

WORKFORCE DEVELOPMENT PLAN 2018 - 2020

HUMAN RESOURCES OFFICE
OFFICE OF WORKFORCE DEVELOPMENT

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PRIMARY AUTHOR(S): Beth Ransopher, Kevin Williams

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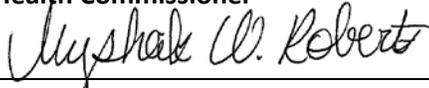
SIGNATURES:

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* explains how training is structured throughout the department, who is responsible for what and a description as to how CPH will address and improve workforce capabilities.

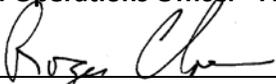
Health Commissioner



Mysheika W. Roberts, MD, MPH – Columbus Public Health

12 / 13 / 18
Date

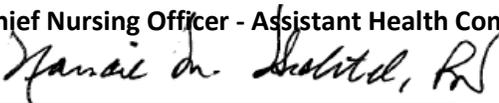
Chief Operations Officer - Assistant Health Commissioner



Roger Cloern – Columbus Public Health

12 / 13 / 18
Date

Chief Nursing Officer - Assistant Health Commissioner



Nancie Bechtel, MPH, BSN, RN – Columbus Public Health

12 / 13 / 18
Date

External Affairs – Assistant Health Commissioner



Michael Fielding, RS, MS - Columbus Public Health

12 / 13 / 18
Date

Human Resources Officer



Kevin Williams - Columbus Public Health

12 / 13 / 18
Date

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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 to address Columbus Public Health's (CPH) evolving public health workforce, including preparing new employees, efforts to retain current employees and how, as an organization, we invest in future leaders by providing sustainable educational programming. 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 that support achievement of the mission, vision, values and strategic priorities from the *CPH Strategic Plan*² as well as the *CPH Performance Management and 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 changing needs and priorities set forth by the department and serves as a guide for agency workforce development efforts.

The appendix section of the *CPH Workforce Development Plan* includes working documents that support workforce programming such as: training plans for existing staff and new employees; needs assessment results; and additional workforce development documentation. Also included is a *CPH Curriculum and Training Schedule* (see Appendix A) which serves as the training plan for CPH and includes identified initiatives that meet the department's workforce goals and strategic priorities including a crosswalk of competencies being met.

GLOSSARY OF TERMS

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

AGENCY PROFILE

I. 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 2017 to have a population of 881,901⁴ consisting of 68% of the Franklin County population. The population of Worthington is estimated at 14,155 (2012-2016, ACS, 5-year estimate). The City of Columbus population has increased by 9% over the past 5 years (see *Attachment 1: Population Served Chart*). A complete demographic profile of the jurisdiction can be found in the *Columbus and Franklin County Community Health Assessment*⁵.

II. Funding

Columbus Public Health is funded through a variety of sources. Two primary sources of revenue are the General Fund Subsidy (40.0%) from the City of Columbus and various local, State, and federal grants (44.0%). Other sources of revenue include fees and charges for services (16.0%, as reported in Fiscal Year 2017).

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 show justification as to how the training directly impacts or enhances their job duties.

III. Organizational Structure

Columbus Public Health is comprised of nearly 500 full-time, part-time, temporary and seasonal employees led by a Health Commissioner, three Assistant Health Commissioners, and further structured into Divisions⁶.

- A. Health Commissioner and Medical Director
 - 1. Division of Clinical Health
 - 2. Employee Assistance Program
- B. Assistant Health Commissioner/Chief Nursing Officer
 - 1. Division of Family Health
 - 2. Division of Neighborhood Health
 - 3. Strategic Nursing Team
- C. Assistant Health Commissioner/Administration
 - 1. Division of Environmental Health
 - 2. Administration (Billing, Building Services, Fiscal, Human Resources, MAC, Safety, Technology, Vital Statistics, and Workforce Development)
- D. Assistant Health Commissioner/External Affairs
 - 1. Division of Addiction Services
 - 2. Division of Population Health
 - 3. Planning and Quality Improvement
 - 4. Policy Advisor
 - 5. Public Affairs and Communications
 - 6. Violent Crime Review Group

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

IV. CPH Strategic Plan

The *CPH 2018 – 2022 Strategic Plan*² outlines high-level department strategies, as well as specific improvement activities to advance the mission of protecting health and improving lives. The strategy includes four strategic priorities, four overall perspectives, 12 strategic goals, and a set of associated key performance measures that are integrated into a performance dashboard.

A. Mission and Vision

Mission: To protect health and improve lives in our community

Vision: 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.

B. Core Values

- 1. Customer Focus
- 2. Accountability
- 3. Research / Science-based
- 4. Equity and Fairness

C. **Strategic Priorities**

1. Workforce & Technology
2. Leadership
3. Resource Allocation
4. Mental Health & Addiction

D. **Perspectives, Strategic Objectives and Performance Measures**

The strategic framework is divided into four perspectives including Customer, Internal Process, Organizational Capacity and Financial Stewardship. In correlation with the departments above strategic priorities, the following strategic objectives and key performance measures address improving and advancing workforce development initiatives.

