



**Workforce Development Plan
2015 – 2016**

Adopted: x/xx/2015

Signature Page

This plan has been approved and adopted by the following:

Wilfred J. G. Ellis, MD, ACPH Board of Health President

Date

Kathy Luhn, ACPH Health Commissioner

Date

Revisions:

Date	Description of Changes	Pages Affected	Reviewed or Changed by

For questions about this plan, contact:

ACPH Employee Advisory Group (EAG)
(See Appendix A for list of members.)

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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 Allen County Public Health’s (ACPH) ongoing commitment to the training and development of its workforce.

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Agency Profile

Mission, vision, & values

The mission of ACPH is *to protect and promote the health of Allen County*. Our vision is *healthy people, living, working, playing, and learning in a healthy environment*. As an agency, we value *collaboration, integrity, respect, equality, empowerment, and communication*.

Strategic priorities

Our strategic priorities align with our agency pillars and address the following areas:

- Personnel
 - Accountability
 - Service
 - Resources
 - Innovation
-

Governance

ACPH is governed by a seven member Board of Health. For a table of organization and additional information about agency governance, please visit our website at www.allencountypublichealth.org.

Learning culture

ACPH understands the importance of continuous learning and for our staff to be knowledgeable about general public health and program-specific information. An educated workforce will successfully provide services that enhance the health of Allen County residents. This plan will provide a consistent and coordinated approach to ensuring that all staff are receiving training/education to assist them in their daily work and professional careers.

Workforce policies

For policies related to continuing education, training and workforce development see Section 25 of the ACPH Personnel Policies. Policies are also located on the internal H: Drive.

Links to other agency plans

This Workforce Development Plan directly supports strategies and objectives within the strategic plan. (See internal H:Drive for a copy of the strategic plan.) Training and development opportunities that support this plan are noted in the Needs Assessment section and in the Training and Curricula Schedule (Appendix D – separate document). As other plans are developed and finalized (i.e. QI plan, community health improvement plan) the workforce development plan will be updated and applicable training to support implementation of these additional plans will be incorporated, as needed.

Lastly, goals and objectives relative to this workforce development plan will be tracked as part of the agency’s overall performance management system. Additionally, employee professional development goals - identified through the annual performance evaluation process - will address individual training needs as well as support and align with the strategic direction of the organization.

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 March 2015.

Category		# or %
Total # of Employees:		54
# of FTE:		46.7
% Paid by Grants/Contracts:		50%
Gender:	Female:	47
	Male:	7
Race:	Hispanic:	0
	Non-Hispanic:	54
	American Indian / Alaska Native:	0
	Asian:	0
	African American:	4
	Hawaiian:	0
	Caucasian:	50
	More than One Race:	0
	Other:	0
Age:	< 20:	0
	20 – 29:	2
	30 – 30:	8
	40 – 49:	12
	50 – 59:	20
	>60:	12
Primary Professional Disciplines/Credentials:		
	Leadership/Administration:	9
	Nurse:	13
	Registered Sanitarian/EH Specialist:	6
	Epidemiologist:	1
	Health Educator:	5
	Dietitian:	9
	Social Workers:	1
	Medical Directors:	1
	Community Health Workers:	3
	Clerical:	9
Retention Rate:		
	Less than 5:	12
	6-10:	11
	11-20:	21
	Greater than 20:	14
Employees < 5 Years from Retirement:		
	Management:	4
	Non-Management:	8

Workforce Profile, *continued*

Future workforce

Note that due to the ever changing public health environment, it is difficult to accurately forecast future workforce needs for ACPH. We do anticipate that a significant portion of our workforce will continue to be grant-dependent. In addition to maintaining our currently funded programs, we will continue to seek additional funding from local and/or grant sources to address newly-identified public health issues. This may result in the hiring of additional staff. As of March 2015, 20% of our current workforce was eligible for retirement. As such, we will be looking for ways to increase our internal bench strength to fill positions vacated by retirements, shifting roles and responsibilities of current staff members, and hiring new staff to fill these voids.

Competencies & Education Requirements

Core competencies for agency

ACPH has developed and adopted an organizational competency framework based on the Council on Linkages Core Competencies for Public Health Professionals. (See Appendix B). The framework includes fifteen base competencies that are intended to serve as minimum expectations for all staff regardless of rank or position. Also included in the framework are advanced level competencies – directly aligned with the 15 base competencies - that account for varying levels of responsibility by position.

