

WORKFORCE DEVELOPMENT PLAN

HUMAN RESOURCES OFFICE

OFFICE OF WORKFORCE DEVELOPMENT

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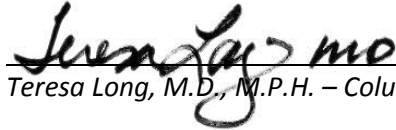
SIGNATURE PAGE:

Endorsement: Workforce Development Plan

We hereby endorse the *Columbus Public Health (CPH) Workforce Development Plan*, on behalf of the City of Columbus.

The *CPH Workforce Development Plan* shall be used to explain how training is structured throughout the department and who is responsible for what.

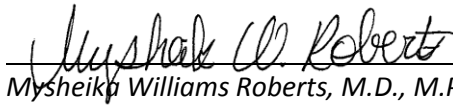
Health Commissioner



Teresa Long, M.D., M.P.H. – Columbus Public Health

6 / 13 / 2016
Date

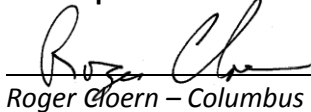
Medical Director – Assistant Health Commissioner



Mysheika Williams Roberts, M.D., M.P.H – Columbus Public Health

6 / 3 / 16
Date

Chief Operations Officer - Assistant Health Commissioner



Roger Goern – Columbus Public Health

5 / 20 / 16
Date

Chief Nursing Officer - Assistant Health Commissioner



Nancie Bechtel, RN, BSN, CEN, EMTB – Columbus Public Health

6 / 3 / 2016
Date

RECORD OF CHANGES TO THE PLAN:

DATE	WHAT IS CHANGED	NAME	SIGNATURE
12/15/14	Plan reviewed	Beth Ransopher	
05/16/16	Plan reviewed. New training programs added.	Beth Ransopher	

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INTRODUCTION AND PURPOSE

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 document provides a comprehensive workforce development plan for Columbus Public Health (CPH). It also serves to address public health accreditation documentation requirements for *Domain 8: Maintain a Competent Public Health Workforce (1)*.

In addition this plan addresses the training needs documented through the Mission, Vision, Values and Goals from the *CPH Strategic and Operational Plan (2)* approved by the CPH Board of Health as well as the *CPH Quality Improvement Plan (3)*. This Plan also explains how CPH develops nationally adopted public health core competencies among the staff. The *CPH Workforce Development Plan* is adaptable to meet the ever changing needs and priorities set forth by the department and serves as a guide for agency workforce development efforts.

The *CPH Workforce Development Plan* serves as a companion document to the *CPH Training Curriculum Plan (4)* which lists all trainings by subject matter including a crosswalk of the competencies being met. The *Training Curriculum Plan* is the training schedule for CPH and includes a description of the material or topics addressed in the department's training program.

POLICY

- All new employees shall complete orientation training within provided deadlines. (5) (6)
- All existing employees shall annually complete department-wide training competencies. (7)
- All employees must obtain approval from their supervisor prior to attending training; this includes requests for funding.
- All new and existing CPH employees must complete National Incident Management System (NIMS) training to competently and confidently respond to any multi-hazard incident. (8)

BACKGROUND

Columbus Public Health has the need for an organized training program which will strengthen our infrastructure as well as support and sustain a capable and qualified workforce. This plan will assist CPH to retain current employees, prepare the workforce for all-hazard emergencies and invest in the future leaders of this organization with sustainable educational programming.

CONTRIBUTORS

The following staff contributed to the authorship of this document:

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GLOSSARY OF TERMS

- Competency – applied knowledge, skills, and abilities that enable people to perform work effectively and efficiently.

STANDARD OPERATING PLAN

Agency Profile

Mission & Vision The mission of CPH is to protect health and improve lives in our community.

The vision of CPH is that the Columbus community is protected from disease and other public health threats, and everyone is empowered to live healthier, safer lives. Columbus Public Health is the leader for identifying public health priorities and mobilizing resources and community partnerships to address them.

Core Values Columbus Public Health maintains the following Core Values:

- Customer Focus - Our many, diverse customers, both in the community and within our organization, know that they will be treated with thoughtful listening and respect. They know that our first priority is the health and safety of our community, and we will do all that is within our abilities and resources to address their individual needs and concerns.
- Accountability - We understand that we are accountable for the health and safety of everyone in our community, and that as a publicly funded organization, we are all responsible for maintaining the public's trust through credible information, quality programming and services, and fiscal integrity. We know the scope of our programs and services and the critical role everyone plays in delivering our mission and achieving our vision.
- Research / Science-based - Credible science is the foundation of our policies and program decisions. The community knows that our decision-making is based on research and best practices, and is grounded in the most current scientific information available.
- Equity and Fairness - Our clients, partners and coworkers know that we will interact with them with fairness and equity, and that we strive to deliver our programs and services and operate in a manner that is just and free from bias or prejudice.

Goals Columbus Public Health maintains the following Goals:

- Identify and respond to public health threats and priorities.
- Collaborate with residents, community stakeholders and policy-makers to address local gaps in public health.
- Empower people and neighborhoods to improve their health.
- Establish and maintain organizational capacity and resources to support continuous quality improvement.

Department Strategic Priorities Columbus Public Health 2015 – 2016 Strategic Priorities:

- Reduce infant mortality
- Reduce overweight and obesity
- Reduce the spread of infectious diseases
- Improve access to public health care

Agency Profile, continued

Location & population served

Columbus Public Health is located in Columbus (Ohio), and serves the residents of the City of Columbus and the City of Worthington. Through specific grants, CPH also provides several services for all Franklin County residents such as the Ben Franklin Tuberculosis program, the Ryan White HIV program, and the Franklin County Women, Infant and Children program.

The city of Columbus, the capital of the state of Ohio and seat of Franklin County, was estimated by the U.S. Census Bureau in 2014 to have a population estimate of 835,957. (9) The population of Worthington is estimated at 13,727. The city of Columbus population has increased 6% over the past 5 years. (see Appendix A: Population Served Chart)

Columbus covers 210 square miles with the metropolitan area bordered by Delaware, Fairfield, Licking, Madison, Pickaway and Union counties. The largest industries in Columbus include education, health care, and social assistance which employ a quarter of the workforce.

Governance

Columbus Public Health is the public health agency for the City of Columbus, Ohio, receives its authorities through the Charter of the City of Columbus (Ohio). (10)

Section 125 of the City of Columbus Charter provides that all powers and duties relative to the public's health shall be invested in the board of health, which shall be composed of five members, a majority of whom shall constitute a quorum. The five members shall be appointed and may be removed as provided in Section 61 (of the Charter), and shall serve without compensation. The mayor shall be president by virtue of the office but shall have no vote.

Section 126 of the City of Columbus Charter establishes that the term of office of members of the board of health shall be four years.

