Workforce Development Plan
Oklahoma City-County Health Department

Purpose & Introduction

Introduction   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 Oklahoma City-County Health Department (OCCHD). It also serves to meet the documentation requirement for Accreditation Standard 8.2.2B: *Implement an agency workforce development plan that addresses the training needs of the staff and development of core competencies.*

In this plan   This workforce development plan contains the following topics:

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Agency Profile

Mission, Vision, Core Values, and Strategic initiatives	**Mission:** Working to Protect Health, Promote Wellness and Prevent Disease **Vision:** Working with the Community for a Healthy Future **Core Values:** Caring----Service----Excellence----Integrity **Strategic Initiatives:** The OCCHD Strategic Plan is available at http://www.occhd.org • Improving Quality of Life and Reducing Health Disparities • Organizational Culture and Structure • Accreditation Regionalization and Capital Improvements
Location & population served	Oklahoma County is home to 718,633 persons with a land area of approximately 708 square miles and is comprised of 19 municipalities. Oklahoma City the largest municipality spans 606 square miles and as a population of 579,999 people representing 12 different spoken languages. Other governmental agencies with specifically defined public health duties include the Oklahoma State Department of Health and the Oklahoma Department of Environmental Quality
Governance	The OCCHD is a statutorily defined entity in Oklahoma by Title 63 of the Oklahoma Statutes. This statute prescribes the duties of the Board of Health, the agency Director, and establishes minimal functions. The OCCHD is defined by statute as an independent agency within local government. The relationship of OCCHD with the Oklahoma State Department of Health is also defined by this statute. The local Board of Health has fiscal oversight and advisory responsibilities, but does not have regulatory authority, which is reserved for the State Board of Health.
Organization & culture	The OCCHD Leadership Team, composed of the agency director, 2 deputy directors, legal counsel, medical director, and section chiefs, actively promotes a culture of learning and quality/performance improvement through training, formal education, and attendance at local, state, and national conferences and workshops.
Workforce policies	Policies guiding workforce training and development are located on the employee intranet.

Workforce Profile

Introduction   This section provides a description of OCCHD's current and anticipated future workforce needs.

Current workforce demographics   The table below summarizes the demographics of the agency's current workforce as of January 2012

Category	# (% total Employees)
Total # of Employees	287
# of FTE	272
Gender	
Female:	213 (74%)
Male:	74 (26%)
Race	
Hispanic:	26 (9%)
Non-Hispanic:	0
American Indian / Alaska Native:	15 (5%)
Asian:	12 (4%)
African American:	58 (20%)
Hawaiian:	0
Caucasian:	176 (61%)
Other:	0
Primary Professional Disciplines/Credentials	
Leadership/Administration:	34 (12%)
Registered Nurse:	46 (16%)
Registered Sanitarian/EH Specialist:	20 (7%)
Epidemiologist:	4 (1%)
Health Educator:	7 (4%)
Licensed Practical Nurse:	21 (7%)
Nurse Practitioner:	3 (1%)
Retention Rate per Year	9.4% turnover
Retention Rate per 5 or 10 Years not available due to computer change	NA
Employees < 5 Years from Retirement	91(32%)

Workforce Profile, *continued*

Future workforce

Anticipated OCCHD future workforce needs:

- OKC is becoming more culturally and ethnically diverse. This requires a public health workforce that can deliver culturally competent services targeted to the specific needs of population subgroups.
- One in three OCCHD employees is eligible for retirement or is eligible to retire in less than 5 years. This requires management and leadership skills be developed over multiple levels of staff to ensure capacity to effectively lead the agency as staff retire. This also requires active engagement of OCCHD Leadership in succession planning.
- Greater knowledge of public health practice. Most employees have not had any formal public health training.
- Communication skills for internal and external customers

Competencies & Education Requirements

Core competencies for agency

The agency has defined the *Council on Linkages Core Competencies for Public Health Professionals* as the standard for practice. It is necessary to incorporate the eight domains into practice standards and performance expectations of public health professionals in order to meet performance improvement standards defined by the Public Health Accreditation Board.

The Council on Linkages Core Competencies document is available at http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

Other competencies (if needed)

Programs and professional disciplines within the agency utilize competency sets specific to that area. The following are routinely used in the development of position descriptions and program plans by these areas.

- Public Health Leadership
- Public Health Nursing, and other nursing specialty areas such as Advanced Practice Nursing
- Environmental Health and Sanitarian Certification Standards
- Applied Epidemiology Competencies
- Preparedness and Emergency Response
- Health Education and Health Promotion
- Behavioral Health and Social Work
- Speech Language Pathology
- Child Development

CE required by discipline	Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensures held by OCCHD staff, and their CE requirements, are shown in the table below.