1. Perspective – Organizational Capacity

- Strategic Objective: Attract, develop, and maintain effective performers
 - *Performance measure*: Ratio of % of CPH FTE minority female staff to % of minority female clinic clients.
 - *Performance measure*: % of staff who agree/strongly agree that CPH is a good place to work.
 - *Performance measure*: Employee turnover rate.

V. **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. The OWD collaborates with internal professional continuing education programs to plan training objectives together and ensure continuing education credits are provided. Various instructional methodologies are utilized to conduct training including classroom, journal clubs, exercises, and online independent studies. A web-based learning management system, called *Lippincott Nursing Procedures and Skills*⁷, is used as an agency-wide resource and tracking system. As employees of the City of Columbus, staff also has access to the *Citywide Training Gateway*⁸, another source to complete required online training and to register for citywide-sponsored courses.

Whether conducting training, educational programming, a workshop or exercise, quality improvement methods such as assessment surveys, evaluation forms, after action reports, and improvement plans are utilized. Columbus Public Health is committed to improving quality in all of its services, processes and programs, including workforce development, and all staff is required to be engaged in quality efforts³.

VI. **Workforce Policies**

The *CPH Workforce Development Plan and Appendices*, as well as other affiliated workforce development policies and procedures are maintained in the OWD, located in the Human Resources Office at CPH. These documents and associated workforce resources are also posted on the *CPH intranet site*⁹, specifically on the workforce development page, human resources page, and the policies and procedures page.

CPH has written policies and procedures to address training, competencies, the professional diversity of the workforce and other workforce development needs. The OWD remains engaged in ensuring these policies and procedures are followed; however the overall management and implementation is the responsibility of the individual program areas. In addition the *CPH Administrative Policies and Procedures Manual*¹⁰ addresses staff development, obtaining approval to attend external conferences and seminars, and tuition reimbursement for employees seeking further education.

Key Workforce Policy Statements

- A. All existing employees shall annually complete department-wide training competencies (see *Appendix B: CPH Required Annual Training Plan for Full-time and Part-time Staff*).
- B. All new employees shall complete orientation training within provided deadlines^{10 11} (see *Appendices C - E: New Employee Training Plans*).
- C. All employees must obtain approval from their supervisor prior to attending training; this includes requests for funding¹¹.
- D. All new and existing CPH employees must complete National Incident Management System (NIMS) training to competently and confidently respond to any multi-hazard incident¹².

Agency-wide workforce development-related policies and procedures include:

Policy/Procedure	Program Responsibility
CPH Administrative Manual Human Resources Section, Appendix A.1: Hiring and Onboarding Procedures	Human Resources Officer
Cardiopulmonary Resuscitation Training for Staff	Chief Nursing Officer, Assistant Health Commissioner
Counselor and Social Worker Staff Competencies	Director of Social Workers
Dental Sealant Staff Competencies	Dental Sealant Program Manager
Environmental Health Division New Sanitarian Training	Environmental Health Division
Licenses and Credentials Verification Policy	Human Resources Officer
National Incident Management System Training	Office of Emergency Preparedness
Nursing and Clinical Staff Competencies	Chief Nursing Officer, Assistant Health Commissioner
Nursing Continuing Education Planning & Implementation	CPH Primary Nurse Planner
Nursing Supervision and Nursing Practice Evaluation	Chief Nursing Officer, Assistant Health Commissioner
Onboarding New Nurses	Chief Nursing Officer, Assistant Health Commissioner

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*¹³. 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.

VII. CPH Sponsored Workforce Programs

In order to support a capable and qualified workforce, the CPH OWD coordinates several internal programs to build the capabilities and competencies of all staff, including, managers, supervisors and future leaders. Training topics 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. 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 offer instruction on a variety of topics regarding supervising and managing employees. (See *Appendix F: CPH Supervisor Toolbox and CPH Fundamentals Training Series Schedule*).

B. 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, trainings are conducted in partnership with a professional continuing education group (i.e. Nursing, Social Work, or Environmental Health) or a department program (e.g. Health Equity). The CPH Fundamentals training series is classroom-based and offered several times throughout the year. (See *Appendix F: CPH Supervisor Toolbox and CPH Fundamentals Training Series Schedule*).

WORKFORCE PROFILE

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

I. Current Workforce Demographics

The table below summarizes the demographics of the agency’s current workforce as of October 16, 2018. The numbers reflect a retirement assumption at 60 years of age or 30 years of City service.