Section 127 of the City of Columbus Charter establishes that subject to the provisions of this charter the board of health shall have all the powers and perform all the duties provided by general law to be exercised by boards of health, and shall have power to provide such further means and agencies as they may deem necessary and proper to protect, preserve and safeguard the public's health.

The Board of Health of the City of Columbus has established a Columbus City Health Code (11) establishing the governing structure of CPH and establishing the City Health Commissioner as the Secretary to the Board and executive officer for carrying out general operations such as civil service matters and the enforcement of the Columbus City Health Code.

Agency Profile, continued

Organizational structure Columbus Public Health is comprised of nearly 470 full-time, part-time, temporary and seasonal employees led by a Health Commissioner, three Assistant Health Commissioners, and further structured into Divisions and a Center. (12)

- Health Commissioner
 - Office of Planning and Accreditation
 - Office of Public Affairs and Communications
- Assistant Health Commissioner/Medical Director
 - Center for Epidemiology, Preparedness and Response
 - Division of Clinical Health
 - Employee Assistance Program
- Assistant Health Commissioner/Chief Nursing Officer
 - Celebrate One/Infant Mortality Community Strategies
 - Division of Neighborhood Health
 - Division of Family Health
 - PrimaryOne Health
 - Strategic Nursing Team
- Assistant Health Commissioner/Administration
 - Division of Environmental Health
 - Administration (Billing, Building Services, Fiscal, Human Resources, MAC, Safety, Technology, Vital Statistics, and Workforce Development)

Columbus Public Health supports an Office of Workforce Development (OWD). Housed in the Human Resources Office, the OWD coordinates, plans, and manages training and educational development for the entire department. The OWD is staffed with one full-time Workforce Development Manager.

Learning culture The CPH learning philosophy is to support and sustain a capable and qualified workforce. 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 web-based learning management system, called *Lippincott* (13), is used as an agency-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 (3), CPH 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.

Agency Profile, continued

Funding Columbus Public Health is funded through a variety of sources. Two primary sources of revenue are the General Fund Subsidy (41.9%) from the City of Columbus and various local, State, and federal grants (40.4%). Other sources of revenue include fees and charges for services (17.7%). (as reported in Fiscal Year 2014)

Funding to support training initiatives is available through the general fund or through grant monies within individual programs. Employees utilizing grant funding to attend a training or conference must utilize funds appropriately by attending programming that is required or supported by the grant deliverables. Prior to utilizing any funds to attend a training or conference, CPH employees must obtain written approval by following CPH and City of Columbus policies and procedures, and must show justification as to how the training directly impacts or enhances their job duties.

Workforce policies The *Workforce Development Plan*, the *Training Curriculum Plan*, as well as other affiliated workforce development policies and procedures are maintained in the Office of Workforce Development, located in the Human Resources Office at CPH. These documents and associated workforce resources are also posted on the CPH intranet site (14), specifically on the workforce development page, human resources page, and the policies and procedures page.

Due to the diversity of positions and specialties employed, CPH has established specific policies and procedures to address a variety of workforce development needs (e.g. *Nursing and Clinical Support Staff Competencies Policy* (15) and a *Multi-Disciplinary Continuing Education Planning & Implementation Policy and Procedure* (16)). In addition to these specialized policies, the *CPH Administrative Procedure Manual* (17) addresses staff development, obtaining approval to attend external conferences and seminars, and tuition reimbursement for employees seeking further education.

As required through a Public Health Emergency Preparedness (PHEP) grant, the CPH Office of Emergency Preparedness maintains and updates annually a *Multi-Year Training and Exercise Plan* (18). This Plan serves as a roadmap to accomplish the 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 in this strategy, providing CPH with a means of attaining, practicing, validating, and improving public health response capabilities.

Agency Profile, continued

CPH Sponsored Training Programs

In order to support a capable and qualified workforce, the CPH Office of Workforce Development coordinates several internal programs to build the capabilities and competencies of all staff, including, managers and future leaders. Training topics for these programs are selected from training needs assessment results, current topics of importance to the department, input from the Workforce Development Workgroup, lessons learned from past exercises and real events, and suggestions from staff. A complete list of topics included in these training programs can be found in the *CPH Training Curriculum Plan (4)*.

CPH Leadership University - Created in 2013, Leadership University is an aggressive one-year training program traditionally offered every other year. Specifically created for CPH, with input from The Ohio State University Center for Public Health Practice, the program is offered to staff currently in supervisory or managerial positions who are potential candidates for promotion or who have recently been promoted into leadership positions. Participants are selected through an application and nomination process. The goal of Leadership University is to strengthen leadership skills and build a bench of potential future leaders within CPH. The program is not intended to guarantee promotion to those graduating. The program provides educational sessions in basic public health leadership competencies and team building project experiences. The program is also open to other public health departments located in the Central Ohio region.

CPH Supervisor Toolbox – Created in 2013, this training program is for CPH staff currently in supervisory and/or management positions and for those that have an interest in future promotion into these positions. Supervisor Toolbox programs are scheduled throughout the year and offers classroom trainings on a variety of topics regarding supervising and managing employees.

CPH Fundamentals – Created in 2014, this training program is open to all staff to obtain professional development in a variety of public health-related topics. When possible these trainings are conducted in partnership with a professional continuing education group (i.e. Nursing and Environmental Health) or a department program (i.e. Health Equity and Minority Health). The CPH Fundamentals training series is classroom-based and offered several times throughout the year.

Mentor/Mentee Program – Created in 2013, this program provides mentoring opportunities for CPH employees through the coordination of a Mentor Program Committee. Participation as a mentor or mentee is voluntary. The CPH Mentor Program is an informal, non-threatening, fun way for employees to partner with a more experienced CPH supervisor, manager or leader to strengthen their professional development. The organized portion of the program runs the span of one year, however many partnerships continue to remain engaged long after the twelve-month program period.

Workforce Profile

Introduction This section provides a description of CPH’s current and anticipated future workforce needs.

Current workforce demographics The table below summarizes the demographics of the agency’s current workforce as of December 31, 2015. The numbers reflect a retirement assumption at 63 years of age or 30 years of City service.

Category		# or %
Total # of Employees:		470
# of FTE:		390
Payment Source :	% Paid by General Fund:	# = 247 / 53%
	% Paid by Grants:	# = 223 / 47%
Gender:	Female:	366
	Male:	104
Race:	Hispanic:	10
	Asian:	9
	African American:	116
	Caucasian:	331
	Two or more:	4
Age:	< 19:	1
	20 – 29:	83
	30 – 39:	107
	40 – 49:	104
	50 – 59:	107
	>60:	68
Management:	Supervisors and Program Managers:	102
	Executive/Administration:	12
Primary Professional Disciplines/Credentials:		
	Counselors:	13
	Dental Assistants and Hygienists:	8
	Dentists:	3
	Dietitians:	32
	Medical Technologists:	5
	Nurses:	72
	Physicians:	3
	Social Workers:	16
	Registered Sanitarians/Sanitarians-in-Training:	40
	Veterinarian:	1
Other Non-Credential Disciplines:		
	Epidemiologist:	9
Employees < 5 Years from Retirement:		
	Management:	22
	Non-Management:	73
Employees with 25 or more years of City Service		33

Workforce Profile, *continued*

Future workforce

The workforce demographics of the 470 staff at CPH are diverse and ever changing. Within the next five years, 22% of CPH's senior leaders and managers will be eligible to retire. Although this is a marked decrease from previous years, CPH 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. Due to changes in funding, CPH has made some difficult decisions to reduce or discontinue some direct personal healthcare service programming, and to increase a focus on other evolving programs such as infant mortality, outbreak response, and chronic disease prevention, creating a need for new trainings and educational opportunities. Columbus Public Health is cognizant of the fact that the community which we serve continues to grow and change.