Discipline	Oklahoma CE Requirements
Nursing	None--Projected by 2014
Registered Sanitarian	12 CEUs per year
Health Educator (CHES/MCHES)	75 CHEC every 5 years
Certified Public Health Practitioner	50 hours every 2 years
Physician	60 hrs every 3 years
Social Worker (LSW, LISW, MSW, etc.)	16 hrs every year, 3 in ethics
Dietitian (RD, LD)	75 hrs every 5 years
Speech-Language Pathologist	30 hours every 3 years (ASHA) 20 hours every 2 years (OK State Licensure)
Child Development Specialist	20 hours per year
Psychological Clinician (LMFT, LPS)	20 hours per year
Certified Public Accountant	40 hours CPE per year

Training Needs

Introduction	Training needs are determined by the OCCHD training needs assessment and recommendations from the Management and Leadership Teams.

Competency – based training needs assessment results	OCCHD conducted a competency-based training needs assessment of all employees March 2011 and had 100% participation. The University of Oklahoma College of Public Health analyzed the results and presented OCCHD with a report May 2011 (see appendix). The Executive Summary is shown below.

OCCHD Employee Training Needs Assessment
Executive Summary

In a joint effort to assess the training and continuing education needs of the OCCHD public health workforce, the Oklahoma City County Health Department (OCCHD) and the Oklahoma Public Health Training Center (OPHTC) administered a survey in February and March of 2011 to all 278 employees of the Oklahoma City County Health Department (OCCHD). This report summarizes employee characteristics, reasons for pursing continuing education, learning setting preferences, importance of various factors when choosing a training, perception of

public health skill sets required on the job, and reported comfort level with skills identified within the Core Competencies for Public Health Professionals developed by the Council on Linkages Between Academia and Public Health Practice.

OCCHD employees have worked a median of eight years in public health, six years at OCCHD, zero years in other public health settings, and two years in other health care settings. The majority of employees are female (78%) and 97% of employees work full-time. Ninety-three percent had at least some college or a college degree and 71% of employees reported they are unsure when they plan to retire.

When ranked from least (1) to most preferred (5), employees most strongly preferred on-site training with an instructor that lasted either less than one day (31.6%) or more than one day (18.6%). Employees were neutral regarding regional/statewide training, computer-based or online training (self-study or interactive), web-based training or satellite downlink, self-directed learning with material provided, and university course work with or without credit.
For most learning settings, preference for particular learning settings did not differ by job setting (i.e., clinical, community or support settings). However, significantly more of those working in a clinical job setting most preferred on-site training that lasted more than one day (32.2%) compared to those in community settings (6.4%) or support settings (14.7%).
Preferred learning settings differed somewhat across the five job functions (Nursing, Management, Inspection, Health Promotion, and Administrative Support).

- ✓ Nursing staff clearly prefer on-site training that lasts either less than one day or more than one day.
- ✓ Health Promotion staff have a strong preference for one day on-site training, however nearly 50% also prefers Web-based training and interactive computer/online training.
- ✓ Administrative Support Staff have preferences for on-site training that lasts either less than one day or more than one day.
- ✓ Very few prefer Web-based training although almost 40% have a preference for interactive computer/online training.
- ✓ Among Inspection staff the highest preference was for on-site training of less than one day. However over 40% prefer computer/online training whether it is self-study or interactive.
- ✓ Management staff have the least clearly defined preferences in training with the largest groups preferring computer/online training, self-study or interactive, with just over 40% with a strong preference for on-site training of less than one day with an instructor and self-directed learning and over 35% with a strong preference for Web-based training/Satellite link.
- ✓ Additionally all groups have a somewhat limited preference (between 35 and 40%) for University Course work.

When the importance of selected public health training/education characteristics was ranked from low (1) to high (5), opportunity to interact with the instructor and other participants,

being part of a group taking the course at the same time, starting the course at any time, and completing the course at their own pace were all of moderate to high importance. Significant differences by job setting were not observed, but some differences by job function were noted.

- ✓ Inspection staff less frequently reported that the opportunity to interact with the instructor was highly important compared to other job functions.
- ✓ Inspection staff and management staff were significantly less likely to indicate that being a part of a group was of high importance.
- ✓ Management staff was also much more likely to report that being a part of a group was of low importance particularly compared to nursing, administrative support staff and health promotion staff.
- ✓ Nursing staff and inspection staff both indicated that the opportunity to start at any time was of low importance compared to other job function groups.
- ✓ The importance of the opportunity to interact with other participants and the opportunity to complete training at their own pace did not differ by job setting.

