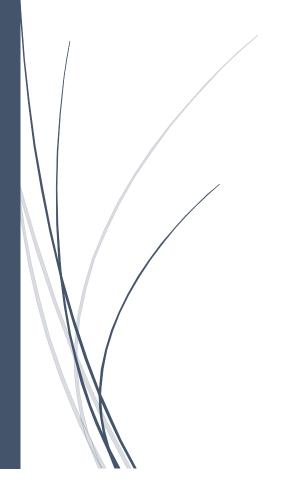
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NMDOH Core Competencies

Survey Results



Office of Policy & Accountability

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Core Competency Survey Background

Introduction:

In September and October 2020, The Office of Policy & Accountability (OPA) conducted a core competencies survey with NMDOH management. Overall, the long-term purpose of this project is to develop, assure and sustain a competent public health workforce so that DOH can effectively accomplish its vision, to create a healthier New Mexico.

"Core" competencies should be reflective of skills the entire DOH workforce should either know or be able to do and it is understood that there are other competencies that could be programmatically or disciplinarily appropriate that are not reflected in this "core" set. OPA used the Counsel on Linkages Core Competencies for Public Health Professionals as a foundational framework, since their set of competencies represent a national consensus on public health skills, developed especially with accredited public health departments in mind. Their framework has 8 domain areas, which were used, and OPA staff chose 4-6 DOH relevant competencies to fall under each domain. The competencies were split into two professional tiers, one for administrative and programmatic staff and the other for managerial staff. (http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx)

Survey Goal:

To assess the capabilities, gaps, and training needs of the New Mexico Department of Health workforce against a set of proposed core competencies, by conducting a survey and follow up gap analysis interviews with management personnel.

Survey Objectives:

Utilizing the Counsel on Linkages Core Competencies for Public Health Professionals managers will:

- Identify the core competencies that are necessary for the successful performance of essential public health services in their program area.
- Rank the importance of each of the eight core competency domains.
- Rank their employees' current competency levels within each of the domains that they have deemed most critical to the performance of their job duties.
- Identify gaps in their employees' capabilities in relation to the core competencies.
- Identify competency-based training needs.

Survey Conduction

Data Collection Process:

The Human Resources Bureau was consulted to obtain the list of managers within certain pay grade levels (Gen I, Gen II, A/O I, and A/O II) and a manager/supervisor DOH email group was cleaned up with ITSD in preparation for survey distribution.

Survey Monkey was utilized to develop the survey, thereby capturing a ranking of the domains and Likert scale rankings of the competencies under each domain by tiered employee status.

In the next survey phase, OPA intends to do follow-up interviews to receive clarification or expansion on these results. The specific intent is to perform a gap analysis, looking deeper into the top ranked

domains and competencies to see whether employees currently meet the identified skills and expectations, and thus determine where professional training and development resources should be most prioritized in order to meet them.

Data Collection Plan:

- 1. Likert scale assessment of importance of each of the eight core competency domains
 - a. Asked managers to rank the importance of each domain to their program area on a five-point scale with 1 being Not Important and 5 being Very Important.
 - i. Council on Linkages Core Competency Domains:
 - 1. Analytical/Assessment Skills
 - 2. Policy Development/Program Planning Skills
 - 3. Communication Skills
 - 4. Cultural Competency Skills
 - 5. Community Dimensions of Practice Skills
 - 6. Public Health Sciences Skills
 - 7. Financial Planning and Management Skills
 - 8. Leadership and Systems Thinking Skills
- 2. Managers assessed the competency of two different employee levels in each of the eight domains including an assessment of their competency in specific skills for each domain area. Managers were given the option to mark certain domains or skills as not applicable.
- 3. Follow up interviews will be conducted to implement a gap analysis, based upon the core competency survey results.

Data Participation:

The survey was sent to 592 managers and supervisors throughout the agency. One hundred and thirty fives respondents completed the survey, equating to a 22.8% managerial respondent rate.