In addition to the organizational competency framework, ACPH also recognizes ten sets of discipline-specific competencies that are applicable to specific positions. [Admin. Assistant](#), [Certified Health Education Specialist](#), [Community Health Worker](#), [Dietitian /DTR](#), [Emergency Preparedness](#), [Environmental Health](#), [Epidemiology](#), [Public Health Nursing](#), [Social Work](#)

This competency framework is integrated into staff job descriptions and competencies addressed as part of the employee’s annual review.

CE required by discipline

Licensures held by staff, and their associated CE requirements, are shown in the table below.

Discipline	CE Requirements
Board of Health	2 contact hrs. annually
Breastfeeding Staff	IBCLC 75 hrs. every 5 yrs. or exam every 10 yrs.; CLS exam every 5 yrs.; CLC 18 hrs. every 3 yrs.; Breastfeeding Peers 8 CE per yr.
Certified Nurse Practitioner	75 hrs. every 5 yrs.
Community Health Workers	15 hrs. every 2 yrs.
Dietetic Technician	50 hrs. every 5 yrs.
Dietitian (RD, LD)	75 CPEUs every 5 yrs. by the Commission on Dietetic Registration (CDR), 50 CPEUs every 2 yrs. by the Ohio Board of Dietetics (OBD)
Health Educator (CHES/MCHES)	75 CECH every 5 yrs.
Nursing	24 contact hrs. every 2 yrs.
Physician	100 hrs. every 2 yrs.
Plumbing Inspectors	10 hrs. annually
Registered Sanitarian	18 CEUs per yr.
Social Worker (LSW, LISW, MSW)	30 hrs. every 2 yrs., 3 hrs. in ethics

Training Needs

Introduction This section provides an overview of ACPH’s identified training needs as well as a description of the barriers/inhibitors to the achievement of closing these gaps.

Competency-based training needs A competency-based training needs assessment was conducted in February 2015. The assessment included ACPH’s adopted organizational competencies and included questions related to motivators and barriers for participation in training as well as preferences for course delivery. (See internal H:Drive for a full copy of the TNA report.) Based on the assessment results, and follow-up discussions with staff, the top two training needs for ACPH include:

1. Information Technology – *Utilizes personal computers and other office information technologies for working with documents and other computerized files*
2. Public Health Funding - *Describes public health funding mechanisms*

Note: See Appendix D: Curricula and Training Schedule for specific training to address these identified needs.

Cultural competency Allen County Public Health is committed to ensuring that staff : 1) understand health equity issues present in our community, 2) understand and respond to the varying needs of different cultures, and 3) display cultural competence. The February 2015 training needs assessment inquired about staff’s level of agreement to the following cultural competency-related statements. Over 89% of the staff respondents “agreed” or “strongly agreed” to all statements.

- I understand the environmental, social, and economic conditions that impact health.
- I can explain the environmental, social and economic conditions that impact health to my co-workers.
- It is important to understand the beliefs and values of the residents and community members served by our agency.

The training and curriculum schedule will include at least one annual offering related to cultural competency and/or health equity. In addition, Administrative Staff will share information about upcoming cultural competency/health equity trainings as they are available.

Training Needs, *continued*

Other needs

In addition to the needs presented in the sections above, several additional training topics must be addressed as part of the agency strategic plan and/or PHAB accreditation requirements. These include:

- leadership
- quality improvement
- performance management
- ICS
- public health law

Note: See Appendix D: Curricula and Training Schedule for specific training to address these needs.

Barriers and solutions

The table below provides a summary of barriers identified through the 2015 training needs assessment and discussions with the EAG. Potential solutions are presented for each barrier as well. Several of the solutions are addressed in the goal and objectives section on the following page and are included here.

Barriers	Potential Solutions
Personal and agency budget restrictions	<ul style="list-style-type: none"> • When possible, include training costs in grant/contract budgets • Examine and increase (if feasible) the budgeted amount for trainings in ACPH budget
Time away from work	<ul style="list-style-type: none"> • Increase number of in-house offerings during already scheduled staff meetings/retreats
Desired topics not available	<ul style="list-style-type: none"> • Increase number of in-house/agency-wide offerings to address needs. • EAG identifies and shares outside training opportunities across the agency
New learning not shared across the organization	<ul style="list-style-type: none"> • Establish a formal process for staff to share key lessons learned from trainings, seminars, conferences, and workshops

Goals & Objectives

This section presents workforce development-related goals for our agency. The goals presented here are based on a gap analysis conducted by the Employee Advisory Group.