Category	# or %
Total # of Employees:	485
# of FTE:	413
Payment Source:	
% Paid by General Fund:	# = 271 / 56%
% Paid by Grants:	# = 214 / 44%
Gender:	
Female:	371
Male:	114
Race:	
Hispanic:	11
Asian:	9
African American:	115
Caucasian:	340
Two or more:	10
Age:	
< 19:	3
20 – 29:	72
30 – 39:	133
40 – 49:	106
– 59:	97
> 60:	74
Management:	
Supervisors and Program Managers:	87
Executive/Administration:	11
Primary Professional Disciplines/Credentials:	
Counselors:	9
Dental Assistants and Hygienists:	13

Dentists:	1
Dietitians:	26
Medical Technologists:	5
Nurses:	73
Physicians:	2
Social Workers:	15
Registered Sanitarians/Sanitarians-in-Training:	47
Veterinarian:	1
Other Non-Credential Disciplines:	
Epidemiologist:	9
Employees < 5 Years from Retirement (based on age 60 and above):	
Management:	20
Non-Management:	54
Employees with 25 or more years of City Service	31

II. Future Workforce

A. Succession Planning

The workforce demographics of CPH staff are diverse and ever changing. Within the next five years, 15% of CPH’s workforce will be eligible to retire. Of this number, 4% are currently in a senior leadership or management position. 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. Based on CPH’s results from the 2017 Public Health Workforce Interest and Needs Survey Results (PH WINS; see Appendix G) survey a primary recommendation was to prioritize succession planning in that 38% of CPH’s workforce is over the age of 50. To address this area CPH will continue to: offer trainings for managers; supervisors and future leaders through CPH Supervisor Toolbox; work with Citywide Training & Development to increase participation in an existing supervisor training series; develop an orientation training for new supervisors; and develop a course of action for succession by creating plans to build a bench of strength within the organization.

B. Strategic Plan & Organizational Capacity

The newly updated CPH Strategic Plan² provides several opportunities to strengthen and develop the department’s workforce. CPH’s priorities and values set the future direction for the agency and take into account changes occurring within the external environment. This includes increased emphasis on health equity, social determinants of health (including violence), mental health and addiction, expanded partnerships/collaborations, and technology. Training on these cross-cutting topics will be expanded in an effort to strengthen CPH employees’ ability to meet current and future public health challenges in the community.

Within the Organizational Capacity perspective, CPH established a strategic objective to “Attract, develop, and maintain effective performers.” This will be addressed in the following manner.

1. Employee Satisfaction

Based on the 2017 PH WINS results, CPH staff reported a job satisfaction rating of 87% as being somewhat or very satisfied with their jobs. CPH will implement methods such as enacting workplace policies and practices that support job satisfaction to improve retention rates. The department will also continue to survey staff on job satisfaction at least every two years. (Key performance measure - % of staff who agree/strongly agrees that CPH is a good place to work).

2. New Employee Satisfaction

Another area of job satisfaction is to determine the effectiveness of CPH’s recently revised new employee orientation program. CPH will continue to survey new full-time and part-time employees six months after

their start date to determine whether they ‘agree’ or strongly agree’ that their onboarding/evaluation experience was excellent. After establishing a baseline the department’s goal is to increase this number following each evaluation.

3. Recruitment and Retention

CPH 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 filling nurse management positions. As a public service agency we also want to be cognizant that our workforce reflects the diversity of the population we serve. In alignment with the CPH Strategic Plan, CPH will focus on continually improving its recruitment, hiring and interviewing efforts.

As we look towards the future, the complexity and reality of maintaining and improving public health practice at CPH will demand much of its staff. The identified workforce development goals and Curriculum and Training Schedule reflect these needs by focusing on areas such as: community engagement and partnerships; health equity; organizational capacity; quality improvement; supervisor and leadership development; and technology. CPH will invest in its workforce by continuing to build a robust training and professional development program in order to 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 & EDUCATIONAL REQUIREMENTS

Columbus Public Health follows the *Council on Linkages Core Competencies for Public Health Professionals*¹⁴ 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.

In addition to the Council on Linkages, CPH utilizes 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.

I. Organizational Competencies

- A. All CPH employees are expected to follow organizational (agency) level competencies.
- B. Organizational competencies are selected from the following sources: CPH Strategic Plan², employee performance evaluation categories¹⁵, and other areas of importance to the organization.
- C. Organizational competency areas include the following:
 1. Customer Focus
 2. Accountability
 3. Research / Science-based
 4. Equity and Fairness
 5. Continuous Quality Improvement
 6. Occupational Health and Safety
 7. Emergency Preparedness
 8. Communications

II. Manager/Supervisor/Executive Level Competencies

Competencies specific to employees who are managers, supervisors and/or leaders at the executive level. In most, but not all cases the position may supervise one or more employees.