Columbus Public Health is committed to strengthening and maintaining recruitment and retention efforts to ensure a skilled and well-trained workforce. Finding qualified external candidates with public health experience is often a challenge, especially in trying to fill nurse management 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. Also in the past the department experienced a gap in finding qualified internal candidates to fill positions due to staff not being prepared for additional responsibilities or the candidates did not meet the minimum qualifications.

Since CPH centralized workforce development programming in 2012, professional training opportunities for staff have increased. This has significantly improved our internal infrastructure to promote better trained and more qualified staff to replace vacant positions, including several key management and senior leader positions that became available due to retirements. Much of this success is due to the development and availability of CPH-specific programming such as Supervisor Toolbox and Fundamentals, and increasing staff competencies and skill levels through Leadership University and the Mentor/Mentee program. For example, of the fifteen members of the 2013 CPH Leadership University cohort class, over half have been promoted into more advanced positions. With the increased pool of competently trained and skilled employees, these programs have also empowered staff to break down silos within the department, strengthen communications and develop a more collaborative working environment.

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

Competencies & Education Requirements

Core competencies for agency

Columbus Public Health follows the *Council on Linkages Core Competencies for Public Health Professionals (19)* as the department's primary public health competencies as these are considered to be the national standard guiding the development of the current and future workforce.

Other competencies

In addition to the Council on Linkages, CPH 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. Organizational Competencies

- All CPH employees are expected to follow the organizational (agency) level competencies.
- Organizational competencies are selected from the following sources: departmental mission, vision, values and goals (2), employee performance evaluation categories (20), 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
 - Communications

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 (20)
 - Managing Resources (20)
 - Leadership and Systems Thinking Skills (19)
 - United States Office of Personnel Management Executive Core Qualifications (21)
 - Public Health and Crisis Leadership Competency Framework (22)

Competencies & Education Requirements, continued

Other Competencies, continued

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. (Tier 1: front line employee, Tier 2: mid-level employee, and Tier 3: senior management leadership).
- 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 licensure (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 a field of study needing advanced knowledge. This includes employees who need to maintain a certificate or license that requires continuing education in order to do a critical requirement of their job.
 - See the next page under "CE required by discipline" for a list of professional competency areas that CPH supports in developing workforce development planning strategies.
-

Competencies & Education Requirements, continued

CE required by discipline

Multiple public health-related professional disciplines at CPH require continuing education (CE) for ongoing licensing and practice. Columbus Public Health supports training to ensure CE is attainable in the various professions as documented in the *CPH Multi-Disciplinary CE Planning & Implementation Policy and Procedure (16)*. Employees own the responsibility of obtaining the necessary CE to maintain required licensures and/or certifications. Professional disciplines supported at CPH and their associated CE requirements, are shown in the table below.

Discipline	Ohio CE Requirements
Advanced Lactation Consultant	25 hours every three years
Advanced Practice Registered Nurse (APRN)	24 – 36 hours (Clinical Nurse Spec.) 75 – 100 hours (Nurse Practitioner)
Certified Health Education Specialist (CHES/MCHES)	75 hours CECH every five years
Chemical Dependency Counselors and Prevention Specialists	40 hours CE every two years (CDCA, LCDC II, LCDC III, LICD, LICDC-CS) 20 hours CE every two years (OCPSA) 40 hours CE every two years (OCPS-I, OCPS-II)
Certified Lactation Counselor (CLC)	18 hours every 3 years
Certified Lactation Specialist (CLS)	25 CERPs or recertify by exam every 5 years
Clinical Counselor (LPC, PC, LPCC, PCC, LPCC-S, PCC-S)	30 hours CE every two years
Community Health Worker (CHW)	15 hours CE every two years
Dental Assistant/Radiographer	12 hours CE every year
Dental Hygienist	24 hours CE every two years
Dentist (DDS)	40 hours CE every two years
Health Information Manager (RHIA, RHIT)	30 hours of CEU's every 2 years for RHIA; 20 hours of CEU's every 2 years for RHIT
International Board Certified Lactation Consultant (IBCLC)	75 hours every 5 years and take exam every 10 years
Licensed Dietitian (LD)	75 hours CE every five years
Medical Technologist	36 hours CE every three years (if certified after 01/01/04; prior to 01/01/04 is grandfathered in)
Nursing (RN, LPN, APRN)	24 hours CE every two years
Physician (MD, DO)	100 hours CME every two years
Registered Dietetic Technician (RD)	50 hours every five years
Registered Sanitarian (RS)/Sanitarian-in-Training (SIT)	18 hours CEUs per year
Social Worker (SWA, LSW, LISW, LISW-S)	30 hours CE every two years
Veterinarian (DVM)	30 hours every two years

Training Needs

Introduction This section describes both identified and mandatory training needs for CPH as well as targets for achieving specific competencies among staff. The training needs were developed from department-level training needs assessment results; the annual Training Planning Workshop; required training identified for all staff (organizational level); and training to meet professional licensure requirements.

Training needs assessment and results To further prepare and organize training and educational development at CPH, surveys and assessments are utilized to obtain real-time feedback from staff. Columbus Public Health conducts an agency-wide public health training needs assessment at least once every five years.

Each year the Office of Workforce Development facilitates a Training Planning Workshop with the Workforce Development Workgroup. The Workshop identifies needed training that would benefit the majority of the staff, as well as identifies future workforce development projects.

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

Training Needs, continued

Agency-specific needs The CPH Strategic and Operational Plan (2) state the Mission, Vision, Values, Goals and Strategic Priorities for the agency, including for the Office of Workforce Development.

The following agency-specific needs are in alignment with CPH's Strategic and Operational Plan, as well as other departmental priorities.

- Competency-based training is aligned with the four CPH Values: Customer Focus, Accountability, Research & Science Based and Equity & Fairness.
- Competency-based training is aligned with the following organizational priorities: Continuous Quality Improvement, Occupational Health and Safety, Emergency Preparedness, and Communications.

A *CPH Annual Training Plan (7)* addresses these agency-specific competencies. The training plan applies to all full-time and part-time staff, including supervisors, and addresses agency, local, state and national training requirements. See page 18 for a complete list of agency-specific trainings, the identified audience, and how often they are to be completed.

