

# Workforce Development Plan

## *Hancock Public Health*

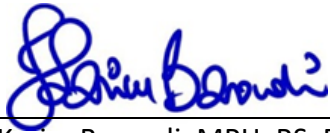


Adopted on 02/10/2017



## Signature Page

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



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Karim Baroudi, MPH, RS, REHS-Health Commissioner

2/10/2017

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Date

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

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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 Hancock Public Health's ongoing commitment to the training and development of its workforce.

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# Agency Profile

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## Mission & vision

### Our Mission:

*“We exist to improve ourselves and our communities. Promote public health and the prevention of disease. Protect people and the environment.”*

### Our Vision:

Hancock Public Health Will

#### Be:

- An accredited leader in public health by 2020
- Empowering employees through a collaborative and nurturing environment
- Innovators in population health and stewards for the future

#### Do:

- Serve and enhance the lives of citizens of Hancock County
- Forge new alliances in the pursuit of improved health outcomes, and continue to foster existing community partnerships

#### Have:

- Financial stability
  - A recognized central location that provides optimal client satisfaction by 2018.
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## Core values

Hancock Public Health maintains the following core values:

- **Accountability**-We believe to achieve excellence, each member of our team must take ownership in its success and that we must be responsible to the community for implementing programs and strategies that improve the overall health of our population.
- **Integrity**-We believe our integrity reflects our ability to be honest in our word; timely in our commitments; comprehensive in our work
- **Quality**-We will strive to meet recognized performance measures while always seeking new opportunities to improve our service and quality of work.
- **Teamwork**-We believe people are our most valuable resource. We must establish a culture of trust, cooperation and teamwork to allow them the ability to perform at their highest potential possible.

**Strategic priorities**

Hancock Public Health 2016-2019 Strategic Health Priorities:

- Reduce adult, youth and child obesity
- Reduce adult, youth and child substance abuse
- Increase adult, youth and child mental health
- Decrease youth and child bullying
- Improving family functioning

Hancock Public Health Strategic Position is centered around the areas of 1) Financial Vision, 2) Customer Strategy, 3) Process Improvement and 4) People Investment.

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**Governance**

The Board of Health is the governing body of HPH. The District Advisory Council appoints 7 members to the Board of Health. The District Advisory Council consists of the chairman of the board of trustees from each township, the mayor from each village, a representative of the Board of County Commissioners and the Findlay Mayor. The Health Commissioner is the secretary to the Board of Health.

In accordance with the Ohio Administrative Code 3701-36-03 (7) each Board of Health member is required to complete two hours of continuing education hours each year.

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**Learning culture**

The HPH learning philosophy is to support and sustain a capable and qualified workforce. HPH supports a culture that encourages and supports the development of its employees by using Personal Professional Development Plans. The intent of the Personal Professional Development Plan is to help build and retain a workforce of skilled and capable employees and encourage future career development. An example of the *Personal Professional Development Plan* is available in Appendix A.

Training and educational activities are conducted to strive for the highest quality of services and performance improvement while meeting the needs and expectations of customers. A performance management system, called VMSG, is used as an agency's-wide resource and tracking system.

Whether conducting a training, educational outreach, workshop or exercise, quality improvement methods such as evaluation forms, after action reports, and improvement plans are utilized. As referenced in the *Quality Improvement Plan* (5), HPH is committed to improving quality in all of its services, processes and programs, including workforce development, and all staff is required to maintain a culture of quality.

**Workforce policies**

The *Workforce Development Plan* and all affiliated workforce development policies and procedures are maintained in the office of Director of Administrative Services and available on the office's H drive.

Current agency policies that support workforce development can be found in the *HPH Policy and Procedure Manual* (4) which addresses staff development and obtaining approval to attend external conferences and seminars. Also, the Public Health Emergency Preparedness (PHEP) coordinator maintains and updates annually a *Training and Exercise Plan* (3). This plan serves as a roadmap to accomplish priorities described in the PHEP grant by following a coordinated homeland security strategy that combines enhanced planning, innovative training, and realistic exercises to strengthen our communities' emergency prevention and response capabilities. Training and exercises play a crucial role to providing HPH with a means of attaining, practicing, validating, and improving public health response capabilities.

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**Links to other agency plans**

Aligning workforce development with HPH's mission, vision, and strategic plan is an integral part of HPH's future success. HPH's workforce development efforts will assist the department in achieving the strategic priorities outline within its *2016-2019 Strategic Plan* (6). The Strategic Plan is directly tied to the most recent *Community Health Assessment (CHA)* (1) and *Community Health Improvement Plan (CHIP)* (2), and other applicable data sources, to assess the most prominent public health concerns affecting citizens of Hancock County.

HPH's workforce development components and undertaking will link to our *Quality Improvement Plan* (5) where all staff will be required to receive training on performance management and quality improvement. We will use our performance management software, VMSG, to continuously track our workforce development efforts and evaluate our progress against real and measurable outcomes and deliverables.

# Workforce Profile

**Introduction** This section provides a description of our current and anticipated future workforce needs.

**Current workforce demographics** The table below summarizes the demographics of our current workforce as of October 27, 2016.

Category	# or %
Total # of Employees:	25
# of FTE:	21
% Paid by Grants/Contracts:	21%
Gender:	Female: 16 Male: 9
Race:	Hispanic: Non-Hispanic: American Indian / Alaska Native: Asian: African American: Hawaiian: Caucasian: 20 More than One Race: Other: 5
Age:	< 20: 20 – 29: 1 30 – 39: 8 40 – 49: 8 50 – 59: 5 >60: 3
Primary Professional Disciplines/Credentials:	Leadership/Administration: 6 Nurse: 7 Registered Sanitarian/EH Specialist: 4 Epidemiologist: 1 Health Educator: 1 Dietician: 0 Social Workers: 0 Medical Directors: 1 Other: 5
Staff Proficient in Languages Other Than English	3
Retention Rate per 5 or 10 Years; by discipline if applicable	N/A
Employees < 5 Years from Retirement:	Management: 1 Non-Management: 2



## Workforce Profile, *continued*

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### **Future workforce**

Within, the next five years, three of HPH's staff will be eligible to retire. HPH intends to remain vigilant and prepared to fill these gaps from a pool of qualified candidates. In addition, there are continuous changes in the Ohio Public Employees Retirement System that influence the decision of many of our current employees.

Hancock Public Health is committed to strengthening and maintaining recruitment and retention efforts to ensure a skilled and well-trained workforce. HPH encourages the promotion of internal staff as much as possible to provide opportunities for advancement of staff. Finding qualified external candidates with public health experience is often a challenge, especially in trying to fill sanitarian positions. As a public service agency, we also experience challenges of competing with private industry when trying to hire qualified candidates, especially in regards to meeting pay and benefits.

As we look towards the future, the complexity and reality of strong public health practice at HPH will demand much of its staff, as evidenced by the multi-tiered public health competencies. By investing in the HPH workforce and continuing to build our training programming, HPH will retain current employees, prepare the workforce for all-hazard emergencies, prepare the workforce for technological advances, enhance the competencies of management staff, build a bench of future public health leaders and provide staffing redundancy.

## Competencies & Education Requirements

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### **Core competencies for agency**

Hancock Public Health follows the *Council on Linkages Core Competencies for Public Health Professionals* as the department's primary public health competencies as these are the national standard guiding the development of the current and future workforce. The core competencies can be accessed using the following link:

[http://www.phf.org/resourcestools/Documents/Core\\_Competencies\\_for\\_Public\\_Health\\_Professionals\\_2014June.pdf](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf)

## **Other competencies**

In addition to the *Council on Linkages Core Competencies for Public Health Professionals*, HPH developed a competency framework consisting of four areas of focus that integrate other organizational and professional competencies. This framework is used not only to plan and develop workforce development strategies, but is incorporated into the department's functional public health competency-based job descriptions.