- A. Managing Performance¹⁵
- B. Managing Resources¹⁵
- C. Leadership and Systems Thinking Skills¹⁴

D. Public Health and Crisis Leadership Competency Framework¹⁶

III. Job Specific Competencies

- A. 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.
 - 1. Tier One: front line employees;
 - 2. Tier Two: mid-level employees; and
 - 3. Tier Three: senior management leadership.
- B. Competencies in the job specific category reflect the functional part of the employee’s job and/or the minimum level of expected practice.
- C. Competencies from other disciplines may also be utilized in this category, such as those that do not require certification or licensure (including epidemiology, health equity and emergency preparedness) or are not public health specific (such as human resources, fiscal and information technology).

IV. Professional Competencies

- A. These competencies are discipline-specific and may not be utilized for all positions.
- B. 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.
- C. See ‘CE required by discipline’ for a list of professional competency areas that CPH supports in developing workforce development planning strategies.

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. It is the employees own responsibility to obtain the necessary CE to maintain required licensures and/or certifications. Professional disciplines supported at CPH and their associated CE requirements, are shown in the following table:

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 Dental Assistant	12 hours every year
Certified Health Education Specialist (CHES/MCHES)	75 hours every five years
Chemical Dependency Counselor and Prevention Specialist (CDCA I, CDCA II, LCDC II, LCDC III, LICDC, LICDC-CS, RA, OCPSA, OCPS, OCPC)	40 hours every two years (CDCA, LCDC II, LCDC III, LICDC, LICDC-CS) 20 hours every two years (OCPSA) 40 hours 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, LPCC, LPCC-S)	30 hours every two years
Commercial Pesticide Applicator	5 hours every three years
Community Health Worker (CHW)	15 hours every two years
Dental Assistant/Radiographer	2 hours every two years
Dental Hygienist	24 hours every two years
Dentist (DDS)	40 hours every two years

International Board Certified Lactation Consultant (IBCLC)	75 hours every 5 years and recertify by exam every 10 years
Licensed, Registered Dietitian/Nutritionist (LD, RDN)	75 hours every five years
Medical Physician (MD, DO)	100 hours every two years
Medical Technologist	36 hours every three years
Nursing (RN, LPN, APRN)	24 hours every two years
Registered Dietetic Technician (RD)	50 hours every five years
Registered Health Information Administrator (RHIA) and Registered Health Information Technician (RHIT)	30 hours every 2 years for RHIA 20 hours every 2 years for RHIT
Registered Sanitarian (RS) Sanitarian-in-Training (SIT)	18 hours per year
Social Worker (SWA, LSW, LISW, LISW-S)	30 hours every two years
Veterinarian (DVM)	30 hours every two years

TRAINING NEEDS

This section describes both identified and mandatory training needs for CPH as well as targets for achieving specific competencies among staff. The identified trainings were identified based on results from the CPH Strategic Plan²; training needs assessments; findings from the annual Training Planning Workshop; training required for all staff (organizational level); and training required for professional licensure competencies.

I. Training Needs Assessments 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 three years.

A. Annual Training Planning Workshop

Each year the Workforce Development Manager facilitates a Training Planning Workshop with the Workforce Development Workgroup, which consists of 30 staff members representing multi-disciplinary programs from throughout the department. The Workshop identifies needed training for staff development and future workforce development projects. (See *Appendix H: Annual Training Planning Workshop Results*).

Key findings that informed the Workforce Development Plan:

1. To learn more about what other CPH programs do. CPH offers so many programs, that staff would like to be more informed to be able to best meet the needs of clients.
2. To learn about new aspects of CPH including the Community Health Assessment, Community Health Improvement Plan and CPH Strategic Plan, as well as how decisions are made and how this work impacts the role of employees.

B. City of Columbus Training & Development Needs Survey

In most calendar years, the Citywide Office of Training & Development conducts an online training needs survey for all city employees. The purpose of the survey is to identify training gaps throughout the city and to enable Citywide Training and Development to provide professional development programs to enhance the employee's work experience. Columbus Public Health receives a separate summary report representative of our agency which is incorporated into CPH's workforce planning. (See *Appendix I: Citywide Training Needs Assessment Results*).

Key findings that informed the Workforce Development Plan:

1. Customer service
2. Management and supervisor level courses

II. Public Health Workforce Interests and Needs Survey (PH WINS)

As a member of the Big Cities Coalition, CPH participates in PH WINS every three years. Coordinated by the Association of State and Territorial Health Officials and the deBeaumont Foundation, the survey captures individual perspectives related to workplace environment, training needs and trends impacting public health that further informs future investments in workforce development. (See *Appendix G: CPH Public Health Workforce Interests and Needs Survey Results*).