Goal	Measure	Timeframe	Responsible Parties
Incorporate employee development goals into existing performance review process	All staff have annual professional development goals	2016	Supervisors/All Staff
Implement a process for all staff to share lessons learned from trainings with all staff/divisions, as appropriate.	Proof of implementation (TBD based on process)	2015	EAG
Implement two strategies that serve to decrease “roadblocks” for staff to participate in training (e.g. coverage, financial support, approval process)	Strategies identified and implemented	2017	EAG (Leadership/BOH approval may be needed)

Note: *Additional workforce-development goals are addressed in the agency strategic plan, and not included here. See internal H: Drive for a copy of the strategic plan.*

Implementation & Monitoring

Introduction This section provides information regarding communication, evaluation, tracking and monitoring/review of the plan.

Communication The list below provides an overview of how the current plan, as well as future updates, are communicated to staff and stakeholders:

- The Plan will be presented to all ACPH staff as part of a full staff meeting; updates will be presented annually.
- Board of Health members will review and approve the plan annually.
- The plan and associated Curriculum & Training Schedule will be available on the H:Drive and included as part of the new employee orientation.
- Upcoming training opportunities will be shared with staff through division and all staff meetings.

Training evaluation Training evaluation will occur at multiple levels and include both formal and informal methods.

- In-house training will be evaluated using a standardized evaluation form (See Appendix C.) Evaluation results from in-house trainings will be reviewed by the EAG, when feasible and appropriate, to inform future initiatives.
- For outside offerings, ACPH will rely on standard evaluation practices of the provider.

Tracking ACPH staff will continue to report their continuing education/training received at the end of each calendar year. Information collected will include: name of training, dates, locations, and a place to identify if the training met individual or agency training goals. In addition to reporting the meetings attended at the end of each year, the log will be reviewed with the supervisor at the time of their annual evaluation.

Implementation & Monitoring, *continued*

Roles and responsibilities

The following roles and responsibilities apply to this plan:

Role	Responsibility
Employee Advisory Group	Maintain and update the plan; communicate plan and training opportunities to staff; identify ongoing training needs of the organization; participate in professional development opportunities; model life - long learning
Board of Health	Annual review and approval of plan; approve workforce development-related policies; participate in professional development opportunities; model life-long learning
Health Commissioner	Provide oversight and support to the EAG; support ongoing training and development of all staff; cultivate a learning culture; model life-long learning.
Supervisors	Conduct annual performance reviews for all staff; co- develop annual professional development goals; support staff participation in training; provide opportunities for staff to apply what they have learned on the job; model life-long learning.
All staff	Take responsibility for own learning; participate in ACPH workforce development activities and processes; actively participate in employee evaluations including development of annual professional development goals; share learning with colleagues; track participation in training; seek out opportunities for personal/professional growth; model life-long learning.

Review and maintenance

The plan will be reviewed in June of each year by the EAG. Updates will be made as needed and presented to the Health Commissioner and Board of Health for final review and approval.

Appendix A: Employee Advisory Group Members

Below is a list of EAG members as of May 2015:

Member	Division	Team Role	Term Ending
Brandon Fischer	Environmental Health	Lead	May 31, 2017
Denise Hoehn	WIC	Member	May 31, 2017
Cheri Krites	Health Education	Member	May 31, 2016
Jackie Mericle	Nursing	Member	May 31, 2017
Michell Holmes	Admin/Clerk/Fiscal	Member	May 31, 2016

Appendix B: ACPH Organizational Competencies

NOTE:

Competencies are cumulative so that employees are accountable for all competencies to the left of their category as well. A blank space means they follow the competency to the left.