Employees were also asked how important the reasons were for pursuing continuing education.

- ✓ Developing a better understanding of an area of importance to their current job, broadening their skill base, and increasing salary potential were reported as highly important (ranging from 51-60%). Approximately half (49%) of employees assigned a high importance to staying current in their field and 38% gave high importance to gaining a licensure requirement when continuing education.
- ✓ When asked about enhancing their competitiveness in the job market, one-third felt this was of high importance
- ✓ Low importance was most frequently attributed to seeking a major career change (29%) and getting out of the office (42%) as reasons for pursing continuing education.

Core Competencies for Public Health Professionals from the Council on Linkages Between Academia and Public Health Practice [1] are skills considered vital for the broad practice of public health and necessary for public health organizational staff to protect and promote health in the community. Comfort levels with eight skills based on the Core Competencies for Public Health Professionals were ranked from 1 (not at all comfortable) to 5 (very comfortable), with an option to report "not applicable" to one's job where appropriate.

- ✓ Cultural Competency was the skill for which the highest mean level of comfort was reported.
- ✓ The skills receiving the next highest mean scores were Communication Skills, Leadership/Systems Thinking, Analytic/Assessment and Financial Planning and Management, respectively.
- ✓ Community Dimensions and Policy Development averaged just below three and were significantly lower than Cultural Competency and Communication Skills.

✓ Finally, Public Health Sciences Skills received the lowest mean score for level of comfort and this score was significantly lower than all other areas.

When assessing the importance of seven public health skill sets or "focus areas" (Computer Skills for Web-based Education, Public Health Practice, Social and Behavioral Sciences, Health Administration and Policy, Epidemiology, Environmental Health and Biostatistics) by job setting:

✓ Computer Skills were important among those in all settings.
✓ There were no significance differences among job settings in the focus area of Health Administration and Policy, although in all settings few ranked this focus area as very important (12.5 – 22.5%).
✓ Among focus areas other than Computer Skills there was a consistent pattern of those in support settings reporting each focus area as Not Important.
✓ Over one-third (36.7%) of those working in Community Settings felt Environmental Health was very important as compared to 16.1% in Clinical and Support Settings.

Finally, when reviewing Public Health Focus Areas by Job Function we saw clear and significant patterns. In general, management staff reported each focus area as being more important. Administrative Support Staff reported the lowest mean level of importance for all Public Health Focus Areas and, other than computer skills, was the group most likely to report the Public Health Focus Areas as Not Important.

✓ Virtually all staff agreed that **Computer Skills** for Web-based Education were important.
✓ In the focus area of **Public Health Practice**, 21% of Administrative Support staff reported Not Important compared to 0% among Management staff and less than 5% in all other job functions.
   ▪ 61% of Management Staff reported **Public Health Practice** as Very Important.
   ▪ Nursing staff did not report **Public Health Practice** as very important but did report it in the top two groups, thus suggesting that **Public Health Practice** is important to this group.
✓ Administrative support staff felt that skills in **Social and Behavioral Sciences** were Not Important while Management staff and Health promotion staff reported these skills as very important.
   ▪ 37% of Nursing staff reported these skills were Very Important.
   ▪ Over 25% of Inspection staff reported that **Social and Behavioral Sciences** were slightly unimportant.
✓ In **Health Administration and Policy,** again Administrative Support Staff reported it as Not Important whereas 50% of Management staff felt the focus area was very important.
   ▪ About 25% of Health Promotion staff and only 7% of Inspection staff felt it was important.
✓ For **Epidemiology** and **Biostatistics**, the majority of Administrative Support Staff reported these skills as Not Applicable.

- Approximately one-third of Management staff reported that Epidemiology (34.6%) and Biostatistics (26.9%) were Very Important.
- Fewer than 10% of Health Promotion Staff and Administrative Support Staff felt Biostatistics or Epidemiology was Very Important.

Because of these findings, the following conclusions and recommendations are offered to address the training and continuing education needs of the OCCHD staff and to improve employee comfort level with the Core Competencies for Public Health Professionals.

✓ OCCHD staff report a low comfort level with skills sets in the area of public health sciences. Specifically, epidemiology, biostatistics and environmental sciences were viewed as having limited importance to one's job (average score below three on a scale of one to five). Training that addresses how the public health focus areas (Public Health Practice, Social and Behavioral Sciences, Health Administration and Policy, Environmental Sciences, Epidemiology and Biostatistics) and associated competencies are related to various job functions would promote workforce development and enhance understanding and application of the core functions of public health.