### **1. Organization Competencies**

- All employees are expected to follow the organizational level competencies.
- Organizational competencies are selected from the following sources: departmental mission, vision, values and goals, employee performance evaluation categories, and other areas of importance to the organization.
- Organizational competency areas include all of the following:
  - Customer Focus
  - Accountability
  - Research/Science-based
  - Equity and Fairness
  - Continuous Quality Improvement
  - Occupational Health and Safety
  - Emergency Preparedness
  - Communication

### **2. Manager/Supervisor/Executive Level Competencies**

- Competencies specific to employees who are managers, supervisors or leaders at the executive level. In most, but not all cases the position may supervise one or more employees.
- Competency areas include all of the following:
  - Managing Performance
  - Managing Resources
  - Leadership and Systems Thinking Skills

### **3. Job Specific Competencies**

- The Council on Linkages Core Competencies for Public Health Professionals is the primary competency set used in the job specific category. The delineation of the three tiers, used to define the type of position, is incorporated into the workforce development planning strategy.
- Competencies in the job specific category reflect the functional part of the employee's job and/or the minimum level of expected practice.
- Competencies from other disciplines may also be utilized in this category, such as those that do not require certification or licensures (such as epidemiology, health equity and emergency preparedness) or are not public health-specific (such as human resources, fiscal and information technology).

#### 4. Professional Competencies

- These competencies are discipline-specific and may not be utilized for all positions.
- The professional competency category is used for staff employed in the field of study needing advanced knowledge. This includes employees who need to maintain a certificate or license that requires continuing education as a requirement of their job.
- See the next page under “CE required by discipline” for a list of professional competency areas that supports in developing workforce development planning strategies.

#### **CE required by discipline**

Multiple public health-related professional disciplines at HPH require continuing education (CE) for ongoing licensing and practice. Hancock Public Health supports training to ensure CE is attainable in the various professions by providing financial support and paid time for employees to obtain continuing education credits. Employees own the responsibility of obtaining the necessary CE to maintain required licensures and/or certifications. Professional disciplines supported at HPH and their associated CE requirements, are shown in the table below.

<b>Discipline</b>	<b>CE Requirements (as of 9/1/2016)</b>
Registered Nurse	24 contact hours every 2 years, 1 hour in Nurse Practice Act
Registered Sanitarian (RS) Sanitarian-in-Training (SIT)	18 CEUs per year
Health Educator (CHES/MCHES)	75 CECH every 5 years
Certified Plumbing Inspector	10 CEUs per year; 4 from DIC and 6 from Board approved courses
Physician (MD, DO)	100 hours every 2 years
Board of Health Members	2 contact hours each year
<b>Certifications/Credentials</b>	<b>Program Requirement</b>
Ohio Commercial Pesticide Public Applicator	5 hours every 3 years
Help Me Grow Home Visitor	20 hours every 2 years
Car Seat Technician (CPST)	6 hours every 2 years
CPR/AED	Recertification every 2 years
Parents as Teachers	20 hours year 1, 15 hours year 2, 10 hours year 3 and after
Baby & Me Tobacco Free	Initial training and yearly review

# Training Needs

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**Introduction** This section describes both identified and mandatory training needs for HPH as well as targets for achieving specific competencies among staff. The training needs were developed from department-level training needs assessment results and training to meet professional licensure requirements.

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**Competency-based training needs** To further prepare and organize training and educational development at HPH, surveys and assessments are used to obtain feedback from the staff. In October of 2016, HPH sent out the competency-based training needs assessment to staff via email. The competency-based training needs assessment suggest the greatest need for staff knowledge and skill development is in the areas of analytical/assessment skills, cultural competency skills, and public health science skills.

An Executive Summary detailing the results of the training needs assessment surveys can be found in *Appendix B-HPH Workforce Development Assessment Summary Results Executive Summary Report*.

## Health equity training needs

On December 27, 2016, a self-assessment of cultural and linguistic competence was conducted with staff. The assessment was designed in accordance to the Cultural and Linguistically Appropriate Services (CLAS) standards (8).

The assessment identified several areas that HPH needs to work on in order to provide more Cultural and Linguistically Appropriate Services. However, the HPH leadership team has identified the following four areas as priority areas to begin improvement on:

### **Do program staff members at all levels and disciplines receive training in culturally-and linguistically-appropriate service delivery?**

Training provided as part of new hire orientation	Training provided at least once a year to all staff levels	Training provided, but not in standardized manner	No training provided
14%	4%	14%	68%

### **Does your program have written policies and procedures that support recruitment, retention, training and promotion practices?**

All staff are aware of/universally trained on them	Not all staff are aware of/universally trained on them	Policies and procedures are not in place that support these diversity practices.
9%	43%	48%

### **Does your program have a plan to identify and address CLAS needs for underserved populations?**

A plan is fully developed and being implemented.	Plan in draft form or only partially implemented.	Program does not currently have a written plan.
0%	5%	95%

### **Does your program provide timely professional interpreter services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language?**

Always	Most of the time	Sometimes	Program does not currently provide timely interpreter services
0%	15%	25%	60%

An Executive Summary detailing the results of the training needs assessment surveys can be found in Appendix C - *CLAS Self-Assessment Tool Summary Results Executive Summary Report*.

## Training Needs, *continued*

### **Barriers and solutions**

This section addresses barriers/inhibitors to the achievement of closing gaps in public health core competencies for HPH and future needs in capacity and capabilities and strategies of the agency.

The Competency Based Training Needs Assessment identified gaps in staff's knowledge and skills for analytical/assessment skills, cultural competency skills, and public health science skills in each of the three tiers. The Cultural and Linguistic Self-Assessment also identified several areas that HPH needs to work on to increase staff's cultural competency skills. Strategies to address these gaps are:

#### **1. Gap: Lacking skills in Analysis and Assessment**

- Strategy: Conduct Analysis and Assessment training.

#### **2. Gap: Cultural Competency Skills**

- Strategy: Provide and require training that increases staffs Cultural Competency Skills.

#### **3. Gap: Public Health Science Skills**

- Strategy: Provide opportunities for staff to attend trainings that provides information on Public Health Science Skills.

Potential barriers to closing these barriers and strategies for alleviating each barrier is described below.

#### **1. Insufficient Funding Dedicated for Training**

- Assess training needs annually and ensure that training budgets are a topic of discussion during annual budget preparations.
- Search for other sources that provide the same training information for a reduced cost.

#### **2. Workload Compete with Training and Development Opportunities**

- Promote open discussions between staff and supervisor regarding balancing workload priorities with training and development opportunities.
- Provide one hour at the beginning of the work day on the third and fourth Monday of the month to complete training and development opportunities.

## Workforce Development Goals

This section presents workforce development goals for our agency.

Goal	Measure	Timeframe	Responsible Parties
Establish tuition reimbursement policy for the agency	Policy	2020	Health Commissioner/Board of Health
All employees have individual professional development plans (as part of the performance review process)	Completed individual development plans	2018	HR, Employee and Supervisor
Orient new employees to public health and the agency	Completed document showing new employee has completed new employee orientation	2020	Division Directors
Support ongoing higher education among staff	Identify the number of existing staff that has obtained higher education	2020	Board of Health, Directors, Supervisors
All employees receive training in culturally-and linguistically-appropriate service delivery	Identify the number of employees then document how many employees complete the training	2018	HR, Employee and Supervisor

# Curriculum & Training Schedule

This section outlines the curricula and training schedule for 2017 to 2019.

Topic	Description	Target Audience	Competencies Addressed	Schedule	Resources
New Hire Orientation	Introduction to agency, goals, strategic priorities, and direction; new hire paperwork etc.	All Staff	COL Core: 6A1, 6A2 and PHAB 9.2.1.1A	As Hired	Hancock Public Health H Drive.
Ohio Ethics Law Summary and Manual of Personnel Policies for Employees	All employees must understand the general prohibition of the Ohio Ethics Law which contains provisions restricting conflicts of interest that involve nepotism, post-employment, representation, influence-peddling, confidentiality, and supplemental compensation. Among other restrictions, the law provides what prohibitions each public official and employee is prohibited from engaging in. All employees must read the HPH Personnel Policy Manual and are required to sign off; acknowledging understanding of all policies contained in the manual.	Mandatory for All Staff	COL Core: 8A1, 8B1, 8C1	As Hired/Every 5 Years	Ohio Ethics Law and Related Statutes, HPH Employee Policy Manual, and <a href="http://www.pepohio.org">www.pepohio.org</a>
Public Health 101: A short course	Online self-study course introducing participants to the history, mission, achievements, structure, challenges and opportunities for public health	Mandatory for all staff	COL Core:5A7 & 6A1, 6A2, 6A3	As Hired	<a href="http://www.chphplearn.org">http://www.chphplearn.org</a> The Ohio State University's Center for Public Health Practice