Key findings that informed the Workforce Development Plan:

- A. Of the approximately 500 employees, 257 staff completed the survey for a 56% response rate.
- B. 87% job satisfaction rate of workers who are somewhat or very satisfied with their jobs.
- C. 84% of workers satisfied or very satisfied with the organization.
- D. 25% of workers plan to leave the department in 2018 (4% due to retirement)
- E. The top three areas of excellence for employee engagement (percentage of staff that agree/strongly agree):
 1. 96% - the work I do is important
 2. 93% - know how my work relates to the agency's goals and priorities
 3. 88% - employees learn from one another as they do their work
- F. The top three opportunities to improve employee engagement (percentage of staff that agree/strongly agree):
 1. 71% - employees have sufficient training to fully utilize technology needed for their work
 2. 52% - communication between senior leadership and employees is good in my organization
 3. 50% - creativity and innovation are rewarded
- G. The top skill gaps and training opportunities for non-supervisors include:
 1. Systems and Strategic Thinking
 2. Develop a Vision for a Healthy Community
 3. Change Management
- H. Top skill gaps and training opportunities for supervisors and managers include:
 1. Systems and Strategic Thinking
 2. Budget and Financial Management
 3. Develop a Vision for a Healthy Community
- I. Overall recommendations:
 1. Prioritize succession planning
 2. Invest in training for the existing public health workforce
 3. Enact workplace policies and practices that support job satisfaction and improve retention

III. Agency-Specific Needs

The *CPH Required Annual Training Plan for Full-time and Part-time Staff* (see *Appendix B*) addresses the agency-specific competencies needed to be a fully functioning public health department. The training plan applies to all full-time and part-time staff, including supervisors, and addresses agency, local, state and national training requirements.

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

Training	Audience	Frequency
Bloodborne Pathogens	Nursing and clinical support staff	Annually
Clinical Competencies and Skills Day – Part I	Nursing and clinical support staff	Annually
Clinical Competencies – Part II	Nursing and clinical support staff	Annually
Diversity & Inclusion (citywide)	All FT and PT staff	Every 3 years
Drug-Free Safety Program Refresher – Employees (citywide)	All FT and PT staff	Annually
Drug-Free Safety Program Refresher – Supervisors (citywide)	Supervisors	Annually
CPR for Healthcare Providers	Nursing and clinical support staff	Every two years
Emergency Response Plan	All FT and PT staff	Annually
Health Equity Basics	All FT, PT and temporary staff	Every two years
HIPAA	All CPH staff	Annually
Implicit Bias (CPH version)	All FT and PT staff	Annually
Implicit Bias (citywide)	All HACCP staff	Every two years
Infectious Disease Emergency Response Plan	All FT and PT staff	Every two years
The Ohio Ethics Law: It’s Everybody’s Business (citywide)	All staff	Annually
Points of Dispensing (POD) 101	All FT and PT staff	Every two years
Respirator Training	All FT, PT and seasonal staff	Annually
Sexual Harassment (citywide)	All FT and PT staff	Every 3 years
Title VI – Civil Rights Act of 1964	All FT, PT and temporary staff	Every two years
Violence in the Workplace (citywide)	All FT and PT staff	Every 3 years

IV. New Employee Training Needs

To ensure that new employees receive a well-rounded introduction to CPH, program and training guidance is available for both new employees and hiring managers. The *CPH New Employee Orientation Checklist*¹⁷ is a guidance document to assist with orienting a new employee, whether a full-time, part-time, temporary, or seasonal, as well as new supervisors. CPH maintains training plans for all levels of new employees (see following appendices):

- A. Appendix C: CPH New Employee Training Plan for Full-time and Part-time Staff
- B. Appendix D: CPH New Employee Training Plan for Seasonal Staff
- C. Appendix E: CPH New Employee Training Plan for Temporary Staff

V. Discipline-Specific Competency Needs

Columbus Public Health has assessed the professional (or discipline) specific competencies representative of the department as noted previously. 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.

As previously referenced in the Policy Section of the Plan, the following discipline-specific professional groups have developed internal competencies and written policies to ensure staff is trained to work and respond at the same level: nurses, counselors and social workers, dental hygienists and dental assistants, as well as registered sanitarians and sanitarians-in-training. 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 for Full-time and Part-time Staff (*see Appendix C*) provides a list of discipline-specific competency trainings that are assigned to the new employee at the time of hire.

WORKFORCE DEVELOPMENT GOALS

This section represents CPH’s workforce development goals which are in alignment with the CPH Strategic Plan, needs assessment results and quality improvement initiatives.