✓ Training preferences and competency skills differ by job function, but differences by job setting are less apparent. Offering different training options tailored to job function category, rather than job setting, may better address workforce needs.

✓ Within the five core Job Functions (Administrative Support, Health Promotion, Inspection, Management, Nursing) there are individuals with varying degrees of education and comfort with each of the public health competencies– some of whom may be ideal mentors in public health education and training. OCCHD staff are broadly receptive to on-site training opportunities that offer direct interaction with instructors and others. However, staff also demonstrated interest in other training modalities that can be tailored to individual needs for self-pacing and convenient timing. Thus, offering a variety of training opportunities across different modalities may best address individual needs and preferences.

✓ Management and Inspection staff positions are distributed roughly equally across males and females. Staff in the areas of Nursing, Administrative Support and Health Promotion are disproportionately female. While this pattern may be relatively consistent with tendencies observed in the general workforce, it would be beneficial to consider the potential impact of gender diversification of Health Promotion staff on public health outreach efforts within the community.

✓ Management reflects a very different perception of importance of skills in the public health focus areas. Additionally, they report being very comfortable with the public health competencies. This suggests that individuals in Management could serve formally or informally as effective mentors and teachers to other staff members. Staff in all areas would appear to benefit from this shared public health perspective, given the frequency with which the Core Public Health Competencies were reported as "not applicable".

Other training needs assessment results

OCCHD has conducted an employee satisfaction survey and a cultural competency survey in the past year. These surveys are currently being reviewed and recommendations will be made to the Workforce Development Quality Improvement Committee if training needs are identified. See the Performance Improvement Plan for more information on these surveys.

Discipline-specific training needs

The Employee Training Needs Assessment stratified findings by discipline. See the executive summary above and the entire Training Needs Assessment report.

Customer satisfaction data

All training related to performance improvement will be evaluated using a standardized tool. This will assure that learner needs are met and the expected outcomes are achieved. This requirement is in accordance with the agency Workforce Development and Training Plans and will meet Accreditation Standard 8.2.

Goals, Objectives, & Implementation Plan

Introduction   This section provides information regarding training goals and objectives of the agency, as well as resources, roles, and responsibilities related to the implementation of the plan.

Roles & responsibilities   The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities.

Who	Roles & Responsibilities
Board of Health	Ultimately responsible for establishing the agency commitment to workforce development and ensuring resource availability to implement the workforce development plan.
Director	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.
Deputy Directors	Responsible for the allocation of resources for workforce development programs and activities. Supporting the translation of the agency vision and workforce development direction to agency leadership. May assist in defining specific program evaluation activities or the implementation of workforce development projects.
Chief Medical Officer or designee	Responsible to provide technical assistance in relation to standards and measures relevant to the provision of clinical services and emergency response programs. May request the review of specific programs and assist in the definition of evaluation criteria for programs and services.
Section Chiefs	Responsible to the appropriate Deputy Director for all employees within their section. Supports, coaches, and mentors supervisors and/or employees to assure that appropriate resources and support structures are available within the section for workforce development. Serves on or appoints a designee to the Training and Workforce Development Quality Improvement Committee, providing oversight to agency training and workforce development activities to achieve workforce development goals.
Performance & Evaluation Officer	A dedicated resource for agency performance improvement. The primary role is to provide support and technical assistance to agency leadership and management for performance improvement and serves as the designated accreditation coordinator. Responsible to facilitate the development of the workforce development plan and to assure training of staff for performance improvement and program planning and evaluation. Serves as a member of the Training and Workforce Development QI Committee and subgroups.

Who	Roles & Responsibilities
Program Administrators	Responsible to their Chief and division employees to ensure that individual and agency-based workforce development initiatives are defined and implemented. Works with designated program area to develop program and service outcomes and supports the implementation of the plan. Identifies specific workforce development activities as defined by this plan and specific to the program area. Responsible to report results of activities to the appropriate Chief and the PEO.
Human Resources	Provide guidance to the Director regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Program Administrators and Supervisors to find appropriate training/development opportunities for staff. Provide guidance to the Program Administrators and Supervisors with coaching, mentoring, and succession planning. Responsible for training supervisors on workforce development.
Supervisors	Responsible to their Chief, Program Administrator, and employees to ensure that individual and agency-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). Identifies high potential employees as part of agency succession plan.
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 agency-based needs. Identify opportunities to apply new learning on the job.