## Curriculum & Training Schedule

Cultural Diversity and Sensitivity	Understand and explain why cultural differences affect employees of HPH; define culture and cultural diversity; Provide a framework/description of various cultures; Provide employees with tools to address the needs of clients and their families from multiple cultures.	Mandatory for all staff	COL Core: 4A1, 4A2, 4A3, 4A5	As Hired/Every 2 Years	Bridges out of Poverty and/or <a href="http://www.pepohio.org">www.pepohio.org</a>
Recognizing Drug and Alcohol Abuse Training	Enable participants to identify drug and alcohol abuse in co-workers in compliance with the Drug-Free Workplace Policy	All staff	Agency Mandate	As Hired	<a href="http://www.pepohio.org">www.pepohio.org</a>
CPR and First Aid Training	To learn the skills of CPR and First Aid for victims of all ages	All nursing division staff	Agency Mandate	Every 2 years	Blanchard Valley Hospital
Bloodborne Pathogens Training	Educate staff on types of bloodborne pathogens as well as prevention measures, and steps for post exposure follow-up	All nursing division staff	Agency Mandate	Annually	<a href="http://www.pepohio.org">www.pepohio.org</a>
HIPAA Compliance	HPH has adopted this Privacy Policy to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA), as well as other federal and state laws protecting the confidentiality of individually-identifiable health information.	All Staff	Mandate	Initial/Annually	<a href="http://www.pepohio.org">www.pepohio.org</a>
ODH New School Nurse Conference and	ODH provides a two-day conference for nurses new to school nursing as well as	School nurses	COL Core: Various including 6A1, 6A6, 6A8	Two day conference all new school nurses/region	<a href="http://www.odh.ohio.gov/odhPrograms/chss/schnurs/conf.aspx">www.odh.ohio.gov/odhPrograms/chss/schnurs/conf.aspx</a>

## Curriculum & Training Schedule

regional annual conference	annual regional updates for skills specific to school nursing			conference annually thereafter	
ODH Home Visitor Summit	Summit to convene persons involved in delivery of home visiting services in the state of Ohio for the purpose of sharing research on evidence-based and innovative home visiting strategies	Help Me Grow Staff	COL Core: 6A6, 6B7, 6B9, 6B10	Biannual Conference	To Be Announced Reference ORC 3701.613
Introduction to Applied Financial Management in Public Health	A six-module continuing education course that introduces participants to the knowledge and skills needed to successfully manage a local health department fiscal office. Topics include, but are not limited to: key functions of applied financial management, budgeting for programs and agency, integrating with state and local systems, fulfilling statutory requirements and responsibilities, financial analysis and reporting, and risk management.	Fiscal Officer, Health Commissioner Deputy Health Commissioner	COL Core: 7B4 and 7C4	Once	<a href="http://www.cphplearn.org">www.cphplearn.org</a> The Ohio State University's Center for Public Health Practice
Leadership Essentials for Health District Success	Leadership course to provide training to those new to Health District Leadership	Supervisors and Directors	PHAB 8.2.3.3A and COL Core: 8B6, 8C6	Once	Association of Ohio Health Commissioners (AOHC)
Health Commissioner University	Leadership training for those Health Commissioners and Assistant Health Commissioners new to the position.	Health Commissioner and Deputy Health Commissioner	PHAB 8.2.3.3A and COL Core: 8B6, 8C6	Once	Association of Ohio Health Commissioners (AOHC)

## Curriculum & Training Schedule

Independent Study (IS-100) Introduction to the Incident Command System (ICS)	Enables participants to demonstrate basic knowledge of the Incident Command System	All Staff. Mandated by Department of Homeland Security (DHS)	PHAB 2.3.3.4A and Mandate	Once/Initial refresher determined locally	<a href="https://training.fema.gov/nims/">https://training.fema.gov/nims/</a>
IS-200, Incident Command System (ICS) for Single Resources and Initial Action	Describes the ICS organization appropriate to the complexity of the incident or event. Use of ICS to manage and incident or event.	All Staff	PHAB 2.3.3.4A and Mandate	Once/Initial	<a href="https://training.fema.gov/nims/">https://training.fema.gov/nims/</a>
IS-300 Intermediate Incident Command System (ICS)	Describes how the National Incident Management System (NIMS) Command and Management component supports the management of expanding incidents. Describes the incident/event management process for supervisors and expanding incidents as prescribed by ICS. Implements the incident management process on a simulated event.	All Leadership Personnel. Mandated by DHS	PHAB 2.3.34A and Mandate	Once/Initial, Refresher determined locally	Training location site varies
IS-400 Advanced Incident Command System (ICS)	Explains how major incidents engender special Management challenges. Describes the circumstances in which an Area Command is established. Describes the circumstances in which multi-agency coordination systems are established.	All Leadership Personnel. Mandated by DHS.	PHAB 2.3.34A and Mandate	Once/Initial, Refresher determined locally	Training location site varies

## Curriculum & Training Schedule

IS-700, National Incident Management System (NIMS)	Describes the key concepts and principles underlying NIMS. Identifies the benefits of using NIMS as a national response model.	All personnel. Mandate by DHS.	PHAB 2.3.34A and Mandate	Once/Initial	<a href="https://training.fema.gov/nims/">https://training.fema.gov/nims/</a>
IS-800, National Response Plan (NRP), An Introduction	Describes the purpose of the National Response Framework. Describes the response doctrine of the National Response Framework. Describes the roles and responsibilities of entities as specified in the National Response Framework. Describes the actions that support national response. Describes the response organizations used for multiagency coordination. Describes how planning relates to national preparedness	All Leadership Personnel. Mandated by DHS. Independent Study or Classroom.	Mandate	Once/Initial	<a href="https://training.fema.gov/nims/">https://training.fema.gov/nims/</a>
Emergency Response Plan (ERP) Awareness	Provides an overview of the Emergency Response Plan (ERP) currently on file and active within the organization; detailing expectations of personnel and responsibilities associated with the specific tasks and missions assigned; explanations of specific threats or hazards and preparedness issues; personnel readiness; partners and stakeholders; support requirements.	All personnel	PHAB 2.3.34A	Initially, Annually	Determined Locally

## Curriculum & Training Schedule

Ohio Public Health Communication System (OPHCS)	Provide guidance on use of OPHCS during day-to-day and emergency applications. Provide step-by-step procedures for sending and receiving alerts, database use, and procedures for use and drills.	All personnel with OPHCS licenses.	Mandate	Initial, Refresher determined locally	Determined Locally
Multi-Agency Radio Communications System (MARCS) Two Way Radios	Provides guidance to instill among users the knowledge to employ MARCS base station and two-way handheld radios during normal day-to-day and emergency application periods. Provide step-by-step use procedures, common radio communication practices, communication etiquette, and procedures for drills.	Any employee that may be required to use the MARCS	Mandate	Initial, Refresher determined locally in conjunction with exercises.	Determined Locally
Continuous Quality Improvement Basics	Three module, online introduction to CQI basics	All staff	COL Core: 8A7, 8B7, 8C7 and PHAB 9.2.1.1A	May 2017	<a href="http://www.cphplearn.org">www.cphplearn.org</a>
Public Health Combined Conference	Annual Ohio conference for public health practitioners; CE opportunity	Senior Leadership	Varies	Annually in May	<a href="http://www.ohiopha.org">www.ohiopha.org</a>
Communicable Disease Investigation and Surveillance Training	Familiarize participants with routine disease investigation and surveillance activities, and increase their individual level of preparedness for participation in disease outbreak investigations to include: mechanisms to receive reports, resources, diagnosis	All Nursing Staff including the epidemiologist.	PHAB 9.1.5.1A	Annually	Ohio Department of Health (ODH) Infectious Disease Control Manual, rev 5/14: Control of Communicable Disease Manual, 18 <sup>th</sup> Ed; American Academy of Pediatrics Red Book, 29 <sup>th</sup> Ed.