- ASD represented 4.52% of the respondents
- DDSD represented 12.43% of the respondents
- DHI represented 3.95% of the respondents
- ERD represented 14.69% of the respondents
- Facilities represented 23.14% of the respondents
- ITSD represented 1.69% of the respondents
- MCP represented 1.69% of the respondents
- PHD represented 31.07% of the respondents
- SLD represented 5.65% of the respondents

Step One: Likert Assessment of the Eight Core Competency Domains

Objectives:

- Define Core Competencies and their importance to skill building.
- Identify the core competencies that are necessary for the successful performance of essential public health services in their program area.
- Rank the importance of each of the eight core competency domains.

Respondents were asked to think of their program area and rate the importance of each of the following broad competency areas to the work they and their employees do.

They were asked to rank its important based on this 1-5 Likert scale:

1 – Not Important	2 – Low	3 – Neutral	4 – Important	5 – Very
1 – Not important	Importance	3 - Neutrai	4 – Important	Important

Domains Ranked in Ascending Order by Weighted Average:

1. Leadership & Systems Thinking (Weighted Average: 4.75)

These skills focus on incorporating ethical standards into the organization, creating opportunities for collaboration among public health, health care and other organizations, mentoring personnel, adjusting practice to address changing needs and environment, ensuring continuous quality improvement, managing organizational change, and advocating for the role of governmental public health.

2. Communication Skills (Weighted Average: 4.72)

These skills focus on assessing and addressing population literacy, soliciting and using community input, communicating data and information, facilitating communications, and communicating the roles of government, healthcare and others.

3. Analytical Skills (Weighted Average: 4.71)

These skills focus on identifying and understanding data, turning data into information for action, assessing needs and assets to address community health needs, developing health assessments, and using evidence for decision making.

4. Cultural Competency (Weighted Average: 4.46)

These skills focus on understanding and responding to diverse needs, assessing organizational diversity and competence, assessing effects of policies and program on different populations, and taking action to support a diverse public health workforce.

5. Policy Development/Program Planning (Weighted Average: 4.44)

These skills focus on determining needed policies and programs, advocating for policies and programs, planning, implementing and evaluating policies and programs, developing and implementing strategies for continuous quality improvement, and developing and implementing

community health improvement plans and strategic plans.

6. Community Dimensions of Practice (Weighted Average: 4.22)

These skills focus on evaluating and developing linkages and relationships within the community, maintaining and advancing partnerships and community involvement, negotiating for use of community assets, defending public health policies and programs, and evaluating effectiveness and improving community engagement.

7. Financial Planning & Management (Weighted Average: 4.14)

These skills focus on engaging other government agencies that can address community health needs, leveraging public health and health care funding mechanisms, developing and defending budgets, motivating personnel, evaluating and improving program and organizational performance, and establishing and using performance management systems to improve organizational performance.

8. Public Health Sciences (Weighted Average: 3.98)

These skills focus on understanding the foundation and prominent events of public health, applying public sciences to practice, critiquing and developing research, using evidence when developing policies and programs, and establishing academic partnerships.

Step Two: Employee Competency Assessment

In the next two sections of the survey, respondents were presented with a description of an employee tiered status and the relevant competency statements for each of the eight competency domains. They were then asked to read each competency statement, think about the employee level, and determine how important that competency would be for them to either *understand or be capable of doing*.

Respondents rated the competency statement's level of proficiency by selecting the number based on the following criteria:

0 = Not applicable

- **1 = None** It is not important for the employee to be aware or able to do this skill
- 2 = Aware It is important for the employee to have some limited knowledge or ability to apply this skill
- **3 = Knowledgeable** It is important the employee is comfortable with this knowledge and capable of applying this skill
- **4 = Proficient** It is very important the employee has this expertise, meaning they could teach this skill to others

Tier One Employee Description

This employee is a front line/entry level position. They carry out the day-to-day organizational tasks and are not in management positions. Responsibilities may include administrative assistance, data collection and analysis, fieldwork, program planning, outreach and communications, customer service and program support.

Top Ten Tier One Competencies Ranked in Ascending Order by Weighted Average:

- Communicate in writing and orally with linguistic and cultural proficiency.
 Communication Skills (Weighted Average: 4.19)
- 2. Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities.

Leadership & Systems Thinking - (Weighted Average: 4.14)

3. Adhere to organizational policies and procedures.

Financial Planning & Management - (Weighted Average: 4.11)

4. Facilitate communication among individuals, groups, and organizations.

Communication Skills - (Weighted Average: 3.75).