OCCHD Training and Workforce Development Goals & Objectives
2012 - 2013

Goal	Objectives	Resources	Responsible Party
Revise the orientation and onboarding processes for new employees to public health and OCCHD.	• Develop and implement Employee Welcome packet • Develop and implement On-Boarding checklist • Revise and implement New Employee Orientation	Examples from other local health departments and the Oklahoma State Department of Health, employee surveys	Training and Workforce Development QI Committee
Increase public health competencies through the Public Health Training Center grant	• Enable OCCHD employees to obtain a certificate or an advanced degree in public health at the University of Oklahoma Health Sciences Center College of Public Health	PHTC grant to reimburse employees for coursework	Program Development Chief, OUHSC faculty
Increase employee general competency by providing funding for education	• Reimburse employees for classes taken at accredited educational institutions up to $1200 for employees employed at OCCHD 2-4 years and $2000 for employees employed at OCCHD 5 or more years.	Employee Education Benefits	Employee Education Assistance Committee
Revise the mandatory training process to provide more flexibility to meet staff needs	• Offer mandatory trainings at all-staff meetings to increase efficiency in the training process • Place additional trainings on the OCCHD intranet	OK Train, community professionals, agency staff, Oklahoma State Department of Health, national organizations	Training Manager
Provide targeted competency training to increase employee knowledge and skills, including management and leadership skills	• Train additional OCCHD staff in grant writing techniques • Develop or locate trainings to address skills and knowledge gaps identified on employee training needs assessment • Continue management and leadership skill trainings developed through the PERLC/ PHTC grant with OUHSC	community professionals, agency staff, Oklahoma State Department of Health, national organizations, OUHSC faculty	Training and Workforce Development Quality Improvement Committee, Training Manager
Provide on-line training and additional educational opportunities for OCCHD staff	• Place trainings and links to trainings on the OCCHD intranet • Utilize local skills and knowledge by inviting local public health professionals to provide education to OCCHD staff	community professionals, agency staff, Oklahoma State Department of Health, national organizations	Training Manager

Goals, Objectives, & Implementation Plan, *continued*

Communication plan

The Workforce Development Plan will be shared with OCCHD employees through distribution of copies of the Workforce Development Plan to all Program Administrators at the monthly OCCHD Program Administrators (PA) Meeting. The Chief of Program Development and members of the Training and Workforce Development QI Committee, at the request of the PA, will be available to meet with a specific program staff to provide an overview of the Workforce Development Plan and expectations for program involvement. Specific training will be coordinated with the Workforce Development and Training Work Group and communicated through routine agency channels. The Workforce Development Plan will be placed on the agency intranet and in group share folders. The PEO will serve as a resource to all programs and services for information on the Workforce Development Plan and related activities.

Evaluation and Tracking

Introduction Evaluation of training will provide OCCHD with useful feedback regarding its efforts, including content, delivery, and effectiveness. Accurate evaluation and tracking 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 and Tracking The Training and Workforce Development QI Committee will evaluate each of its interventions using a variety of methods. As each process, procedure, or training is implemented, a committee member will be responsible for its implementation and reporting on progress to the Committee. Before implementation, the Committee members will establish a tracking and evaluation measure, measurement intervals, reporting mechanism, and a responsible staff member. Reports will be made at the monthly meeting of the Training and Workforce Development QI Committee.
Measures will include process measures to make sure new processes are being implemented as planned, employee satisfaction with the new process or training, and a quality outcome measure.

Evaluation logic model The logic model presented on the following page provides an overview of the overall evaluation plan.

Conclusion / Other Considerations

Other agency documents and plans

The Workforce Development Plan fulfills requirements defined in the OCCHD Strategic Plan by providing structure to meet 2 of the 4 strategic focus areas. Additionally, the Training and Workforce Development QI Committee has direct links to the Performance Improvement Committee, thus assuring collaboration in the development of plans and implementation.

Review of plan

The Workforce Development Plan is a living document and activities of the Training and Workforce Development QI Committee and affiliated Work Groups will be monitored routinely by the Performance and Evaluation Officer. Routine quarterly reports from all groups will be reviewed and shared as defined by the PI Process and Guidelines document. The Workforce Development Plan will be evaluated and updated before the end of June 2013 in order to place this process on the agency fiscal year calendar. The plan will be updated annually in subsequent years. The Performance and Evaluation Officer will have primary responsibility for facilitating this process.

Authorship

This plan was developed by the Training and Workforce Development Quality Improvement Committee, and approved by the OCCHD Leadership Team on January 30, 2012.