## Curriculum & Training Schedule

	confirmation, documentation, interviews, notifications, outbreak determinations, data analysis, prevention and control measures, follow-up evaluation, after action activities.				
Ohio Disease Reporting System (ODRS)	To instruct staff on utilization of the system and any system updates.	Staff designated to use ODRS		Annually	Ohio Disease Reporting System (ODRS), ODRS Training Manual
Ohio Society for Public Health Education's Annual Health Educator Conference	Conference offered in the fall covering various Health Education Topics.	Recommended for Health Educator	PHAB 6.2.1.1A	Annually in the Fall	<a href="http://Ohiosophe.org">http://Ohiosophe.org</a>
Ohio Environmental Health Association RS Prep Course	Two-day review session with training materials for SITs preparing to take the examination to become a Registered Sanitarian	Recommended for individuals that are SIT's in the Environmental Health Division	PHAB 6.2.1.1A	Within 1 year of hire	OEHA Annual Education Conference
Certified Pool Operator Training	To provide individuals with the basic knowledge, techniques, and skills of pool and spa operations including pool and spa chemistry, testing, treatment, filtration, maintenance, automatic feeding equipment, and government requirements.	Recommended for Environmental Health Staff working in the pool program	PHAB 6.2.1.1A	Within 2 years of hire	National Swimming Pool Foundation (NSPF)( <a href="http://www.nspf.org/en/CPO.aspx">http://www.nspf.org/en/CPO.aspx</a> )
Ohio Environmental Health Association	OEHA conference offered twice a year covering various environmental health topics.	Environmental Health Division Staff	PHAB 6.2.1.1A	Annually in the Spring and Fall	Ohio Environmental Health Association (OEHA)

## Curriculum & Training Schedule

(OEHA) Conferences					
Midwest Workshop in Environmental Health	Annual conference covering various environmental health topics including food safety, sewage treatment, private water systems, recreation programs, indoor environments and general environmental and public health. Topics vary year to year.	Optional for Environmental Health Division Staff	PHAB 6.2.1.1A	Annually in March	Ohio Department of Health
Grant Management Information System Training	An introduction to the Ohio Department of Health's Grant Management Information System including reporting and tracking grant activity.	Recommended for staff responsible for managing grants	COL Core: 5A1, 5A2, 5A3, 5A4, 5A5, 5A6, 5A8; 7A9, 7A12, 7A13	Once/As needed	Ohio Department of Health <a href="http://www.odh.ohio.gov/about/grants/grants.aspx">www.odh.ohio.gov/about/grants/grants.aspx</a>
Healthcare and Public Health Suspicious Activity Training	To assist public health and health care personnel in recognizing what kinds of suspicious behaviors are associated with pre-incident terrorism activities, understanding how and where to report suspicious activity, and protecting privacy, civil rights, and civil liberties when documenting information.	All staff	COL Core: 8A1	Once	<a href="https://nsi.ncirc.gov/hsptregitstration/health/">https://nsi.ncirc.gov/hsptregitstration/health/</a>
Lean Six Sigma	A methodology and toolset that will enable one to analyze processes and achieve improvements. Individuals learn to solve problems from a customer's viewpoint, so when a process is improved they can feel the difference.	Optional for Leadership Team Members		Once	Partnership with Cooper Tire and Rubber Company in Findlay.

## Curriculum & Training Schedule

Board of Health CEUs	Each continuing education credit shall pertain to one or more to the following topics: ethics, public health principles, and a member's responsibilities.	All Board Members	Mandate	Annually by December 31	Training DVD as provided by NACCHO and as determined by the Health Commissioner
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# Implementation & Monitoring

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**Introduction** Evaluating training provides Hancock Public Health feedback regarding the programs relevancy, content, instructor, and delivery. Conducting evaluations and tracking results are necessary for professional continuing education and quality improvement purposes. This section provides how the workforce development plan is communicated, and how evaluations, tracking, and monitoring/reviewing of the plan will be conducted.

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**Communication** The workforce development plan will be communicated to leadership, staff and stakeholders as follows:

- All employees will receive a copy of the workforce development plan.
- All new employees will be introduced to the workforce development plan during the new employee orientation process.
- A copy of the workforce development plan will be available on the H drive (shared drive).
- Updates provided during staff meetings or as needed.
- Training opportunities are shared with employees through agency email.

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**Training evaluation** Internal and external trainings will be evaluated using several different methods contingent upon the type of training and the training provider. Surveys, evaluations, and feedback regarding the trainings will be used to measure success of the trainings. Trainings will be evaluated by using a process based on the Kirkpatrick Model. Participants will be asked about the programs relevancy to their work, the instructor, and teaching methods. The survey will measure participants change in knowledge, skills, and attitudes, and will be monitored on the job to see if the skills have transferred from the training to the work. Hancock Public Health has adopted a standard evaluation form that must be filled out after attending training, or if conducting training, the form must be completed by the participants. See Appendix D for an example of the training evaluation form.

**Tracking** Training will be tracked using various techniques based on the type of training course. Tracking of training includes the following methods: attendance lists, certificates of completion, transcripts, databases, and sign-in sheets. Completion documents/certificate records may be tracked electronically or by hard copy depending on the requirements for continuing education. Training will be tracked in-house using the VMSG software and employee's personnel files. All trainings use a sign-in sheet to track participant attendance. See Appendix E.

## Implementation & Monitoring, *continued*

**Roles and Responsibilities** The workforce development plan resides in the office of the Director of Administrative Services and the Director of Administrative Services is responsible for coordinating updates. Below is an overview of roles within the health department.

Who	Roles & Responsibilities
Board of Health	Responsible for ensuring resource availability.
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 leadership development. Works with Directors to find appropriate training/development opportunities for staff. Provides guidance to the Directors with coaching, mentoring, and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.
Division/Program Directors	Responsible to the Health Commissioner for all employees within their divisions. Finds appropriate training and development opportunities for staff. Supports, coaches, and mentors employees to assure that appropriate training resources and support structures are available within the division. Ensure that individual and agency-based training initiatives are implemented. Works with employees to develop an individualized learning plan and supports the implementation of the learning plan. Identifies high-potential employees as part of agency succession plan. Verify division employees are current with CEUs and certifications prior to yearly performance review.
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 organizational-based needs. Identify opportunities to apply new learning on the job. Complete required training and continuing education in a timely manner. Complete required continuing

	education needed for licensure and maintain and re-certify said licensure on time. Maintain a record of all trainings and update all trainings in the VMSG system.
Workforce Development Workgroup	The workforce development workgroup will consist of the Health Commissioner, Deputy Health Commissioner, Director of Administrative Services, Director of Community Health, Director of Environmental, and IT. The workgroup will coordinate training programming and continuing education professional groups. Reviews the Workforce Development Plan and Training Curriculum Plan.

### **Review and maintenance**

The workforce development plan will be reviewed every year during the month of January and revised as necessary. The plan will be reviewed by members of the leadership team (Health Commissioner, Assistant Health Commissioner, Director of Administrative Services, Director of Community Health, Director of Environmental, and IT). The review process will address any updates to the agency/workforce profile, document progress towards achievements of workforce development goals, and identify training needs. Also, the training curriculum schedule will be reviewed for any necessary updates.

### **Citations**

1. HPH Community Health Assessment, 2015
2. HPH Community Health Improvement Plan, March 10, 2017
3. HPH Emergency Preparedness Plan, 2006
4. HPH Policy and Procedure Manual, February, 2017
5. HPH Quality Improvement Plan, August, 2016
6. HPH Strategic Plan 2016-2019, July 8, 2016
7. Ohio Administrative Code 3701-36-03(8)-<http://codes.ohio.gov/oac/3701-36-03>
8. U.S. Department of Health and Human Services Office of Minority Health. (n.d.). National culturally and linguistically appropriate services standards. Retrieved January 18, 2017, from [www.thinkculturalhealth.hhs.gov/clas/standards](http://www.thinkculturalhealth.hhs.gov/clas/standards).



# Hancock Public Health Personal and Professional Development Plan



# Hancock Public Health

## Personal/Professional Development Plan

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### Introduction

For HPH to continue to succeed it is important to promote a culture that encourages and supports the professional development of its employees. Professional development is an ongoing process for employees to ensure they stay current in their fields and prepare them for future challenges. Planning for continuous professional development will be tied to the employee's performance plan and career goals.

HPH's objective is to develop employees through a wide variety of progressive and efficient training programs and training resources to improve their knowledge, skills, and abilities within the Tiers outlined in the Competencies section of the Workforce Development Plan and help them advance in their career. The intent of the Personal/Professional Development plan is to help build and retain skilled and capable employees and encourage future career development.

HPH believes that training and development are integral components of work performance and are inherently tied to our vision, mission, and strategic priorities. Employees and supervisors are to work together to determine the employees work goals and training needs.