New employee training needs To ensure that new employees receive a well-rounded introduction to CPH, program and training guidance is available for hiring managers. The *New Employee Orientation Checklist (23)* is a guidance document to assist with orienting a new employee, whether a full-time, part-time, temporary, or seasonal employee, as well as if the new hire is a supervisor. The *New Employee Training Plan (24)* describes required training for all new full-time and part-time employees. Also available are *New Employee Training Plans for Seasonal Staff (25)* and *Temporary Staff (26)*.

Discipline-specific competency needs Columbus Public Health has assessed the professional (or discipline) specific competencies representative of the department as noted on page 18. These require advanced knowledge in a field of study and include those employees who need to maintain a certificate or license that requires continuing education in order to do a critical requirement of their job.

Several discipline-specific groups have developed their own internal competencies to ensure staff is trained to work and respond at the same level. For example, the CPH Nursing staff has developed a written set of competencies that all new and existing Registered Nurses must adhere to. (15) To ensure competence, a skills day is held annually for nursing and clinical staff to perform and demonstrate identified skills to a Clinical Observer. In addition the *New Employee Training Plan (24)* provides a listing of trainings regarding discipline-specific competency needs in the areas of emergency preparedness, environmental health and social work.

Training Needs, *continued*

Mandatory training

The table below lists the required annual training for all or identified CPH employees:

Training	Audience	Frequency
Bloodborne Pathogens	Nursing and clinical support staff	Annually
City and Department Review of Policies and Procedures	All FT, PT and Temporary staff	Annually
Clinical Competencies – Part I (Clinical Skills Days Pre-requisites)	Nursing and clinical support staff	Annually
Clinical Competencies – Part II	Nursing and clinical support staff	Annually
Clinical Skills Days	Nursing and clinical support staff	Annually
Communications	All FT and PT staff	Annually
Drug-Free Safety	All FT and PT staff	Annually
CPR for Healthcare Providers	Nursing and clinical support staff	Every two years
CQI in Public Health: The Fundamentals (Module 1 of 3)	All FT and PT staff	Every two years
CQI in Public Health: The Fundamentals (Module 2 of 3)	All FT and PT staff	Every two years
CQI in Public Health: The Fundamentals (Module 3 of 3)	Supervisors and Managers	Every two years
Drug-Free Safety Refresher	Supervisors	Annually
Emergency Response Plan	All FT and PT staff	Annually
Environmental Protection and Sustainability	All FT and PT staff	Annually
Hands Only CPR	All non-nursing and non-clinical staff	Annually
Health Equity: An Introduction	All staff	Every two years
HIPAA	All CPH staff	Annually
Points of Dispensing (POD) 101	All FT and PT staff	Every two years
POD Command and Leadership (POD 102)	All POD Managers and Nursing staff	Annually
Preventing Disease and Handwashing	All staff	Annually
Public Health Ethics and Political Activity	All staff	Annually
Respirator Training	All FT, PT and seasonal staff	Annually
Title VI – Civil Rights Act of 1964	All FT, PT and temporary staff	Every two years

Plan Implementation

Introduction This section provides information regarding the roles and responsibilities related to the implementation of the CPH Workforce Development Plan.

Who	Roles & Responsibilities
Board of Health	Responsible for ensuring resource availability to implement the Workforce Development Plan and Training Curriculum Plan.
Health Commissioner	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
Chief Nursing Officer	Responsible through legislative authority for all nurses employed at CPH. Assures nursing licensure and competencies are being met. Reports to the Ohio Board of Nursing regarding any nurses “who engage in conduct that is grounds for disciplinary action by the Board” (Ohio Revised Code 4723-34).
Human Resources Office	Provides guidance to the Health Commissioner regarding workforce development and assists in creating a culture that is conducive and supportive of learning. Provides guidance to the Directors with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.
Strategic Advisory Team	Consists of all senior level staff and division directors. Responsible to the Health Commissioner for all employees within their divisions. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate training resources and support structures are available within the division. Identifies high potential employees as part of CPH’s succession plan. Ensures required trainings are completed in a timely manner.
Supervisors and Program Managers	Responsible to their Division Director, supervisor and employees to ensure that individual and organizational-based training initiatives are implemented. Works with employee to develop an individualized learning plan and supports the implementation of the plan (i.e., time away from work, coaching, opportunities for application, tuition reimbursement, etc.). Identifies high potential employees as part of CPH’s succession plan. Ensures required trainings are completed in a timely manner.
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. Write and implement individualized learning plans. Complete required training in a timely manner. Complete required continuing education needed for licensure and maintain and recertify said licensure on time. Maintain a record of all trainings completed. Maintain Lippincott accounts.

Plan Implementation, continued

Who	Roles & Responsibilities
Office of Workforce Development	Plans for and implements a workforce development strategy based on direction from Health Commissioner’s Office and needs assessment results. Works with continuing education planners and training coordinators to coordinate appropriate training and development opportunities for staff. Communicates trainings to staff utilizing an internal intranet page and by email. Maintains Lippincott and OhioTRAIN learning management sites, CPH Internal Training Calendar, and workforce development intranet page. Maintains all workforce development related plans, policies and procedures. Coordinates CPH Leadership University, CPH Supervisor Toolbox, CPH Fundamentals, and the Mentor/Mentee Program. Facilitates the Workforce Development Workgroup and all related subcommittees, such as Employee Training Subcommittee. Tracks department-level training on a training log.
Multi-Disciplinary Continuing Education Planners	Maintains and implements the <i>CPH Multi-Disciplinary Continuing Education Planning & Implementation Policy and Procedure (16)</i> . Collaborates with other disciplines to provide continuing education units for CPH sponsored trainings.
Workforce Development Workgroup	Consists of staff from throughout the department who coordinates training programming and continuing education professional groups. Provides input to workforce development planning and initiatives. Reviews the Workforce Development Plan and Training Curriculum Plan. Participates in annual Training Planning Workshop.
Employee Training Committee	A subcommittee of the Workforce Development Workgroup tasked with improving employee training initiatives and revising the new employee orientation experience, including new employee training.

Communication plan

Training opportunities are shared with employees through agency email, the weekly electronic staff announcements, the CPH Internal Training Calendar, and through the CPH Office of Workforce Development intranet page site.

This plan was reviewed by the CPH Workforce Development Workgroup and Human Resources Office. Final approval was obtained through the CPH Strategic Advisory Team and the Health Commissioner’s Office.

This plan is communicated to staff through the Strategic Advisory Team and the CPH Workforce Development Workgroup. The finalized plan is distributed to all staff through the electronic staff announcements.

An electronic copy of this plan is available on the CPH Workforce Development intranet page site and a paper copy is maintained in the CPH Human Resources Office.

