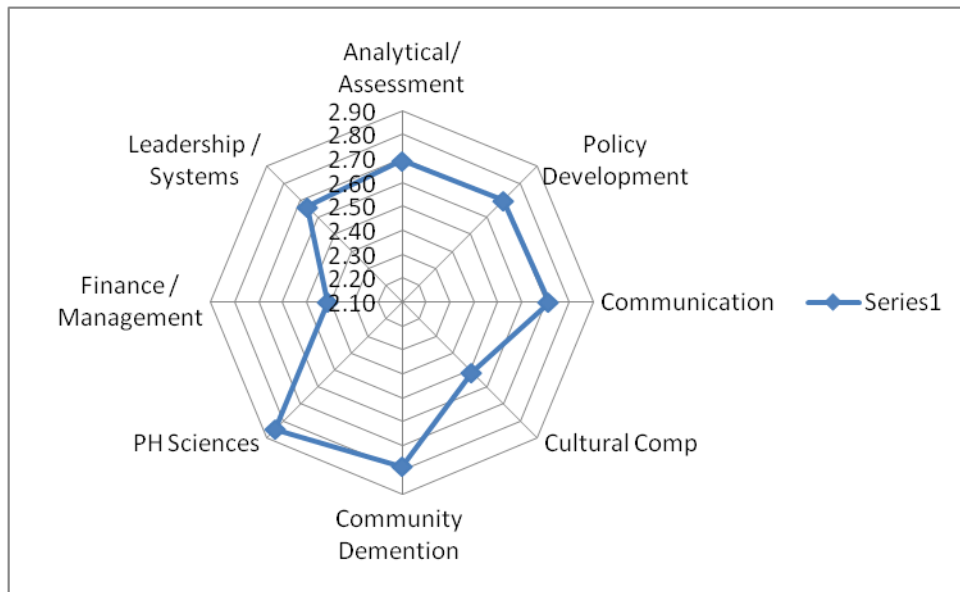
Administration



Air Division



Environmental



Nursing