Each work plan is individually tailored to the needs of the employee and HPH. This is a personal action plan that is jointly agreed on by the employee and supervisor, which identifies the employee's short and long term goals. The plan also identifies training and other developmental experiences needed to achieve those goals for the benefit of the HPH.

This plan is designed to be continuous in nature because learning is an on-going process. Employees and supervisors are not to complete all training and professional development opportunities within a year. Not all learning happens in a classroom, it may occur during staff, one-on-one, and performance feedback meetings, or reading an article in a professional periodical and putting concepts to work. Also, learning may occur through On The Job Training.

## **Purpose of the HPH Personal/Professional Development Plan**

HPH Personal/Professional Development Planning helps to identify the employee's career goals and the strategies for achieving them by linking them to HPH's mission, vision, strategic plan, and goals. The Personal/Professional Development Plan will be reviewed quarterly by the employee and supervisor. This plan is intended to:

- Encourage the employee to take ownership of his/her organizational and professional development;
- Provide an administrative mechanism for identifying and tracking development needs and plans to help meet the employee's career goals and HPH strategic priorities; and
- Assist HPH in planning for training and development needs.

## **Benefits of the HPH Personal/Professional Development Plan**

- Personal/Professional Development Planning benefits HPH by aligning employee career planning and development efforts with HPH strategic priorities;
- Supervisors benefit by developing a better understanding of their employees' professional goals, strengths, and development needs which can result in more realistic staff and development planning;
- Employees benefit by having the opportunity to take personal responsibility and accountability for their career development by acquiring or enhancing the skills they need to stay current in his/her profession and career goals and enhance career satisfaction.

## **Instructions for Completing the HPH Personal/Professional Development Plan**

The Personal/Professional Development Planning process requires communication between the employee and supervisor. The below checklist is to be used as a guide for completing the Personal/Professional Development Plan.

After the employee receives their annual review, but prior to completing the new performance plan, the supervisor:

- ☐ Schedules a meeting with the employee to discuss the HPH Personal/Professional Development Planning Process;
- ☐ Gives the employee an overview of the HPH Personal/Professional Development Plan;

If the employee chooses to not participate, have the employee read the ***Statement of Declination*** and sign and date below the statement. File that page only in the employees personnel file. No further action is required until the following year.

If the employee chooses to participate;

The employee and the supervisor will work together to complete the form.

- ☐ The employee and supervisor need to sign and date the front of the form; (Page 6)
- ☐ Enter the employee's name and job title; (Page 7)
- ☐ Employee and supervisor will determine which Tier Level (1-3) he/she falls under (Page 7). Use the table on the following page to determine tier level.

Read each of the Tier Level definitions below then select the one that best defines your level. Once you have determined your Tier Level, check the corresponding box on the HPH Personal/Professional Development Plan form.

Tier 1 (entry level) includes public health professionals that carry out day-to-day tasks of the HPH and are not in management positions. Responsibilities of these public health professionals may include basic data collection and analysis, fieldwork, program planning, outreach activities, programmatic support, and other organizational tasks.

Tier 2 (management) includes professionals with program management and/or supervisory responsibilities as well as program development/implementation/evaluation, maintaining community relations, managing timelines and work plans, and recommending public health policies.

Tier 3 (leadership) focuses on individuals in senior management or leadership positions. This level includes responsibility for program functions, organizational strategy and vision, and establishing/maintaining the organization's professional culture.

- ☐ The employee needs to enter his/her short and long term career goals.  
(Page 7)

### **Public Health Core Competencies**

- ☐ Employee and supervisor needs to identify which of the Public Health Core Competencies pertain to the employee's current position and to aspirations identified in the employee's career path. Current position competencies can be reviewed in the employee's current job description which can be found in the Job Description Folder on the H Drive. Competencies for all Tiers can be found at [http://www.phf.org/resourcestools/Documents/Core\\_Competencies\\_for\\_Public\\_Health\\_Professionals\\_2014June.pdf](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf)
- ☐ Once the supervisor and employee determine which competencies apply, place a check mark in front of the competencies that have been determined to require improvement or strengthened (Page 8) and begin the planning process by completing the rest of the form.
- ☐ List any additional core competencies that need to be improved or strengthened on the form. Other competencies can be determined by using the tasks on the performance plan or the organizational key competencies which could include equity fairness, emergency preparedness, communication, etc. They could also include competencies specific to the field such as Epidemiology, Health Education, Nursing, Plumbing, etc.



### **Core Competencies Based on Career Goals**

- ☐ List competencies required based on your career goals. If unsure of the competencies required to meet your career goals, work with your supervisor to locate agency job description for the particular field or discuss with someone in that particular field. (Page 8)

### **Additional Training/Education Required Based on Career Goals**

- ☐ List any higher education, leadership training programs, on-the-job training, on-line training, job shadowing, seminars, webinars, and other learning opportunities that will help you to achieve your career goals. (Page 8)

### **Employee Record of Training & Development Activities**

This section is reserved for recording all learning opportunities that will help the employee achieve his/her career goals. The employee is responsible for recording entries in this section. (Page 9).

- ☐ **Formal Education** is defined as education obtained through an accredited source such as a university or college. List the date of completion, title of the course, number of credits awarded, and degree program if applicable.
- ☐ **Training Classes/Seminars** include ODH, ODA, FEMA, SOPHE, Training. Completion certificates or sign in sheets, or transcripts, etc. can be attached instead of entering the data in the table.
- ☐ **On-the-Job Activities** can include being a part of a committee, special projects, learning a new job task, etc.
- ☐ **Miscellaneous Learning Activities** include any other learning opportunity that is not captured in the previous tables.

### **Date of Review & Discussion with Employee (Page 10)**

This form will be reviewed quarterly by supervisor and employee to discuss and to ensure the employee is on track. All feedback sessions, one-on-one meetings, and any other discussions held to discuss the plan between the supervisor and employee shall be recorded in the Date of Review and Discussion table. Each time the plan is reviewed enter the name of the employee and supervisor along with the date reviewed and initials of each person.

Once the form is complete, the employee will be responsible for maintaining the entries and recording information in the Employee Record of Training & Development Activities.



# Hancock Public Health

## Personal/Professional Development Plan

FOR

The HPH Personal/Professional Development Plan is a document between the employee and supervisor, drafted to address training and career plans. It is designed to be generated in conjunction with Performance Review and may be revised at any time. Request for training are to be in accordance with this plan and subject to funding availability. Other training opportunities may be available, in which case this plan will be revised to reflect the training taken by the employee. Once completed this template will constitute the employees Personal/Professional Development Plan.

---

Employee Signature

Date

---

Supervisor Signature

Date

---

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### Statement of Declination

(Only Required by Employees Choosing Not to Participate)

I decline participation in the HPH Personal/Professional Development Plan process at this time. I acknowledge that my next opportunity for participation in this process may occur no earlier than during my next Performance Review appraisal period or 12 months from date of declination. However, subject to supervisory approval, I may participate in agency management development programs, and special projects and assignments, if eligible and approved, when available.

---

Employee Signature

Date

## HPH Personal/Professional Development Plan

(To be completed and monitored by the employee and supervisor after consultation)

<b>NAME:</b>	
<b>JOB TITLE:</b>	
<b>TIER LEVEL:</b>	<input type="checkbox"/> Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3

<b>Short Term Goals (1-5 Years)</b>
1.
2.
3.

<b>Long Term Goals (5+ Years)</b>
1.
2.
3.

Tier 1-3 Employee's Competencies:

1. Core Competencies:

- ☐ Analytic/Assessment Skills
- ☐ Policy Development/Program Planning Skills
- ☐ Communication Skills
- ☐ Cultural Competency Skills
- ☐ Community Dimensions of Practice Skills
- ☐ Public Health Sciences Skills
- ☐ Financial Planning and Management Skills
- ☐ Leadership and Systems Thinking Skills

Additional competencies required in your current position you would like to improve or strengthen.