5. Convey data and information to professionals and the public using a variety of approaches.

Communications Skills - (Weighted Average: 3.74)

6. Describe ways to improve individual and program performance.

Leadership & Systems Thinking - (Weighted Average: 3.73)

Seek out and describe need for professional development.

Leadership & Systems Thinking - (Weighted Average: 3.72)

8. Contribute to the development of goals and objectives.

Policy Development & Program Planning - (Weighted Average: 3.62)

9. Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information.

Analytical & Assessment Skills – (Weighted Average 3.61)

10. Describe the diversity of individuals and populations in New Mexico as well as in their programmatic service community.

Cultural Competency - (Weighted Average: 3.56)

Tier Two Employee Description

This employee is in a program management/supervisory level position. Their responsibilities include developing, implementing and evaluating programs. They supervise staff, establish and maintain community partnerships, manage timelines and work plans, make policy recommendations and provide technical expertise.

Respondents rated the competency statement's level of proficiency by selecting the number based on the following criteria:

0 = Not applicable

- 1 = None It is not important for the employee to be aware or able to do this skill
- 2 = Aware It is important for the employee to have some limited knowledge or ability to apply this skill
- **3 = Knowledgeable** It is important the employee is comfortable with this knowledge and capable of applying this skill
- **4 = Proficient** It is very important the employee has this expertise, meaning they could teach this skill to others

Top Ten Tier Two Competencies Ranked in Ascending Order by Weighted Average:

1. Follow supervisory duties and adhere to DOH policies and procedures.

Financial Planning & Management - (Weighted Average: 4.40)

2. Apply ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information.

Analytical & Assessment Skills - (Weighted Average: 4.35)

3. Review and edit writing and oral communications for linguistic and cultural proficiency.

Communication Skills - (Weighted Average: 4.30)

- 4. Contribute to continuous improvement of individual, program, and organizational performance. Leadership & Systems Thinking (Weighted Average: 4.26)
- 5. Use evaluation results to improve employee, program, and organizational performance. Financial Planning & Management Skills (Weighted Average: 4.25)
- Provide opportunities for professional development and ensure use of professional development opportunities for individuals and teams.

Leadership & Systems Thinking – (Weighted Average: 4.21)

7. Facilitate communication among individuals, groups, and organizations. Communications Skills – (Weighted Average: 4.20)

- 8. Use performance management systems for program and organizational improvement. Financial Planning & Management (Weighted Average: 4.18)
- 9. Describe the concept of diversity as it applies to individuals and populations. Cultural Competency (Weighted Average: 4.16)
- 10. Establish and maintain relationships to improve state and community health.

 Community Dimensions of Practice (Weighted Average: 4.13)

Step Three: Follow-Up Gap Analysis

To complete NMDOH's core competency process, it is also necessary to know the workforce's *actual* ability in the identified prioritized competencies. So, in order to expand the results of this survey into a strategy for addressing current and future gaps in capabilities and capacity, OPA will be conducting follow up manager interviews. In those interviews, a process will be set-up to discuss actual workforce capacity with the intention that we determine where core competency development resources and training are most needed.

Data Collection Process:

Develop an interview protocol and data collection instrument, to be filled out by the interviewer during the interview process.

Data Collection Plan:

- 1. Present core competency survey results and ask for reactions.
 - a. Any surprises?
 - b. Do the top ranked domains and competencies seem appropriate?
 - c. Any thoughts on what you think this means to the department?
- 2. Ask for an overall current day ranking on the domains.
 - a. How well does DOH workforce actually achieve that domain?
- 3. Estimate the *actual* competency level of the workforce against the top ranked competencies. Remind them of the employee tier descriptions, if needed.
 - a. On a Likert scale of 1-5, currently, how (fill in "knowledgeable" (3) or "proficient" (4) depending on the ranked level of proficiency) is a tier one employee at (fill in the competency)?
 - b. On a Likert scale of 1-5, currently, how (fill in "knowledgeable" (3) or "proficient" (4) depending on the ranked level of proficiency) is a tier two employee at (fill in the competency)?
- 4. Identify gaps in their employees' capabilities in relation to the core competencies.
 - a. Highlighting some of their examples of lower rankings based on actual ability vs. the ranked level of the competency's importance, ask:
 - i. What are the top five reasons (off the top of your head), that the actual competency level of our workforce falls short of the expectation?
- 5. Discuss what the results mean to the department and solicit ideas on how they'd like to see ways of proceeding to "assure a competent workforce."