I. Administration - Workforce

Goal	Measure	Time Frame	Responsible Party
Update Workforce Development Plan	Update plan and incorporate CPH Strategic Plan and training needs assessment results	November 30, 2018 Biennially	Workforce Development Manager (WDM)
Convene the Workforce Development Workgroup	Workforce Development Workgroup will meet quarterly	March 2019 June September December	WDM
Conduct a department-wide Training Planning Workshop	Conduct annually as an addition to regularly scheduled Workforce Development Workgroup meeting	September 2019	WDM
Institute online pre-registration and evaluation	Develop and implement online pre-registration and post evaluations for trainings sponsored by the OWD	January 2019	WDM
Ensure new employees complete training within one week of start date	Track the % of FT/PT staff completing six new employee module trainings within one week of start date	Quarterly	WDM
Ensure new employees complete training within three months of start date	Track the % of FT/PT staff completing identified new employee trainings within three months of start date	Quarterly	WDM

II. Community Engagement and Partnerships

Goal	Measure	Time Frame	Responsible Party
Research becoming an Academic Health Department	Work with the Council on Linkages and the Ohio State University to explore a future academic health department partnership	December 2019	Office of Planning & Quality Improvement and WDM
Obtain access to online research journals	Research feasibility with partner agencies to gain online access for staff to professional and research journals	June 2019	WDM and Nurse Planner
Strengthen community partnerships in public health	Health Equity Promotion will further develop new Neighborhood Ambassador Program	June 2019	Health Equity Promotion, Neighborhood Health Division

III. Organizational Capacity

Goal	Measure	Time Frame	Responsible Party
Plan and implement first-ever Helping You Help Others: Navigation of Internal Services Expo	Plan and hold Expo; evaluate and determine whether future Expo's would be beneficial. Proposed External Expo for fall 2019.	October 2018 October 2019	WDM and Expo Committee
Conduct at least three CPH Fundamentals training sessions	Programs will address identified needs from training planning workshops and needs assessment results	Throughout the year	WDM
Increase communication between senior leadership and employees	Pilot walk rounds where Division Director walks and meets with staff to problem solve. Evaluate effectiveness of expanding to other divisions.	June 2019	Office of Planning & Quality Improvement
Expansion of mentoring program	Research and implement preceptor mentor program with nurses and social workers	February 2019	WDM, Clinical QI Coordinator and Social Worker CE Coordinator

IV. Recruitment and Retention

Goal	Measure	Time Frame	Responsible Party
Attract effective performers and strengthen recruitment efforts	Create recruitment package to promote benefits of CPH employment. Review hiring practices to ensure staff hired meet the diversity of our clients	December 2020	Office of Human Resources
Develop and retain effective performers	Survey new full-time and part-time employees six months after start date to determine whether they agree/strongly agree that onboarding/evaluation experience was excellent	Quarterly beginning January 2019	Office of Human Resources
Develop and retain effective performers	Survey CPH staff annually to assess job satisfaction (% of staff who agree/strongly agree that CPH is a good place to work	December 2019	Office of Human Resources

V. Supervisor and Leadership Development

Goal	Measure	Time Frame	Responsible Party
Develop a course of action for department-wide succession planning	Write a plan to address succession planning. Provide training for managers and supervisors to prepare for leadership positions.	December 2020	Office of Human Resources
Conduct at least three CPH Supervisor Toolbox training sessions	Programs will address identified needs from training planning workshops and needs assessment results	Throughout the year	WDM
Expand new employee training for supervisors for both new hires and those promoted within the department	Create and post online version. Create and conduct classroom workshop.	December 2019	WDM and Office of Human Resources

VI. Technology

Goal	Measure	Time Frame	Responsible Party
Maintain Lippincott	Update Lippincott data base at least once every two weeks. Monitor and update trainings, as needed. Provide training for internal administrators.	Ongoing Training by December 2019	WDM
Obtain administrative rights to Training Gateway and identify how system can benefit training at CPH	Expand use of system to provide online training for staff. Learn system to be able to post CPH-specific trainings.	Ongoing	WDM
Research a web-based human resources employee data system	Create a committee to automate CPH manual, paper-based processes resulting in an average 10% improvement in efficiency.	March 31, 2022	Department of Technology and Office of Human Resources
Implement a new performance management platform	Train staff on how to use new performance management platform	March 2019	Office of Planning & Quality Improvement

PLAN IMPLEMENTATION

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

I. Roles and Responsibilities

Who	Roles & Responsibilities
Board of Health	Responsible for ensuring resource availability to implement the Workforce Development Plan.
Health Commissioner	Responsible to the Board of Health for workforce strategy, priority setting, establishment of goals and objectives, and establishing an environment that is conducive and supportive of learning. Identifies high potential employees as part of agency succession plan.
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. Approves the Workforce Development Plan. Identifies high potential employees as part of CPH’s succession plan. Ensures required trainings are completed in a timely manner.