Competencies Based on Career Goals:



Additional Training/Education Required Based on Career Goals:


## Employee Record of Training & Development Activities

### Formal Education

Course	Credits	Program	Date Completed

### Training Classes/Seminars

Course	Agency	Date Completed

### On the Job Learning Activities

Activity	Competency/Skills Used	Date Completed

### Miscellaneous Learning Activities

Activity	Competency/Skills Used	Date Completed

## Date of Review & Discussion

Employee	Supervisor	Date Reviewed	Initials
			/
Notes:			
			/
Notes:			
			/
Notes:			
			/
Notes:			

## **Appendix B: HPH Workforce Development Assessment Summary Results Executive Summary Report**

### **Training Needs Assessment-An Overview**

#### **Introduction**

On September 28, 2016, a Workforce Training Needs Assessment based on the core public health competencies was emailed to the 25 full and part-time employees at Hancock Public Health (HPH). The training needs assessment survey was based on the *Council on Linkages Core Competencies for the Public Health Workforce (2014 Version)*. Prior to emailing the survey out to staff, members of the leadership team determined which positions fell into the three tier categories as follows: 1) Tier 1-Entry Level/Field Staff; 2) Tier 2-Mid-Level Managers/Supervisors; and 3) Tier 3-Administrators/Directors. Once the positions and tiers were identified the appropriate survey was emailed to individual staff members. Staff were asked to return the assessment by the end of the business day on October 14, 2016. A total of 19 out of 25 Hancock Public Health employees responded to the survey for a 76% response rate.

This assessment focused on the 8-Public Health Core Competencies. We used an existing self-assessment survey developed by the *Council on Linkages Between Academia and Public Health Practice*, January 2012.

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of competencies for the broad practice of public health in any setting. They reflect skills that may be desirable for professionals who deliver the Essential Public Health Services. The Core Competencies exist as a foundation for public health practice and offer a starting point for public health professionals and organizations working to better understand and meet workforce development needs.

#### **About the Instrument Used**

The original assessment instrument from the Council on Linkages Between Academia and Public Health Practice was broken down into three tiers.

For Tiers 1-3, the results were depicted through a series of bar graphs, one for each of the three tiers that corresponds to the 8-Public Health Core competencies (Figures 1-3). Tiers 1, 2, and 3 corresponded to the three tiers of the Core Competencies, where Tier 1 included entry level positions; Tier 2 included employees in program management positions; and Tier 3 are those employees in senior leadership positions within HPH. Each tier is defined in their respective areas in the Key Findings.

The instrument used “proficiency levels” to measure respondent’s skill levels. For each competency indicator, respondents were asked to think about what level they were currently able to perform the skill. They then rated their own level of proficiency on each indicator by selecting the number on the continuum from “No Knowledge”(1) to “Proficient”(4) responses for each of the 8-Core Competencies for each of the tiers.



## **Key Findings**

The following is a breakdown of key findings by tier level (1-3). Also, it is important to note that it is not practical for HPH to attempt to undertake all deficient areas simultaneously. The Workforce Development Plan will focus on areas of most concern, as determined by the leadership team. The strategy is to develop the plan and update it on an annual basis to include other areas where improvement is needed.

### **Key Findings (Tier 1): 76% (13/17)-Figure 1**

Tier 1 includes public health professionals that carry out day-to-day tasks of the public health organization who are not in supervisory, management, or leadership positions.

Analysis of the data indicates that Tier 1 employees rated themselves in a lower skill level in the following core competencies:

1. Public Health Science Skills; 76% responded they were aware, while 23% responded they had some knowledge in this area.
2. Cultural Competency Skills; 46% responded they were aware, while 46% responded they had some knowledge in this area.
3. Analytical /Assessment Skills; 46% responded they were aware, while 54% responded they had some knowledge in this area.

### **Key Findings (Tier 2): 67% (2/3)-Figure 2**

Tier 2 includes public health professionals whose typical responsibilities include program management, supervisor, program development/implementation/evaluation, maintaining community relations, managing timelines and work plans, and recommending public health policies.

Analysis of the data indicates that Tier 2 employees rated themselves in a lower skill level in the following core competencies:

1. Analytical/Assessment Skills; 50% responded they were aware, while 50% responded they had some knowledge in this area.
2. Cultural Competency Skills; 50% responded they were aware, while 50% responded they had some knowledge in this area.

### **Key Findings (Tier 3): 80% (4/5)-Figure3**

Tier 3 includes public health professionals who are in senior management or leadership positions. This level includes responsibility for organizational strategy and vision.

Analysis of the data indicates that Tier 3 employees rated themselves in a lower level in the following core competencies:

1. Public Health Science Skills; 25% responded they were aware, while 50% responded they had some knowledge in this area, and 25% responded they were proficient in this area.

### **Observations**

1. HPH employees in Tiers 1 and 2 rated themselves in a lower skill level in the Analytical/Assessment Skills and Cultural Competency Skills core competency.
2. HPH employees in Tiers 1 and 3 rated themselves in a lower skill level in the Public Health Science Skills.
3. HPH employees in Tier 3 showed that 50% of the employees have some knowledge while the other 50% were proficient in 6 of the 8 competencies.

### **Conclusion**

As we look towards the future, HPH has a greater need for an organized training program which will strengthen our infrastructure as well as support and sustain a capable and qualified workforce. The goal is to retain our current employees, prepare our workforce for the future, and invest in the future leaders of this organization with a sustaining educational program.



## Tier 1 Frequency Distribution Per Proficiency Level Based on data from the October 14, 2016, Core Competencies for Public Health Professionals Assessment

Tier 1- Public health professionals whose typical responsibilities include data collection and analysis, field work, program planning, outreach, communications, customer service, and program support.

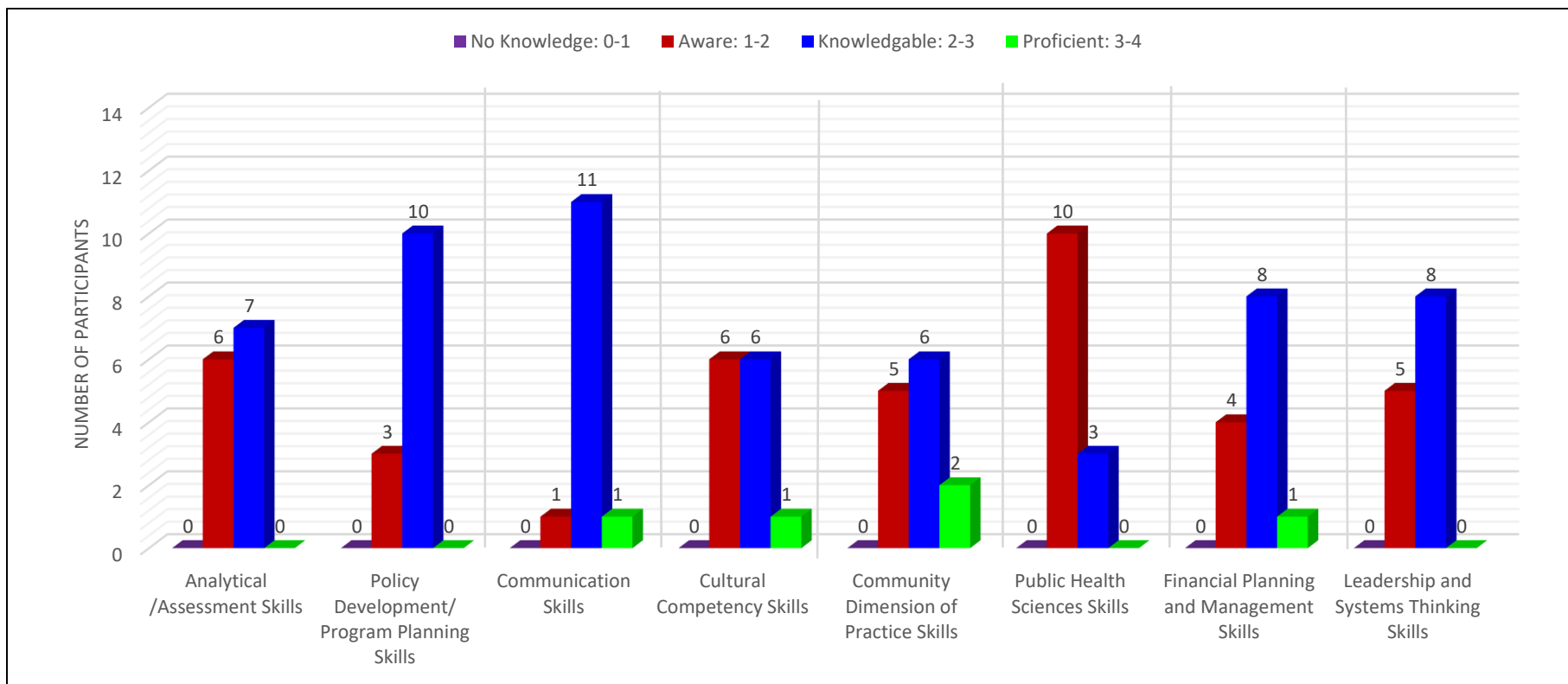


Figure 1

Rev. 1/6/17



## Tier 2 Frequency Distribution Per Proficiency Level Based on data from the October 14, 2016, Core Competencies for Public Health Professionals Assessment

Tier 2- Public health professionals whose typical responsibilities include program management, supervision, program development.