Data Participation:

Collect the list of respondents who agreed to participate in the next phase of the gap analysis process, from Survey Monkey.

Appendices

- 1. Tier One Domain, Competencies & Results
- 2. Tier Two Domain, Competencies & Results

Tier One Competency Statements by Domain with Results

To what degree should this employee be able to ...

1	Domain: Analytical/Assessment Skills	Rating
	Overall Domain Rating: #3 with a 4.71	
1.A1	Describe factors affecting state and community health (e.g., equity, income, education, environment).	3.31
1.A2	Identify quantitative and qualitative data and information (e.g., vital statistics, electronic health records, transportation patterns, unemployment rates, community input, health equity, impact assessments, etc.) that can be used for assessing community health and the state of health in New Mexico.	3.09
1.A3	Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information. (#9 in Tier 1 competency rankings)	3.61
1.A4	Select comparable data (e.g., data being age-adjusted to the same year, data variables across datasets having similar definitions).	2.98
1.A5	Describe and identify assets and resources that can be used for improving state and community health (e.g., Boys & Girls Clubs, public libraries, hospitals, faithbased organizations, academic institutions, federal grants, fellowship programs, etc.).	3.23
2	Domain: Policy Development/Program Planning Skills	Rating
	Overall Domain Rating: #5 with a 4.44	
2.A1	Contribute to the development of goals and objectives. (#8 in Tier 1 competency rankings)	3.62
2.A2	Gather information that can inform options for policies, programs and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, etc.).	3.47
2.A3	Implement policies, programs, and services.	3.46
2.A4	Explain the importance of evaluations for improving policies, programs, and services.	3.33
2.A5	Gather information for evaluating policies, program, and services (e.g., outputs, outcomes, processes, procedures, return on investment, etc.).	3.37
3	Domain: Communication Skills	Rating
	Overall Domain Rating: #2 with a 4.72	
3.A1	Communicate in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images, tailors messaging to the intended audience). (#1 in Tier 1 competency rankings)	4.19
3.A2	Convey data and information to professionals and the public using a variety of approaches (e.g., reports, presentations, emails, letters). (#5 in Tier 1 competency rankings)	3.74
3.A3	Communicate information to influence behavior and improve health (e.g., uses social marketing methods, considers behavioral theories such as the Health Belief Model or Stages of Change Model).	3,34
3.A4	Facilitate communication among individuals, groups, and organizations. (#4 in Tier 1 competency rankings)	3.75

4	Domain: Cultural Competency Skills	Rating
	Overall Domain Rating: #4 with a 4.46	
4.A1	Describe the diversity of individuals and populations in New Mexico as well as in	
	their programmatic service community (e.g., language, culture, values,	
	socioeconomic status, geography, education, race, gender, age, ethnicity, sexual	3.56
	orientation, profession, religion, mental and physical abilities, etc.).	
	(#10 in Tier 1 competency rankings)	
4.A2	Recognize the contribution of diverse perspectives in developing, implementing,	
	and evaluating policies, programs, and services that affect state and community	3.37
4.42	health.	
4.A3	Address the diversity of individuals and populations when implementing policies,	3.31
4 4 4	programs, and services that affect state and community health.	
4.A4	Describe the effects of policies, programs, and services on different populations in	3.28
5	New Mexico. Domain: Community Dimensions of Practice Skills	Rating
<u> </u>	Overall Domain Rating: #6 with a 4.22	Natilig
5.A1	Recognize relationships that are affecting state or community health (e.g.,	
J.A1	relationships among health departments, hospitals, community health centers,	
	primary care providers, schools, community-based organizations, and other types	3.27
	of organizations).	
5.A2	Collaborate with community partners to improve community health (e.g.,	
	participates in committees, shares data and information, connects people to	3.31
	resources).	
5.A3	Provide input for developing, implementing, evaluating, and improving	3.36
	community-based policies, programs, and services	3.30
5.A4	Inform the public about policies, programs, and resources that improve state or	3.23
	community health.	3.23
6	Domain: Public Health Sciences Skills	Rating
	Overall Domain Rating: #8 with a 3.98	
6.A1	Retrieve evidence (e.g., research findings, case reports, community surveys) from	
	print and electronic sources (e.g., IBIS, CDC, BRFSS, Census, PubMed, Journals, etc.)	3.01
6.42	to support decision-making.	
6.A2	Recognize limitations of evidence (e.g., validity, reliability, sample size, bias,	3.01
6.A3	generalizability). Describe evidence used in developing, implementing, evaluating, and improving	
6.A3	policies, programs, and services.	2.96
6.A4	Suggest partnerships that may increase use of evidence in public health practices	
0.74	(e.g., between practice and academic organizations, with thinktanks, health	2.97
	sciences libraries, etc.).	2.57
7	Domain: Financial Planning and Management Skills	Rating
	Overall Domain Rating: #7 with a 4.14	
7.A1	Adhere to organizational policies and procedures.	
	(#3 in Tier 1 competency rankings)	4.11
7.A2	Provide information for funding proposals (e.g., foundations, governments	2.02
	agencies, corporations).	2.83
7.A3	Provide information for development of contracts and other agreements for	2.97
	programs and services.	2.37