Who	Roles & Responsibilities
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.
Office of Workforce Development	Plans for and implements a workforce development strategy based on CPH Strategic Plan, direction from Health Commissioner’s Office and needs assessment results. Writes and maintains Workforce Development Plan and Curriculum Training Schedule. Works with continuing education planners and training coordinators to ensure appropriate training and development opportunities for staff. Communicates trainings to staff utilizing an internal intranet page and by email. Maintains Lippincott, Training Gateway, and OhioTRAIN learning management sites and workforce development intranet page. Maintains all workforce development related plans, policies and procedures. Coordinates CPH Supervisor Toolbox and CPH Fundamentals. Facilitates the Workforce Development Workgroup and annual Training Planning Workshop. Tracks department-level training on a training log.
Multi-Disciplinary Continuing Education Planners	Collaborates with other disciplines to provide continuing education units for CPH sponsored trainings. Ensures department is aware of licensing changes that impact staff training and needed CE units.
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. Participates in annual Training Planning Workshop. Subcommittees work on special projects as needed.
Lippincott Administrator Workgroup	Assists Lippincott Administrator with maintaining department learning management system. Maintain user groups, review and update trainings, update learner questions, and post staff training.

II. Communication Plan

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

This plan is reviewed by the CPH Workforce Development Workgroup and Human Resources Office. Final approval is 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

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 are conducted.

I. Evaluation

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

- A. Through evaluation, trainings and exercises are continually improved using a building-block approach which includes:
1. Increasing complexity: by developing and improving plans, conducting training to increase skills, building a bench of qualified candidates, and exercising to increase capabilities.
 2. Lessons learned: to improve future trainings and exercises from successes documented throughout the process and to improve on previously demonstrated skills and capabilities.
 3. Needed improvements: by documenting gaps and implementing them into future trainings and exercises.
 4. 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 to fulfill grant requirements. Each Workshop is comprised of staff with subject matter expertise to provide input on needed trainings, exercises and workforce initiatives.

B. The following guidance is taken into consideration during the workshops:

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

C. CPH uses the following methods to evaluate and improve workforce development planning:

1. A *CPH Training Form* (see *Appendix J*) 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 internal trainings developed and posted on Lippincott.

2. Prior to every training SMART and measurable objectives are written which address the needed competencies. The performance is evaluated against identified competencies, core capabilities and objectives.
3. To obtain participant feedback all trainings utilize a written evaluation form (*see Appendix K – CPH Evaluation Form template*) or an online survey utilizing Survey Monkey. The evaluation results are reviewed and a training summary report written. The results are used to improve future trainings.
4. 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.
5. 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’.
6. Designated evaluators use an HSEEP Exercise Evaluation Guide (EEG) to evaluate identified objectives and tasks during an exercise. The EEG’s are localized when needed to fit the exercise criteria.
7. An After Action Report (AAR) is completed within thirty days of the exercise or real-time event.
8. An Improvement Plan (IP) is completed within ninety days of the exercise or real-time event to include a corrective action plan.
9. 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.
10. An Exercise/Event Corrective Action 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 quarterly and sent to all applicable internal/external stakeholders. Those responsible for resolving identified corrective actions are expected to follow through and address identified gaps in a timely manner.
11. Lessons learned, best practices and other training data are reported to the Workforce Development Workgroup during quarterly meetings.

II. Tracking

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

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

- A. Lippincott Nursing Procedures and Skills⁷ – 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 on this site, such as annual competency requirements and discipline-specific trainings. Supervisors also have the ability to check the progress of their staff.
- B. OhioTRAIN¹⁸ (Ohio Training Finder Real-time Affiliate Network) - 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.
- C. Citywide Training Gateway⁸ – also referred to as ‘Cornerstone’, this online web-based site is the primary learning management system for all City of Columbus employees. All online city-specific trainings, such as Ethics and the Drug-Free Safety Program are posted on this site by a Training Gateway administrator. CPH has been provided some administrative rights to post city-specific trainings for new CPH employees and to track the completion of staff trainings.

Employees are responsible for completing identified trainings within established time limits. Employees are also responsible for tracking their own training and are required to use Lippincott, the Training Gateway, or other acceptable electronic or paper-based methods to verify completion.

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

The tracking of training is also done by individual programs, such as the Office of Emergency Preparedness, Environmental Health, Health Equity, the Nursing CE Coordinator and the Social Worker CE Coordinator.

III. **Accountability**

The OWD is the primary record keeper and tracker for all agency-specific training. 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.

CITATIONS

- ¹Public Health Accreditation Board Accreditation Domain 8 – Workforce Development, Version 1.5, Adopted December 2013
- ²CPH 2018 – 2022 Strategic Plan, July 2018
- ³CPH Performance Management and Quality Improvement Plan, December 2018
- ⁴United States Census Bureau, 2017
- ⁵Columbus and Franklin County Community Health Assessment, September 2017
- ⁶Table of Organization for CPH, February 2018
- ⁷Lippincott Nursing Procedures and Skills – <http://procedures.lww.com>
- ⁸Citywide Training Gateway - <https://cityofcolumbus.csod.com/>
- ⁹CPH Intranet site - <http://intranet/Health2/Admin%20Pages/Policies,%20Procedures%20and%20Forms.aspx>
- ¹⁰CPH Administrative Policies and Procedures Manual, Section 1: Human Resources, November 2018
- ¹¹CPH Administrative Manual Human Resources Section, Appendix A.1 Hiring and Onboarding Procedure, November 2018
- ¹²CPH National Incident Management System Training Policy and Procedure, May 2018
- ¹³CPH Multi-Year Training and Exercise Plan, August 2018
- ¹⁴Council on Linkages Core Competencies for Public Health Professionals, http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx
- ¹⁵City of Columbus MCP/HACP Performance Excellence Program
- ¹⁶National Public Health Leadership Development Network, Public Health and Crisis Leadership Competency Framework
- ¹⁷CPH New Employee Orientation Checklist, April 2018
- ¹⁸OhioTRAIN – <http://oh.train.org>