Abbreviated Title	All Staff Competency Statement	Core Public Health - Professional Line Staff	Supervisory and/or Program Director	Administration	Health Commissioner
1. Information Technology	Utilizes personal computers and other office information technologies for working with documents and other computerized files ⁴	Uses modern information science and technology as a strategic tool to promote public health ⁴	Utilizes (or ensures the utilization of) data standards for storage and transmission, and is able to find the relevant standards specifications as needed	Applies ethical principles to the collection, maintenance, use, and dissemination of data and information ⁴	Recognizes, participates in, and applies accepted models and processes for developing information systems and for managing information resources. ⁴
2. Public Health Funding	Describes public health funding mechanisms (7A4)	Describes public health funding mechanisms (7A4)	Operates programs within budget (7A9)	Manages programs within current and projected budgets and staffing levels (7B11) Uses financial analysis methods in making decisions about policies, programs, and services. (7B10)	Ensures that programs are managed within current and projected budgets and staffing levels (7C11) Ensures the use of financial analysis methods in making decisions about policies, programs, and services (7C10)
3. Oral & Written Communication	Communicates in writing and orally with linguistic and cultural proficiency (3A2)	Suggests approaches for disseminating public health data and information (3A4)	Selects approaches for disseminating public health data and information (3B4)	Evaluates approaches for disseminating public health data and information (3C4)	
4. Strategic Plan Implementation	Contributes to implementation of the organizational strategic plan (2A4)	Contributes to development of organizational strategic plan (2B3)	Integrates findings from quantitative and qualitative data into organizational plans and operations (1C10)	Integrates current and projected trends into organizational strategic planning (2C5)	Develops organizational strategic plan with input from the governmental unit or administrative unit that oversees the organization. (2C3)
5. Inform the Public	Informs the public about policies, programs, and resources that improve health in a community (5A9)	Conveys data and information to professionals and the public using a variety of approaches (3B5)	Communicates information to influence behavior and improve health (3B6)	Facilitates communication among individuals, groups and organizations (3B7)	Communicates the roles of governmental public health, health care, and other partners in improving the health of a community. (3C8)

Abbreviated Title	All Staff Competency Statement	Core Public Health - Professional Line Staff	Supervisory and/or Program Director	Administration	Health Commissioner
6. Addressing Diversity	Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community (4A5)	Addresses the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community (4A5)	Supports diverse perspectives in developing, implementing and evaluating diversity policies, programs and services that affect the health of a community. (4B4) Advocates for a diverse public health workforce (4B8)	Incorporates diverse perspectives in developing, implementing and evaluating policies, programs and services that affect the health of a community. (4C4) Advocates for a diverse public health workforce (4B8)	Advocates for the diversity of individuals and populations being addressed in policies, programs and services (4C5) Takes measures to support a diverse public health workforce (4C8)
7. ICS Team Roles	Clarify the roles of team members in an Incident Command structure ²	Adapt skill sets to meet organizational needs during an emergency response situation. ²	Participate in improving the organization's capacities (including, but not limited to programs, plans, policies, laws, and workforce training). ²	Apply appropriate public health authority to minimize adverse outcomes (e.g., persons, property, etc.). ²	Identify the legal powers, duties, and restraints associated with the scope of one's legal authority. ²
8. Organizational Policies & Procedures	Adheres to organizational policies and procedures (7A3)	Implements policies and procedures of the governing body or administrative unit that oversees the organization. (7B3)	Recommends policies, programs and services for implementation (2B8)	Ensures implementation of policies, programs and services is consistent with laws and regulations. (2C9)	Influences policies, programs and services external to the organization that affect the health of the community.(2C10)
9. Teamwork	Promotes cooperation and commitment within a team to achieve goals and deliverables ³	Collaborates with community partners to improve health in a community (5A5)	Facilitates collaborations among partners to improve health in a community. (5B6) Builds constructive working relationships characterized by a high level of acceptance, cooperation, and mutual respect. ³	Creates opportunities for organizations to work together or individually to improve the health of a community (8C3) Collaborates with individuals and organizations in developing a vision for a healthy community (8C4)	Ensures that community members are engaged to improve health in a community (5C7)
10. Program Implementation	Implements policies, programs, and services (2A8)	Implements policies, programs, and services (2A8)	Makes evidence-based decisions (1B14)	Makes evidence-based decisions (1B14)	Advocates for the use of evidence in decision making that affects the health of a community (1C15)