7.A4	Operate programs within budget.	3.10
7.A5	Describe program performance standards and measures.	3.23
8	Domain: Leadership and Systems Thinking Skills	Rating
	Overall Domain Rating: #1 with a 4.75	
8.A1	Incorporate ethical standards of practice (e.g., codes of conduct) into all	
	interactions with individuals, organizations, and communities.	4.14
	(#2 in Tier 1 competency rankings)	
8.A2	Identify internal and external facilitators and barriers that may affect the delivery	
	of services (e.g., using root cause analysis and other quality improvement methods	3.34
	and tools, problem solving).	
8.A3	Seek out and describe need for professional development (e.g., training,	
	mentoring, peer advising, coaching, etc.).	3.72
	(#7 in Tier 1 competency rankings)	
8.A4	Describe ways to improve individual and program performance.	3.73
	(#6 in Tier 1 competency rankings)	3./3

Tier Two Competency Statements by Domain with Results

To what degree should this employee be able to \dots

1	Domain: Analytical/Assessment Skills	Rating
	Overall Domain Rating: #3 with a 4.71	
1.B1	Apply ethical principles in accessing, collecting, analyzing, using, maintaining, and disseminating data and information. (#2 in Tier 2 competency rankings)	4.35
1.B2	Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information. (#9 in Tier 2 competency rankings)	4.16
1.B3	Develop community health assessments and then assess community health status and factors influencing the health of New Mexico communities (e.g., quality, availability, accessibility, and use of health services, access to affordable housing, community assets and resources, etc.).	3,74
1.B4	Contribute to and implement divisional and organizational strategic plans (e.g., includes measurable objectives and targets, incorporates SHIP priorities where appropriate, identifies needs for workforce development, etc.).	4.05
2	Domain: Policy Development/Program Planning Skills	Rating
	Overall Domain Rating: #5 with a 4.44	
2.B1	Develop options for policies, programs, and services (e.g., secondhand smoking policies, data use policies, HR policies, immunization programs, etc.).	3.96
2.B2	Examine feasibility (e.g. fiscal, social, political, legal, geographic) and implications of policies, programs, and services.	3.88
2.B3	Recommend and implement policies, programs, and services. (#10 in Tier 2 competency rankings)	4.13
2.B4	Evaluate policies, programs and services (e.g., outputs, outcomes, processes, procedures, return on investment).	4.04
3	Domain: Communication Skills	Rating
3.B1	Overall Domain Rating: #2 with a 4.72 Review and edit writing and oral communications for linguistic and cultural proficiency. (#3 in Tier 2 competency rankings)	4.30
3.B2	Solicit input from individuals and organizations, (e.g., chambers of commerce, religious organizations, schools, social service organizations, hospitals, government agencies, community-based organizations, etc.) for improving state and community health and various populations served.	3.86
3.B3	Select approaches for disseminating public health data and information (e.g., social media, newspapers, newsletters, journal, town hall meetings, libraries, neighborhood gatherings).	3.81
3.4B	Communicate the roles of governmental public health, health care, and other partners in improving the health of New Mexico.	3.98
3.B5	Facilitate communication among individuals, groups, and organizations. (#7 in Tier 2 competency rankings)	4.20
4	Domain: Cultural Competency Skills	Rating
	Overall Domain Rating: #4 with a 4.46	