Evaluation and Tracking

Introduction

Evaluation of training provides CPH with useful feedback regarding its efforts, including content, delivery, vendor preferences and training effectiveness. Accurately conducting evaluations and tracking results is necessary, particularly for professional continuing education documentation and quality improvement purposes. This section describes how evaluation and tracking of training will be conducted.

Evaluation

Columbus Public Health uses various means to evaluate training. Evaluation methods are contingent upon the training provider and continuing education reporting requirements.

Through evaluation, trainings and exercises are continually improved using a building-block approach which includes:

- Increasing complexity: by developing and improving plans, conducting training to increase skills, building a bench of qualified candidates, and exercising to increase capabilities.
- Lessons learned: to improve future trainings and exercises from successes documented throughout the process and to improve on previously demonstrated skills and capabilities.
- Needed improvements: by documenting gaps and implementing them into future trainings and exercises.
- Best practices: capitalizing on what CPH does well and proactively enhancing those behaviors in future trainings and exercises; and sharing best practices with other local health departments and within the community.

Each year CPH conducts two training planning sessions: 1) a Training Planning Workshop with the Workforce Development Workgroup in the fall, and 2) the Office of Emergency Preparedness conducts a Training and Exercise Planning Workshop in the spring per grant requirements. Each separate Workshop is comprised of staff with subject matter expertise to provide input on what trainings and exercises are needed. The following areas are taken into consideration during the workshops:

- CPH strategic priorities and goals;
- Continuing education requirements;
- Professional competencies;
- Required agency, local, state and national training requirements;
- Findings from training needs assessment surveys;
- Training evaluation results;
- Identified training gaps;
- Trainings of real-time importance and current hot topics; and
- Findings identified from corrective actions and improvements from past exercises and real events.

Evaluation and Tracking, continued

- Evaluation** CPH uses the following methods to evaluate and improve planning:
- A training form is utilized to develop and capture details prior to each training, including the purpose, training objectives, room set up and other trainer needs. This also includes trainings posted on Lippincott.
 - Prior to every training SMART and measureable objectives are written which address the needed competencies. The performance is evaluated against identified competencies, core capabilities and objectives.
 - All trainings utilize a written evaluation form to obtain participant feedback. Trainings are revised as needed. *(see Appendix C – CPH Evaluation Form template)*
 - Following each training evaluations are reviewed and a training summary report is written. The results are used to improve future trainings.
 - Exercise Design Team members use the Homeland Security Exercise Evaluation Program (HSEEP) to assist with the design and evaluation of trainings and exercises using the building block approach.
 - The evaluation of all department-sponsored exercises incorporates the methods of written evaluation forms and verbal feedback from participants in the form of a ‘Hotwash’.
 - Designated evaluators use an HSEEP Exercise Evaluation Guide (EEG) to evaluate their area of responsibility in the exercise. The EEG’s are localized when needed to fit the exercise criteria.
 - An After Action Report (AAR) is completed within thirty days of the exercise or real-time event.
 - An Improvement Plan (IP) is completed within ninety days of the exercise or real-time event to include a corrective action plan.
 - The AAR and IP reports are used to make improvements to CPH emergency plans, set training initiatives, and improve future capabilities-based trainings and exercises.
 - A Quality Improvement Exercise Tracker is utilized as a continuous quality improvement tool to track all corrective actions documented in AAR’s and IP’s. The Tracker is reviewed during emergency preparedness staff meetings. Those responsible for resolving identified corrective actions are expected to follow through and correct the action in a timely manner.
 - Lessons learned, best practices and other training data are reported to the Workforce Development Workgroup at each meeting and at the department’s Quality Team meeting every three months.
-

Evaluation and Tracking, continued

Tracking

The tracking of training includes a variety of different methods including: attendee lists, certificates of completion, transcripts, databases and sign-in sheets. All trainings use a sign-in sheet to track participant attendance (*see Appendix D – CPH Sign-in Sheet template*).

Methods to track training may include electronic formats or learning management systems. The following online programs are utilized at CPH to track staff training:

- Lippincott's Nursing Procedures and Skills (13) – an online reference and training site built for healthcare professionals. This system is used as the primary learning management site for all CPH staff. Columbus Public Health has the capability to post CPH-specific trainings, such as annual competency requirements and discipline-specific trainings. Supervisors also have the ability to check the progress of their staff.
- OhioTRAIN (Ohio Training Finder Real-time Affiliate Network) (27) - a free secure, web-based, database system that functions as a learning management tool. The system has the ability to create and maintain personal learning records, perform course searches via a nationwide database for onsite and/or distance based courses, as well as provides the ability to register for courses online.

Employees are responsible for tracking their own training and are required to use Lippincott to verify completion. Other acceptable methods to maintain and verify completed trainings include OhioTRAIN, electronic formats, and paper-based.

Supervisors are responsible for ensuring staff complete training in a timely manner. All supervisors have specific rights in Lippincott to access the training records of their staff to validate that training is being completed and ensure that training is not past due.

The tracking of training is also done by individual departments, such as the Office of Emergency Preparedness and the Nursing CE Coordinator.

The Office of Workforce Development (OWD) is the primary record keeper and tracker for all agency-specific training. For example all NIMS required training is tracked through the OWD and reported quarterly for department performance management purposes. The OWD maintains an annual training log of all proposed and completed trainings. The information tracked includes: dates, training titles, training duration, number in attendance, and name of the trainer. Also quarterly a list of staff that has not completed required training is forwarded to the Strategic Advisory Team for review. Annually the OWD prepares a report for the CPH Human Resources Office of employees who have not completed required trainings in a timely manner in order to post these infractions on annual performance reviews.

Conclusion

CITATIONS

1. Public Health Accreditation Board Accreditation Domain 8 – Workforce Development, Version 1.5, Adopted December 2013
2. CPH Strategic and Operational Plan, May 2012
3. CPH Continuous Quality Improvement Plan, December 2014
4. CPH Training Curriculum Plan, January 2016
5. Administrative Manual Human Resources Section, Appendix A.1 Hiring and Onboarding Procedure, *December 2015*
6. Required Training Plan Matrix for New Employees, December 2015
7. Required Annual Training (for Full-time and Part-time) Plan Matrix, December 2015
8. CPH National Incident Management System Training Procedure, July 2015
9. United States Census Bureau, 2011 - <http://quickfacts.census.gov/qfd/states/39/3918000.html>
10. City of Columbus Charter, Sections 61, 125, 126 and 127
11. Columbus City Health Code
12. Table of Organization for CPH, November 2015
13. Lippincott's Nursing Procedures and Skills – <http://procedures.lww.com>
14. CPH Intranet site -
<http://intranet/Health2/Admin%20Pages/Policies,%20Procedures%20and%20Forms.aspx>
15. Nursing and Clinical Support Staff Competencies, June 2015
16. CPH Multi-Disciplinary CE Planning & Implementation Policy and Procedure, April 2014
17. CPH Administrative Procedure Manual, December 2015
18. CPH Multi-Year Training and Exercise Plan, August 2015
19. Council on Linkages Core Competencies for Public Health Professionals,
http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx
20. City of Columbus MCP/HACP Performance Excellence Program
21. United States Office of Personnel Management, Executive Core Qualifications
22. National Public Health Leadership Development Network, Public Health and Crisis Leadership Competency Framework, September 2009
23. CPH New Employee Orientation Checklist, January 2016
24. CPH New Employee Required Training Plan, January 2016
25. CPH Seasonal Training Plan, January 2016
26. CPH Temporary Training Plan, January 2016
27. OhioTRAIN – <http://oh.train.org>

PLAN MAINTENANCE & POINT OF CONTACT

The CPH Office of Workforce Development in the Human Resources Office is responsible for training and workforce development initiatives, including the maintenance of this plan. The Workforce Development Plan is reviewed annually.