Abbreviated Title	All Staff Competency Statement	Core Public Health - Professional Line Staff	Supervisory and/or Program Director	Admininstration	Health Commissioner
11. Public Health Basics	Describes the foundation of the field of public health (7A4)	Applies public health sciences in the delivery of the 10 Essential Public Health Services (6B2)	Applies public health sciences in the delivery of the 10 Essential Public Health Services (6B2)	Ensures public health sciences are applied in the delivery of the 10 Essential Public Health Services (6C3)	Applies public health sciences in the administration and management of the organization (6C4) Assesses the structures, functions, and authorizations of governmental public health programs and organizations. (7C1)
12. Continuous Quality Improvement	Applies strategies for continuous quality improvement (2A11)	Gathers information for evaluating policies, programs, and services (2A10) Develops strategies for continuous quality improvement (2C13)	Uses performance management systems for program and organizational improvement (7C16)	Uses performance management systems for program and organizational improvement (7C16)	Ensures the evaluation of policies, programs, and services. (2C12)
13. Customer Service	Builds and maintains customer satisfaction with the products and services offered by the organization ³	Builds and maintains customer satisfaction with the products and services offered by the organization ³	Solicits input from individuals and organizations for improving the health of a community (3B3)	Ensures that the organization seeks input from other organizations and individuals for improving the health of a community (3C3)	Ensures that the organization seeks input from other organizations and individuals for improving the health of a community (3C3)
14. Personal Responsibility	Takes personal responsibility for the quality and timeliness of work and achieves results with little oversight ³	Manages own time, priorities and resources to achieve goals ³ Displays an ongoing commitment to learning and self-improvement. ³	Promotes organizational mission and goals, and shows the way to achieve them. ³ Enables co-workers to grow and succeed through feedback, instruction, and encouragement. ³	Maintains composure in highly stressful or adverse situations. ³ Provides opportunities for professional development for individuals and teams (8B6)	Ensures availability of professional development opportunities for the organization (8C6)
15. Adapting to Change	Adapts to changing business needs, conditions, and work responsibilities ³	Adapts to changing business needs, conditions, and work responsibilities ³	Modifies organizational practices in consideration of changes (8B8)	Modifies organizational practices in consideration of changes (8B8)	Ensures the management of organizational change (8C8)

Unless otherwise cited, competencies come from the Council on Linkages Core Competencies for the Public Health Workforce. Retrieved 3.12.15.

http://www.phf.org/resourcestools/Documents/Core_Compentencies_for_Public_Health_Professionals_2014June.pdf

² Public Health Preparedness and Emergency Response Competencies. Association of Schools and Programs of Public Health. Retrieved 12/9/14.

<http://www.aspph.org/educate/models/public-health-preparedness-response/>

³ Washington State Government: Human Resources. Retrieved 12/9/14.

<http://www.hr.wa.gov/WorkforceDataAndPlanning/WorkforcePlanning/Competencies/Pages/default.aspx>

⁴ PH Informatics Competencies. Northwest Center for Public Health Practice. Retrieved 12/9/14. http://www.nwcp.org/docs/phi/comps/phi_print.pdf

Appendix C: ACPH Standard Training Evaluation Form

TRAINING TITLE
Evaluation Form
DATE

Instructions: Circle the number that best reflects each evaluation statement and whether the objective was met.	1=strongly disagree	2=disagree	3=neutral	4=agree	5=strongly agree
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OBJECTIVES: (list course objectives below; add or delete rows as needed)

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

OVERALL SATISFACTION:

6. The course is relevant to my work.	1	2	3	4	5
7. I am committed to applying what I have learned to my job.	1	2	3	4	5
8. The level of the course met my needs.	1	2	3	4	5
9. The supplemental materials/resources were appropriate.	1	2	3	4	5
10. My questions were adequately resolved.	1	2	3	4	5
11. The overall quality of the course was very high.	1	2	3	4	5

INSTRUCTOR(S): (add instructor name and/or additional rows if more than one instructor)

12. The overall teaching effectiveness of _____ was excellent.	1	2	3	4	5
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TECHNOLOGY: (delete if not applicable)

13. I experienced technology difficulties while completing the course.	1	2	3	4	5
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FACILITY: (delete if not applicable)

14. The facility was conducive to learning.	1	2	3	4	5
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15. **What were the highlights and why?**

16. **What features of the course would you change, why would you change them, and what specific changes would you recommend?**

17. **Additional Comments:**

*Thank you for taking the time to complete this Evaluation.
 Your responses directly influence our program development.*