CONTRIBUTORS

The following staff contributed to the authorship of this document:

- Beth Ransopher, Management Analyst II/Workforce Development Manager; Primary Author
- Kevin Williams, Human Resources Officer
- Tracy Poling, Human Resources Analyst
- Michelle Groux, Epidemiology Supervisor
- Anita Clark, Fiscal Manager

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 every two years.

For questions about this plan, please contact:

Beth Ransopher, RS, MEP
Management Analyst II/Workforce Development Manager
Columbus Public Health
Human Resources Office/Office of Workforce Development
240 Parsons Avenue // Columbus, OH 43215
614-645-0308 // eransopher@columbus.gov

APPENDICES & ATTACHMENTS

Appendix A: CPH Curriculum and Training Schedule
Appendix B: CPH Required Annual Training Plan for Full-time and Part-time Staff
Appendix C: CPH New Employee Training Plan for Full-time and Part-time Staff
Appendix D: CPH New Employee Training Plan for Seasonal Staff
Appendix E: CPH New Employee Training Plan for Temporary Staff
Appendix F: CPH Supervisor Toolbox and CPH Fundamentals Training Series Schedule
Appendix G: CPH Public Health Workforce Interests and Needs Survey Results
Appendix H: CPH Annual Training Planning Workshop Results
Appendix I: Citywide Training Needs Assessment Results
Appendix J: CPH Training Form
Appendix K: CPH Evaluation Form Template
Appendix L: Sign-in Sheet Template

Attachment 1: Population Served Chart

REFERENCE FORMS

N/A

Attachment 1: Population Served Chart

Though the racial make-up of Columbus city remains predominately Caucasian (61%), 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 2016. The Hispanic/Latino population has more than doubled since 2000 to almost 7%. Worthington city has also seen a slight increase in both its African American and Hispanic/Latino populations.

The median household income in Columbus is \$47,156 with 21% living below the poverty level. In addition, almost 12% of Columbus City residents are uninsured.

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

	2012 - 2016 Columbus City ¹		2012 - 2016 Worthington City ¹	
	Number	Percent	Number	Percent
SEX AND AGE				
Total population	837,038		14,155	
Median age (years)	32		43	
Male population	407,456	48.7%	6,732	47.6%
Female population	429,492	51.3%	7,423	52.4%
RACE				
One Race (any ethnicity)				
Caucasian or White	511,628	61.1%	13,224	93.4%
Black or African American	234,021	28.0%	175	1.2%
American Indian and Alaska Native	1,485	0.2%	9	0.1%
Asian	41,204	4.9%	203	1.4%
Native Hawaiian and Other Pacific Islander	386	0.0%	0	0.0%
Some other race	14,153	1.7%	219	1.5%
Two or More Races	34,161	4.1%	325	2.3%
HISPANIC OR LATINO ETHNICITY				
Hispanic or Latino (of any race)	48,331	6.9%	321	2.8%
EMPLOYMENT STATUS				
Population 16 years and over in labor force				
Unemployed		6.9%		2.8%

	2012 - 2016 Columbus City ¹		2012 - 2016 Worthington City ¹	
	Number	Percent	Number	Percent
INDUSTRY				
Civilian employed population 16 years and over				
Educational services, and health care and social assistance	105,037	12.5%	2,356	16.6%
Income and Benefits (In 2016 inflation-adjusted dollars)				
Total households	340,268		5,790	
Median household income (dollars)	\$47,156		\$91,075	
HEALTH INSURANCE COVERAGE				
Civilian non-institutionalized population	830,968		13,933	
With health insurance coverage				
With private health insurance	529,037	63.7%	12,389	88.9%
With public coverage	186,068	22.4%	1,065	7.6%
No health insurance coverage	99,253	11.9%	408	2.9%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All people	172,592	21.2%	523	3.8%
Under 18 years	58,722	31.4%	158	4.4%
18 years and over				
18 to 64 years	105,600	19.2%	283	3.7%
65 years and over	8,270	10.8%	82	3.0%

¹ Source: U.S. Census Bureau, 2012-2016 American Community Survey.