For questions about this plan, please contact:

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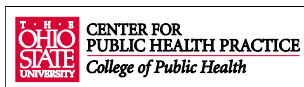
APPENDICES

Appendix A: Population Served Chart

Appendix B: CPH Workforce Development Assessment Summary Results Executive Summary Report

Appendix C: CPH Evaluation Form Template

Appendix D: CPH Sign-in Sheet Template



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Appendix A: Population Served Chart

Though the racial make-up of Columbus city remains predominately Caucasian (62%), our city is rapidly becoming more diverse with both the Asian and Hispanic/Latino communities growing. The Asian population increased from 4% in 2010 to 5% in 2014. The Hispanic/Latino population has more than doubled since 2000 to almost 6%. Worthington city has also seen a slight increase in both its African American and Hispanic/Latino populations.

The median household income in Columbus is \$44,072 with over 22% living below the poverty level. In addition, over 15% of Columbus City residents are uninsured.

Population Chart for the Cities of Columbus and Worthington (Ohio)

	2010-2014 Columbus City ¹		2010 - 2014 Worthington City ¹	
	Number	Percent	Number	Percent
SEX AND AGE				
Total population	811,943			
Median age (years)	31.9			
Male population	394,703	49%		
Female population	417,240	51%		
RACE				
One Race				
Caucasian or White	501,075	62%		
Black or African American	225,624	28%		
American Indian and Alaska Native	1,624	0.2%		
Asian	36,329	5%		
Native Hawaiian and Other Pacific Islander	344	<1%		
Two or More Races	31,005	4%		
HISPANIC OR LATINO				
Hispanic or Latino (of any race)	46,260	6%		
EMPLOYMENT STATUS				
Population 16 years and over				
In labor force	448,141	70%	7,188	
Unemployed	39,979	6%	243	2%
INDUSTRY				
Civilian employed population 16 years and over				
Educational services, and health care and social assistance	100,867	25%	2,285	33%

Income and Benefits (In 2014 inflation-adjusted dollars)				
Total households	329,994		5,674	
Median household income (dollars)	44,774		87,842	
HEALTH INSURANCE COVERAGE				
Civilian non-institutionalized population	806,710		13,516	
With health insurance coverage	690,181	86%	12,945	96%
With private health insurance	510,431	63%	12,032	89%
With public coverage	239,951	30%	2,881	21%
No health insurance coverage	116,529	14%	571	4%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All people		22%		3%
Under 18 years		32%		5%
18 years and over		19%		3%
18 to 64 years		20%		3%
65 years and over		11%		2%

1 Source: U.S. Census Bureau, 2010-2014 American Community Survey.

X Not applicable.

Appendix B: CPH Workforce Development Assessment Summary Results Executive Summary Report

COLUMBUS PUBLIC HEALTH WORKFORCE DEVELOPMENT ASSESSMENT SUMMARY RESULTS

REPORT COMPLETED ON NOVEMBER 20, 2012

COMPLETED BY MICHELLE GROUX, OFFICE OF EPIDEMIOLOGY AND BETH RANSOPHER, OFFICE OF WORKFORCE DEVELOPMENT

EXECUTIVE SUMMARY

INTRODUCTION

The nearly 450 full and part-time staff at Columbus Public Health (CPH) is dynamic and ever changing. As we look towards the future, CPH 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 all-hazard emergencies and invest in the future leaders of this organization with a sustaining educational program.

To further prepare and organize training and educational development at CPH, surveys and assessments were utilized to obtain real-time feedback from staff. Since 2010, CPH has conducted or participated in three separate training needs assessments - each with a slightly different goal and varying results.

TRAINING NEEDS ASSESSMENTS – AN OVERVIEW

1. Workforce Training Needs Assessment (2011)

In 2011, a Workforce Training Needs Assessment based on the core public health competencies was conducted via Survey Monkey through the Ohio Public Health Training Center located within the Center for Public Health Practice in the College of Public Health at The Ohio State University and in partnership with the Ohio Department of Health and the University of Cincinnati Department of Public Health Sciences.

This training needs assessment survey was based on the *Council on Linkages Core Competencies for the Public Health Workforce (2010 version)*. Prior to beginning the survey the participant was asked to select which of the three tier categories their position most closely follows: 1) Tier 1 - Entry-Level/Field Staff; 2) Tier 2 - Mid-Level Managers/Supervisors; and 3) Tier 3 - Administrators/Directors.

The survey was open to all CPH employees and included three self-reported assessment measures: 1) importance to job; 2) personal ability; and 3) interest in training. These three self-reported assessment measures were collected across the eight *Council on Linkages* competency categories: 1) analytical/assessment; 2) policy development/program planning; 3) communication; 4) cultural competency; 5) community dimensions; 6) public health sciences; 7) financial planning; and 8) leadership and systems thinking. Demographic information, preferences for training delivery methods, preferences for course types, motivators and barriers to participation in training, and organizational effectiveness were also measured.

2. Health Equity Survey (2011)

In March 2011, CPH began a year-long multi-component self-assessment. The assessment was developed by The Bay Area Regional Health Inequities Initiative (BARHII). In creating the tool, BARHII reviewed public health and organizational development literature to identify and validate organizational and staff competencies. While the primary goal was to assess the capacity to address health inequity, a secondary byproduct is that many of the results were used to improve organizational processes and structures at CPH.