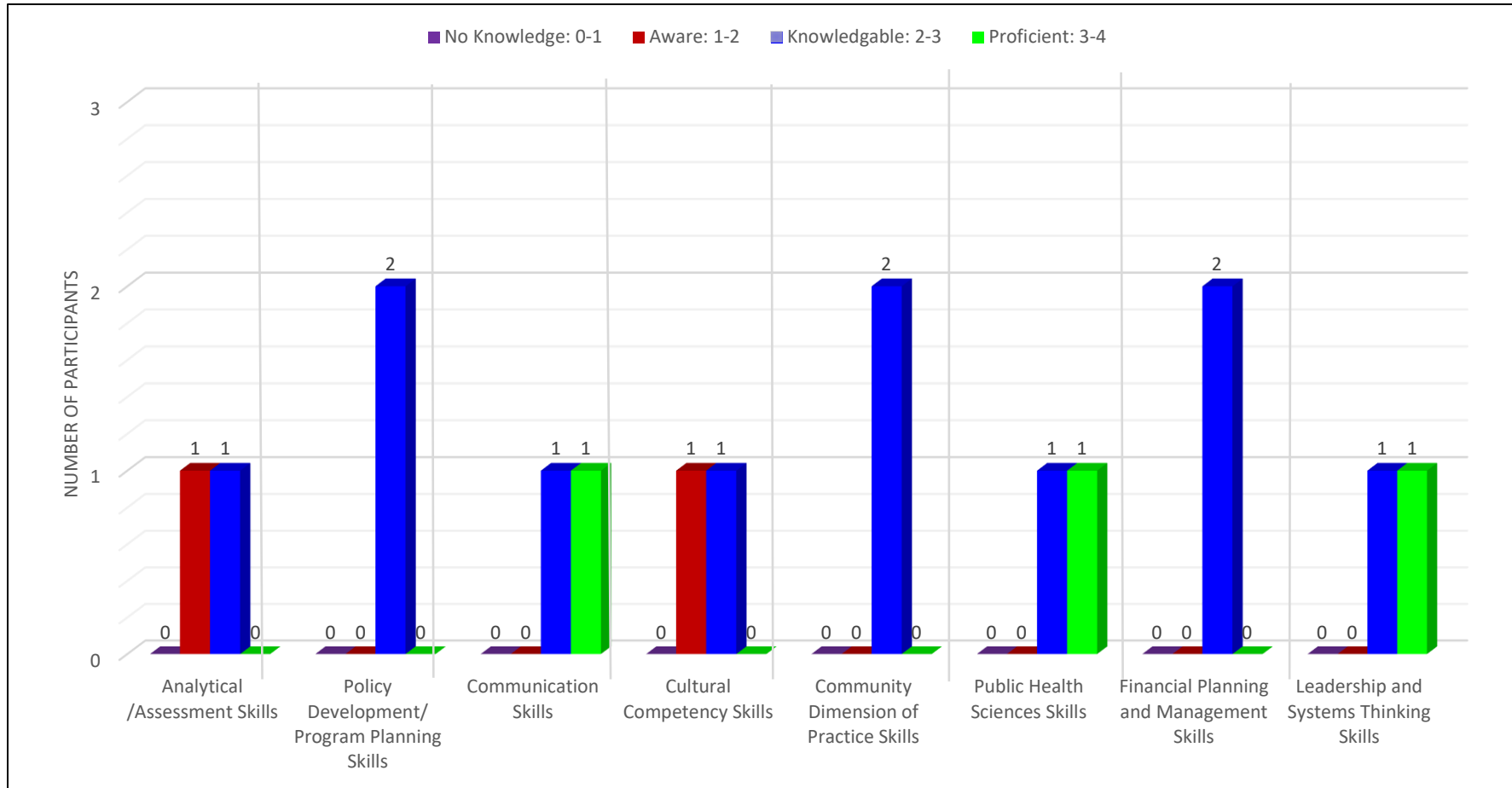


Figure 2



## Tier 3 Frequency Distribution Per Proficiency Level Based on data from the October 14, 2016, Core Competencies for Public Health Professionals Assessment

Tier 3-Public health professionals whose typical responsibilities are overseeing major programs or operations of the organization, setting a strategy and vision for the organization, creating a culture of quality within the organization, and working with the community to improve health.

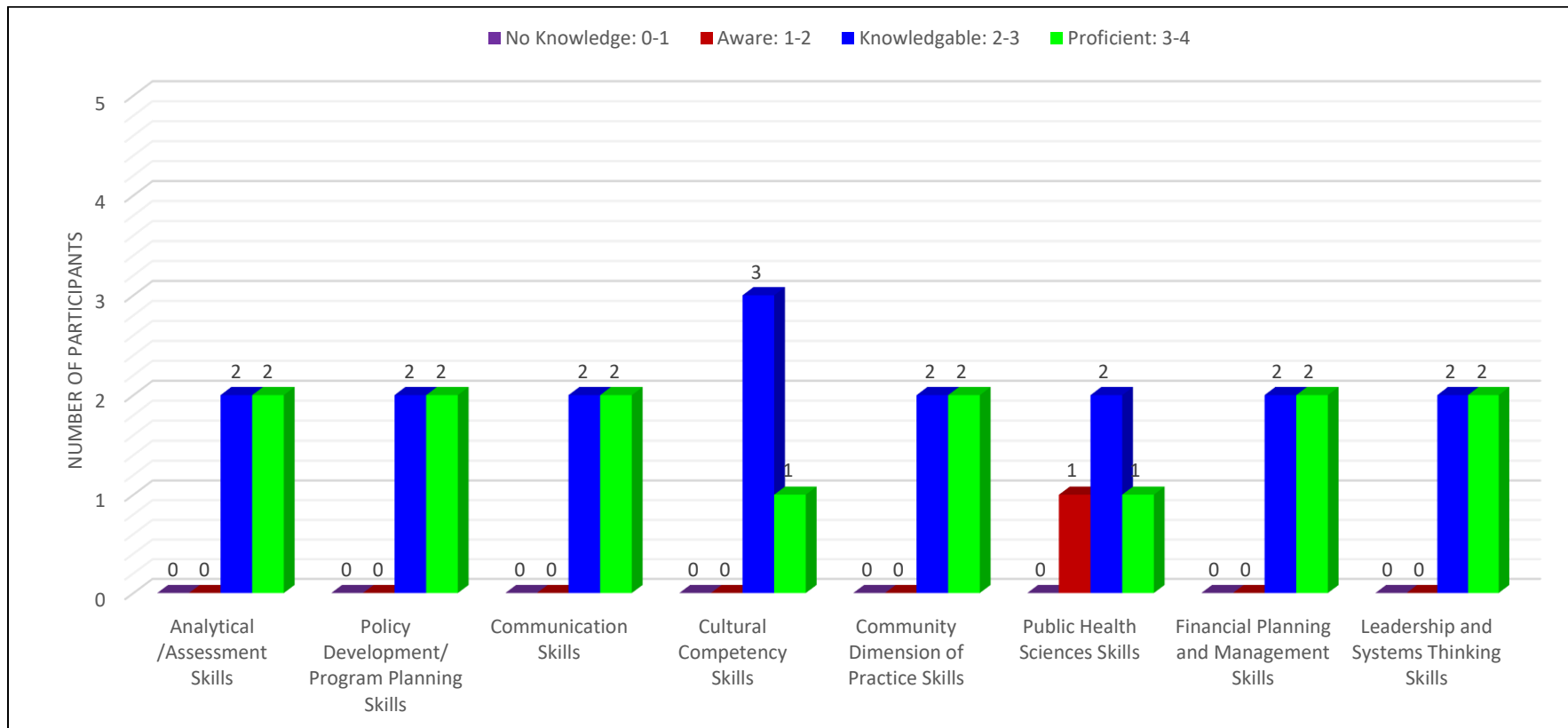


Figure 3

# Appendix C: Cultural and Linguistic Assessment Summary Results Executive Summary Report

## CLAS Self-Assessment-An Overview

### Introduction

On December 27, 2016, a self-assessment was emailed to the 25 full and part-time employees of Hancock Public Health (HPH). The assessment was based on the Culturally and Linguistically Appropriate Services (CLAS) standards which are a national culturally and linguistically appropriate services standards intended to advance health equity, improve quality, and help eliminate health care disparities. Prior to emailing the survey, members of the leadership team developed the 14-question and work plan questionnaire. The questionnaire addressed 11 of the 15 CLAS standards. After developing the self-assessment the assessment was emailed to staff, in which, employees were asked to return the assessment by the end of the business day on January 11, 2017. Staff were permitted to email, hand-deliver, or place the assessment in the Director of Environmental Health's mailbox and participants were not required to identify their self. A total of 21 HPH employees completed the assessment for an 84% response rate. A copy of the assessment can be found on HPH's H drive.