4.B1	Describe the concept of diversity as it applies to individuals and populations (e.g., language, culture, values, socioeconomic status, geography, education, race, gender, age, ethnicity, sexual orientation, profession, religion, metal and physical abilities, etc.). (#9 in Tier 2 competency rankings)	4.16
4.B2	Recognize the ways diversity influences policies, programs, services and supports diverse perspectives when developing, implementing, and evaluating policies, programs, and services that effect state and community health.	4.08
4.B3	Assess the effects of policies, programs and services on different populations in a community (e.g., customer satisfaction surveys, use of services by the target population.	3.98
4.B4	Ensure the diversity of individuals and populations is addressed in policies, programs and services that affect state and community health.	3.99
4.B5	Advocate for a diverse public health workforce.	4.10
5	Domain: Community Dimensions of Practice Skills	Rating
	Overall Domain Rating: #6 with a 4.22	
5.B1	Distinguish the roles and responsibilities of governmental and non-governmental organizations in providing programs and services to improve state and community health.	3.79
5.B2	Establish and maintain relationships to improve state and community health (e.g., partnerships with organizations serving the same population, academic institutions, policy makers, customers/clients, and others). (#10 in Tier 2 competency rankings)	4.13
5.B3	Engage community members to improve community health (e.g., input in developing and implementing community health assessments, feedback about programs and services).	3.93
5.B4	Advocate for policies, programs and resources that improve state and community health (e.g., using evidence to demonstrate the need for a program, communicating the impact of a program).	3.90
5.B5	Collaborate in community-based participatory research and practices.	3.77
6	Domain: Public Health Sciences Skills	Rating
	Overall Domain Rating: #8 with a 3.98	
6.B1	Apply public health sciences (e.g., biostatistics, epidemiology, health services administration, social and behavioral sciences, and public health informatics) in the delivery of services.	3.73
6.B2	Use evidence in developing, implementing, evaluating, and improving policies, programs, and services.	3.99
6.B3	Identify the laws, regulations, policies, and procedures for the ethical conduct of research (e.g., patient confidentiality, protection of human subjects, Americans with Disabilities Act).	3.89
6.B4	Develop partnerships that will increase the use of evidence in public health practices (e.g., between practice and academic organizations, with thinktanks, health sciences libraries, etc.).	3.67
7	Domain: Financial Planning and Management Skills	Rating
	Overall Domain Rating: #7 with a 4.14	

7.B1	Explain the public health and health care funding mechanisms and procedures (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process).	3.54
7.B2	Develop and defend program budgets.	3.73
7.B3	Use financial analysis methods in making decisions about policies, programs, and	
	services (e.g., cost-effectiveness, cost-benefit, cost-utility analysis, return on investment).	3.55
7.B4	Follow supervisory duties and adhere to DOH policies and procedures (e.g., employee evaluations, employee grievance processes, workforce training expectations, etc.) (#1 in Tier 2 competency rankings)	4.40
7.B5	Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, sustaining accreditation). (#8 in Tier 2 competency rankings)	4.18
7.B6	Use evaluation results to improve employee, program and organizational performance (e.g., employee evaluations, performance management, strategic planning, etc.). (#5 in Tier 2 competency rankings)	4.25
8	Domain: Leadership and Systems Thinking Skills	Rating
	Overall Domain Rating: #1 with a 4.75	
8.B1	Describe and explain health as part of a larger inter-related system of organizations that influence the health of populations at local, state and national levels.	3.92
8.B2	Collaborate with individuals and organizations in developing a vision for a healthier New Mexico (e.g., emphasis on prevention, health equity, excellence and innovation).	3.92
8.B3	Provide opportunities for professional development and ensure use of professional development opportunities for individuals and teams. (#6 in Tier 2 competency rankings)	4.21
8.B4	Contribute to continuous improvement of individual, program and organizational performance (e.g., mentoring, monitoring progress, adjusting programs to achieve better results). (#4 in Tier 2 competency rankings)	4.26