Health Equity Survey (2011) - Overview of the findings:

- Less than 1/3 of staff reported having been trained, mentored or received other guidance in each of the following areas since coming to work at CPH:
 - How to organize communities to advocate on their own behalf.
 - How to research, understand and develop policies that impact the social, environmental, and physical conditions that impact health.
 - How to advocate for and/or support external partners and community groups advocating for policy change.
 - How to conduct assessments of community needs and strengths.
 - The 10 essential public health services.
 - Group facilitation.
 - Program planning.
 - How to understand and use data to further your work.
 - How to evaluate the work you do.
- The majority of staff rate CPH as having a staff that does not understand the root causes of health inequities.
- Many staff does not have a strong understanding of the social, environmental, and economic conditions that impact health.
- In depth training on the “isms”, which are root causes of health inequities, such as the impact of racism, classism, sexism, heteroism and other "isms". More discussions need to take place and currently only occur within the context of specific training sessions or when an incident occurs.
- Senior leadership views raising awareness about and addressing racism as one of the top five things the department should be doing to reduce health inequities in Columbus. This area is not in the top five for other employees of CPH. More education is needed for all staff if leadership wants to move in this direction.
- Staff members report being trained, mentored, or given guidance on cultural competency since beginning work at CPH. However, participants in the staff focus groups asked for refresher courses and additional education. For example, staff mentioned the need for language classes, learning verbiage to put clients at ease, education on cultural traditions, needs, and appropriate interactions (e.g. eye contact, not shaking hands if of opposite gender, etc.) for specific groups seeking services at CPH.
- Training around community engagement and/or community mobilization would be beneficial for segments of CPH’s staff. Staff feels the ability to engage and partner with the community is essential to improving health outcomes. Examples included:

- Among staff whose role is to bring the community's voice into the CPH decision-making process and CPH's messages out to the community, almost half reported that they did not know how to resolve the conflict of when CPH's priorities don't match the priorities of a community group they work with.
- Training in skills that will help cultivate and maintain true community partnerships.
- The need for additional training was noted in the following areas:
 - Partnering with residents and community organizations.
 - How to involve residents in decision-making.
 - Understanding the day-to-day realities of residents.
 - Skills in community capacity building.
 - Ability to track and understand differences in health across groups.
 - Ability to raise awareness about and address racism.
 - Being involved in policy and legislative change.
- The need for training around policy development and implementation as well as working for legislative change were mentioned during the staff focus groups and manager interviews.
- Key partners were also given the opportunity to rate CPH in several areas. Over half of CPH partners rated CPH staff skills as poor, fair or average in the areas below.
 - Gathering input from community residents.
 - Understanding the day-to-day realities of residents.
 - Making deliberate efforts to build the leadership capacity of community members to advocate on issues that impact health.
 - Working with non-health focused networks in the community to address issues that can impact health.

Health Equity - Internal Communications Workgroup

In March 2012, a Communications Committee comprised of persons whom are viewed and respected as "good communicators" within the department met to review why communication was constantly identified as an issue on multiple phases of the 2011 Health Equity Survey. This group drafted the following recommendations:

- Training in team building, expectations for communication and accountability of communication within an organization.
- Require that managers take communication training to improve communication with staff.
- Effective communications training will assist department employees in improving communications between sub-groups of the department.
- Ensure that communications between individuals within the various program areas, serve to meet the mission and goals of the department.

3. City of Columbus – Citywide Training and Development Center of Excellence Survey (2014)

In 2014, Columbus Public Health (CPH) participated in a City of Columbus Training Assessment Survey conducted by the Citywide Training and Development Center located within the City of Columbus Department of Human Resources. The primary purpose of the survey was to identify training and development needs for City of Columbus employees, including CPH. The survey was open to all CPH employees and was conducted using Survey Monkey.

The survey was open between January 27 and February 7, 2014. A total of 69 CPH employees completed the training needs assessment survey, down from a total of 137 who completed the survey in 2013. The results noted here are exclusive to CPH employees only.

Results

What method of training do you find most effective?

- 1) Classroom instruction; 2) Blended (classroom and eLearning; 3) eLearning and/or webinar

What are the best days for you to attend training?

- 1) Wednesday; 2) Thursday; 3) Tuesday

Which training topic is your choice to help you increase your job performance?

- 1) Microsoft Office; 2) Leadership; 3) Communication Skills; also supervisory/management skills, foreign language, team building, career development and health/wellness safety.

Which career development topics would you like to attend?

- 1) Career Development series; 2) Project Management; 3) Business Etiquette; also Personal Brand-Improving your Impact.

Which communication topics would you like to attend?

- 1) Assertive Communication; 2) Effective Presentations; 3) Communicating with Impact; also Email Etiquette, and The Art of Listening.

Which Microsoft Office topics would you like to attend?

- 1) Excel (Basic, Intermediate, Advanced full-day courses); 2) Excel (targeted modules – Formula writing, Using Excel as a Database, etc.); 3) Word (targeted modules – Tables and Charts, Mail Merge, etc.); also PowerPoint.

Which customer service topics would you like to attend?

- 1) Customer Service-Listening, Responding and Resolving; 2) Dealing with Difficult Customers; 3) Customer Relations Management.

Which diversity and inclusion topics would you like to attend?

- 1) Promoting Inclusion; 2) Cultural Competency and Valuing Differences.

Which supervisor/management skills topics would you like to attend?

- 1) What do Great Managers Do; 2) The ABC's of Supervising Others; 3) Motivating your Workforce.

Which leadership topics would you like to attend?

- 1) Seven Meta-competencies of Extraordinary Government Professionals; 2) Leading Through Change; 3) Leading Today's Workforce; also Self-Leadership.

Which team building topics would you like to attend?

- 1) Team Roles and Responsibilities; 2) The Five Dysfunctions of a Team; 3) Developing High Performance Teams; also Team Building.

Which time management topics would you like to attend?

- 1) Juggling Multiple Priorities; 2) Get Organized for Peak Performance; 3) Goal Setting for Success.

Which foreign language topics would you like to attend?

- 1) Conversational Spanish Level 1; 2) Conversational Spanish Level 2.

Which health/wellness/safety classes would you like to attend?

- 1) CPR/First Aid; 2) Self-Protection; 3) Handling an Armed Intruder.

Which personal development topics would you like to attend?

- 1) Financial Wellness; 2) Influence and Persuasion; 3) Critical Thinking; also Handling Elder Care Issues.

4) Columbus Public Health Social Worker Training Survey (2014)

In 2014, professional staff with social worker and counselor licensure working at Columbus Public Health (CPH) conducted a survey for the purpose of identifying future training opportunities for social worker/counselor continuing education credit. The results of the survey will assist the social worker continuing education coordinator and the workforce development program with planning and implementing training with continuing education credit that meet the needs of the staff. The results are being shared with the nursing and chemical dependency program staff so that opportunities for training collaboration may take place. The survey was released to 28 employees, with 21 employees actually responding to the survey.

The survey was completed by the following licensure programs: Licensed Social Worker (LSW), Licensed Independent Social Worker (LISW), Licensed Independent Social Worker-Supervision (LISW-S), Licensed Professional Counselor (LPC), Licensed Professional Clinical Counselor (LPCC), and Licensed Professional Clinical Counselor-Supervision (LPCC-S).

Survey Questions and Results

Question 1: What social work or counseling degree do you have?

Results:

- A total of 21 CPH respondents answered this question. 1 skipped the question.
- 15 respondents said Licensed Social Work.
- 4 respondents said Licensed Independent Social Work- Supervision.
- 2 respondents said Licensed Professional Clinical Counselor.
- No responses were given for Licensed Independent Social Work, Licensed Professional Counselor, and Licensed Professional Clinical Counselor.