### Instrument Used

The self-developed assessment was designed from other CLAS assessments. The idea was to keep the assessment short but still long enough to meet HPH goals. The results to each question are depicted through a chart. The instrument used an ordinal measurement scale to determine HPH's strengths and weaknesses in providing Culturally and Linguistically Appropriate Services. For each question respondents were asked to think about the frequency with which a program or the agency provides service. Then participants rated the program or agency on each indicator by selecting from various frequency variables.

### Key Findings

The following is a breakdown of key findings by question. Also, it is important to note that it is not practical for HPH to attempt to undertake all deficient areas simultaneously. The Work Force Development Plan will focus on areas of most concern, as determined by the leadership team. The strategy is to develop the plan and update it on an annual basis to include other areas where improvement is needed.

#### Q1. Does your program recruit, retain, and promote staff that reflects the cultural diversity of the community?

Our staff fully reflects the cultural diversity of our community	Our staff partially reflects the cultural diversity of our community	Our program staff does not reflect the cultural diversity of our community.
9%	67%	24%

#### Q2. Does your program have written policies and procedures that support recruitment, retention, training, and promotion practices?

All staff are aware of/universally trained on them	Not all staff are aware of/universally trained on them	Policies and procedures are not in place that support these diversity practices.
9%	43%	48%

**Q3: Do program staff members at all levels and disciplines receive training in culturally-and linguistically-appropriate service delivery?**

Training provided as part of new hire orientation	Training provided at least once a year to all staff levels	Training provided, but not in standardized manner	No training provided
<b>14%</b>	<b>4%</b>	<b>14%</b>	<b>68%</b>

**Q4: Does your program provide timely professional interpreter services, at no cost, to all Limited English Proficient (LEP) clients, including those clients who use American Sign Language?**

Always	Most of the time	Sometimes	Program does not currently provide interpreter services
<b>0%</b>	<b>15%</b>	<b>25%</b>	<b>60%</b>

**Q5: Do all Hearing Impaired clients receive verbal and written notices about their right to language assistance services?**

Verbal notices provided	Written notices provided	Program does not currently provide either verbal or written notice
<b>10%</b>	<b>10%</b>	<b>80%</b>

**Q6: Are Hearing Impaired clients and clients with disabilities provided a copy of your program's Disability Access notice?**

Always	Most of the time	Sometimes	Program does not currently provide Disability Access Notice
<b>0%</b>	<b>5%</b>	<b>0%</b>	<b>95%</b>

**Q7: Does your program offer written materials in languages that target the diverse cultural groups in your service area/population?**

Written materials are offered in the languages of all cultural groups	Written materials are offered in the languages of some cultural groups	Program does not currently offer written materials in the languages of cultural groups in service area
<b>11%</b>	<b>21%</b>	<b>68%</b>

**Q8: Does your program clearly display images/post signage visibly that shows inclusivity for the diverse cultural groups including LGBTQ and people with disabilities in your service area/population?**

Images/signage visibly posted in languages of all cultural groups in service area	Images/signage visibly posted in languages of most cultural groups in service area	Images/signage visibly posted in languages of some cultural groups in service area	Program currently does not post images/signage visibly in the languages of cultural groups in service area.
<b>0%</b>	<b>5%</b>	<b>20%</b>	<b>75%</b>

**Q9: Does your program have a plan to identify and address CLAS needs for underserved populations?**

Plan fully developed and being implemented	Plan currently in draft form or partially implemented	Program does not currently have a written plan
0%	5%	95%

**Q10: Does your program review your written CLAS plan at least once a year to assess CLAS progress and needs?**

Written CLAS plan is reviewed once a year	Program does not currently review CLAS plan once a year	Program does not have a written CLAS plan
0%	0%	100%

**Q11: Does a program collect client satisfaction data to inform culturally-and linguistically-appropriate service (CLAS) deliver?**

Always	Sometimes	Program does not collect client satisfaction data
9%	24%	67%

**Q12: Does your program use Race, Ethnicity Language (REL) community/service area data to help design and deliver program services?**

REL data used in all applicable situations to design/deliver program services	REL data used most of the time to design/deliver program services	REL community data sometimes used to design deliver program services	REL community data never used to design/deliver program services
5%	10%	30%	55%

**Q13: Does your program use REL client data to help design, deliver and evaluate program services?**

REL client data always used to design/deliver program services	REL client data used most of the time to design/deliver program services	REL client data sometimes used to design deliver program services	REL client data never used to design/deliver program services
5%	5%	42%	48%

**Q14: Does your program participate in partnerships with other agencies that target the diverse cultural groups in your service area/population?**

Our program participates in partnerships with other agencies that target all the diverse cultural groups in our service area.	Our program participates in partnerships with other agencies that target some of the diverse cultural groups in our service area	Our program does not currently participate in partnerships with other agencies that target diverse cultural groups in our service area
21%	26%	53%




## **Observations**

HPH needs to work at identifying resources and developing resources to meet CLAS standards and needs to consider Race, Ethnicity Language when developing resources because 79% of the assessment questions showed that these items were not considered by HPH. Also, HPH needs to do a better job of informing employees as to what resources and tools the agency currently has available to help meet CLAS standards. Per the assessment, 43% of the staff is not aware of any CLAS policies, while 48% think we do not have policies. Also, 40% of the staff think that a professional interpreter is available sometimes/most of the time. Another area HPH needs to focus on is making sure all staff have received some form of cultural and linguistically appropriate services training, because 68% of the staff stated they had not received training.

## **Conclusion**

Moving forward, HPH needs to organize training programs which will strengthen the current workforce knowledge about CLAS standards and how the standards apply to the services provided by HPH. The goal of HPH is to prepare our workforce for the future and invest in the future leaders of the organization with a sustaining educational program.

## Appendix D: Training Evaluation

Hancock Public Health Evaluation Form Template					
					
Topic:					
Speaker:			Date:		
Instructions:					
Circle the number that best reflects each evaluation statement and whether the objective was met.					Strongly Disagree=1 Disagree=2 Neutral=3 Agree=4 Strongly Agree=5
<b>OBJECTIVES:</b>					
As a result of this course I am able to:					
1	1	2	3	4	5
2	1	2	3	4	5
3	1	2	3	4	5
4	1	2	3	4	5
5	1	2	3	4	5
<b>RELEVANCY:</b>					
1. The course is relevant to my work.					
2. This training will enhance my job performance positively.					
3. This training will enhance my job performance to meet the department's mission to protect health and improve lives in the community.					
<b>INSTRUCTOR:</b>					
1. Knowledgeable in content areas.					
2. My questions were adequately resolved.					
3. Overall rating of the instructor.					
<b>CONTENT</b>					
1. Appropriate for audience.					
2. Consistent with stated objectives.					
3. Overall rating of the course.					
<b>TEACHING METHODS</b>					
1. Visual aids, handouts, and oral presentations clarified content.					
2. Teaching methods were appropriate for the subject matter.					
3. Teaching style was effective.					
<b>ADDITIONAL COMMENTS:</b>					

## Appendix E: Training Sign In



### Meeting Sign-In Sheet

Meeting Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

Time: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

Email: \_\_\_\_\_

Print Name	Organization	Title	Phone	Email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				