Question 2: If quarterly social work and/or counseling Continuing Professional Education (CPE) were offered at CPH would you attend?

Results:

- A total of 21 respondents answered this question. 1 skipped this question.
- 100% of respondents answered Yes.

Question 3: If social work/counseling CPE's were offered at CPH, what day(s) of the week would be best for you? Check all that apply.

Results:

- A total of 21 respondents answered this question. 1 skipped this question.
- 67% of respondents said Tuesday.
- 62% of respondents said Wednesday.
- 52% of respondents said Thursday.
- 48% of respondents said Friday.
- 43% of respondents said Monday.

Question 4: What time(s) of the day will be convenient for you to participate in social work CPE's? Check all that apply.

Results:

- A total of 21 CPH respondents answered this question. 1 skipped the question.
- 62% of respondents said Morning (9-11am).
- 62% of respondents said Early Afternoon (1-3pm).
- 57% of respondents said Lunch (11am-1pm).
- 52% of respondents said Afternoon (3-5pm).
- 33% of respondents said Early Morning (7-9am).

Question 5: What might be potential barriers that would prevent you from attending the Social Work CPE program?

Results:

- A total of 21 CPH respondents answered this question. 1 skipped the question.
- A majority of the respondents said work responsibilities, time commitments, and scheduling conflicts.
- Other responses were times available were not applicable or not being notified early enough to plan appropriately.

*Note: many stated that if they know about the trainings further in advance, they can move their schedules around in order to attend.

Question 6: Please list topics related to ETHICS that would be of interest to you.

Results:

- A total of 20 CPH respondents answered this question. 2 skipped the question.
- A majority of the respondents said client confidentiality, law updates, client treatment, and confidentiality.
- Other responses were supervision reporting responsibilities/boundaries, ethics in the workplace, reporting, legal issues, and counseling service legalities.
- Glenn Karr, JD recently presented elsewhere and was recommended as a speaker, especially to talk on new updates to the law as of July 9, 2014.

Question 7: Please list topics related to CULTURAL COMPETENCY that may be of interest to you.

Results:

- A total of 20 CPH respondents answered this question. 2 skipped the question.
- Many respondents said transgendered/LGBTQ populations (adults and youth).
- Other responses were approaching different minority groups (Hispanic, American Indian, Napoli, Latino, Somalia)
- Cultural competencies (organizational integration, implicit bias, cultural views in public health, how to refer to specific populations, and poverty).

Question 8: Please list topics related to SUPERVISION that would be of interest to you.

Results:

- A total of 20 CPH respondents answered this question. 2 skipped the question.
- Some respondents said ethics in supervision, managing unmanageable staff, manager motivation, and supervision documentation.
- Other responses were creating good work environments and properly communicating with staff.

Question 9: NOT related to ethics, cultural competencies, or supervision, please list any other topics that would be of interest to you.

Results:

- A total of 20 CPH respondents answered this question. 2 skipped the question.
- Some respondents said suicide, mental illness, children's services and forms of abuse.
- Other responses were hoarding, grief/loss, trauma, social determinants of health, special troubled populations; human trafficking, incarceration, domestic violence, homelessness, addictions, case management, community outreach, motivation interviewing, pharmacology group dynamics, and AOD education.

Question 10: Do you currently attend the Supervisor's Toolbox trainings currently offered by CPH?

Results:

- A total of 20 CPH respondents answered this question. 2 skipped the question.
- 13 respondents said Never.
- 3 respondents said Sometimes.
- 2 respondents said Occasionally and Always.

Question 11: Would you attend the Supervisor's Toolbox trainings if CPEs were offered?

Results:

- A total of 20 CPH respondents answered this question. 2 skipped the question.
- 15 respondents said Yes.
- 4 respondents said Maybe.
- 1 respondents said No.

Question 12: Additional comments.

Results:

- A total of 7 CPH respondents answered this question. 15 skipped the question.
- Some responses were
 - This is a great service!
 - I'm glad/grateful this is being done to provide consistency.
 - Thank you!

Appendix C – CPH Evaluation Form Template

Topic: _____

Date: _____

Speaker: _____

Participant Evaluation Form

We appreciate your feedback. **Please complete both sides of the form.**

Please indicate your rating of the presentation by circling the appropriate number, using the following scale: 1 = Poor; 2 = Fair; 3 = Good; and 4 = Excellent.

OBJECTIVES

This training met the stated objectives of OR Following this training the participants are able to:

- | | |
|------------------------------|---------|
| 1. Insert SMART objective #1 | 1 2 3 4 |
| 2. Insert SMART objective #2 | 1 2 3 4 |
| 3. Insert SMART objective #3 | 1 2 3 4 |
| 4. Insert SMART objective #4 | 1 2 3 4 |

Note to Trainer: Having 1 – 5 objectives are plenty, however you can have more

SPEAKER/TRAINER

Speaker/Trainer:

- | | |
|-----------------------------------------------|---------|
| 1. Knowledgeable in content areas | 1 2 3 4 |
| 2. Responsive to questions and/or comments | 1 2 3 4 |
| 3. Clarified content in response to questions | 1 2 3 4 |
| 4. Overall rating of the instructor | 1 2 3 4 |

Note to Trainer: Continue to add this section for as many speakers/trainers you will have

< PLEASE TURN OVER >

Appendix C – CPH Evaluation Form Template, continued

CONTENT

- | | | | | |
|--------------------------------------|---|---|---|---|
| 1. Appropriate for audience | 1 | 2 | 3 | 4 |
| 2. Consistent with stated objectives | 1 | 2 | 3 | 4 |
| 3. Overall rating of the course | 1 | 2 | 3 | 4 |

TEACHING METHODS

- | | | | | |
|--------------------------------------------------------------------|---|---|---|---|
| 1. Visual aids, handouts, and oral presentations clarified content | 1 | 2 | 3 | 4 |
| 2. Teaching methods were appropriate for the subject matter | 1 | 2 | 3 | 4 |
| 3. Teaching style was effective | 1 | 2 | 3 | 4 |

RELEVANCY

- | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1. Information can be applied to practice | 1 | 2 | 3 | 4 |
| 2. This training will enhance my job performance positively | 1 | 2 | 3 | 4 |
| 3. This training will enhance my job performance to meet the department's mission to protect health and improve lives in the community | 1 | 2 | 3 | 4 |

Additional Comments:

THANK YOU FOR COMING!

**Columbus Public Health
Human Resources Department, Office of Workforce Development
(614) 645-0308**

Appendix D – CPH Sign-In Sheet Template

MULTI-AGENCY TRAINING SIGN IN SHEET

Training Title: _____

Date: _____

Facilitator(s): _____

Time: _____

Program Name: _____

Division: _____

	PRINT NAME	POSITION	DIVISION	SIGNATURE
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