**Connecticut Department of Public Health**

**Workforce Development Plan**

**2015 - 2020**

***Together We Grow***

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Template adapted from the Ohio Public Health Training Center, College of Public Health, Ohio State University.

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Schedule of Revisions

Version 1.0 Date: October 1, 2015

Version 1.1 Date:

Version 1.2 Date:

Version 1.3 Date:

Version 1.4 Date:

Version 1.5 Date:

Approved:

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Jewel Mullen, MD, MPH, MPA Date

Commissioner

**Purpose & Introduction**

Introduction

Describe what this document is and the intent as it relates to the health department. Provide a summary of what is included within the content, such as competency based trainings and onboarding processes, and how the health agency will improve the training and competencies of its staff and workforce.

Contents

This Workforce Development Plan contains the following topic areas:

|  |  |
| --- | --- |
| **Topic** | **See Page** |
| Revision Schedule |  |
| Agency Profile |  |
| Workforce Profile |  |
| Competencies & Education Requirements |  |
| Training Needs |  |
| Goals, Objectives, & Implementation Plan |  |
| Curricula & Training Schedule |  |
| Tracking and Evaluation |  |
| Sources |  |
| Resource Links |  |
| Glossary of Terms |  |

Plan Development and Contact Information

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Indicate the primary person(s) and/or department responsible for training and workforce development initiatives, including the maintenance of this plan, within your agency.

For questions about this plan, please contact:

Name, Credentials

Title

Phone

Email

**Agency Profile**

Vision, Mission & Values

Vision/Mission/Values: Briefly describe the guiding principles for the agency including mission and vision. If your agency has a strategic plan, it may be referenced here or included in the appendix.

Briefly describe the geographic area where the agency is located and the population it serves, including:

* City/County/Jurisdiction
* Population/Demographics (Resource: <http://www.census.gov/>)
* Other public health agencies that serve the population (for example shared services)

History, Governance & Structure

Briefly describe the governance of the agency which may include:

* Board of Health
* District Advisory Council
* Health Commissioner

Organizational Structure

Lead sentence(s), followed by bulleted list of points that describe the leadership structure. Consider including an organizational chart in the appendix.

Funding

Briefly describe how the agency is funded (ex. grants, levy, fees, contracts, etc.). Also include annual training budget, if applicable. Consider including line item training budget in appendix if useful/applicable

DPH Vision for Quality

Describe the agency’s vision as it pertains directly to quality

Learning Culture

Describe your agency’s learning environment/culture or philosophy. Note how this workforce development plan contributes to the overall desired culture of learning and quality/performance improvement

Workforce Policies

Briefly state where policies guiding workforce training and development documents are located within the agency.

**Workforce Profile**

Introduction

This section provides a description of the Name of Agency’s current and anticipated future workforce needs.

Current Workforce Demographics

The table below summarizes the demographics of the agency’s current workforce as of Date: (Note: Subcategorize as needed.)

|  |  |
| --- | --- |
| **Category** | **# or %** |
| Total # of Employees: | # |
| # of FTE: | # |
| % Paid by Grants/Contracts: | % |
| Gender: Female:  Male: | #  # |
| Race: Hispanic:  Non-Hispanic:  American Indian / Alaska Native:  Asian:  African American:  Hawaiian:  Caucasian:  More than One Race:  Other: | #  #  #  #  #  #  #  #  # |
| Age: < 20:  20 – 29:  30 – 30:  40 – 49:  50 – 59:  >60: | #  #  #  #  #  # |
| Primary Professional Disciplines/Credentials:  Leadership/Administration:  Nurse:  Registered Sanitarian/EH Specialist:  Epidemiologist:  Health Educator:  Dietician:  Social Workers:  Medical Directors:  Other:  Other: | #  #  #  #  #  #  #  #  #  # |
| Retention Rate per 5 or 10 Years; by discipline if applicable | # |
| Employees < 5 Years from Retirement:  Management:  Non-Management: | #  # |
| Other | # |
| Other | # |

Future Workforce

Briefly describe the anticipated future workforce needs of the agency. Consider anticipated population and professional needs, including: population growth and demographic forecasts, higher education standards (in general or by discipline), certification or credential requirements, leadership succession, and emerging issues that would require advancement of knowledge, skills, and/or abilities.

**Competencies & Education Requirements**

Core Competencies

Describe the core competency set used by the agency to guide professional development.

**Accreditation Note:** This is a requirement of Standard 8.2.1. If a competency set has not been identified, consider using the *Council on Linkages Core Competencies for Public Health Professionals,* as these are considered to be thenational standard guiding the development of the current and future workforce. <http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx>

Professional Competencies

1. Informatics Competencies for Public Health Professionals 2002 (Northwest Center for Public Health Practice)
2. Public Health Nursing Competencies 2011 (Nursing Quad Council)
3. Nursing Leadership Competencies 2003 (National League for Nursing)
4. Competencies for Public Health Educators 2010 (Society for Public Health Education)
5. Competencies for Applied Epidemiologists in Governmental Public Health Agencies 2008 (CDC/CSTE)
6. Genomic Workforce Competencies 2001 (CDC)

Continuing Education (CE) required by discipline

Multiple public health-related disciplines require continuing education for ongoing licensing/practice. Licensures held by staff, and their associated CE requirements, are shown in the table below. (See Template User Guide & Resource Manual for links to CE providers listed here. Note that some of these requirements are Ohio-specific.)

|  |  |
| --- | --- |
| **Discipline** | **Ohio CE Requirements (as of Date)** |
| Nursing | 24 contact hours every 2 years |
| Registered Sanitarian | 18 CEUs per year |
| Health Educator (CHES/MCHES) | 75 CECH every 5 years |
| Certified Public Health Practitioner | 50 hours every 2 years |
| Physician | 100 hours every 2 years |
| Social Worker (LSW, LISW, MSW, etc.) | 30 hours every 2 years, 3 in ethics |
| Dietitian (RD, LD) | 75 CPEUs every 5 years by the Commission on Dietetic Registration (CDR), 50 CPEUs every 2 years by the Ohio Board of Dietetics (OBD). |
| Other |  |

**Training Needs**

Competency-based Training Needs Assessment Results

Provide a high-level overview of any competency-based training needs assessment results. Include tables if need be. Consider referencing the full report here and including a copy in the appendix. Other needs assessment results may be highlighted here as well such as:

* organizational culture survey
* agency climate survey
* talent assessments
* health equity survey

Additional Assessments

i.e. employee satisfaction surveys

Mandatory Training

The table below lists training required by the agency and/or by state or federal mandate:

Examples provided below for guidance. Delete and insert your agency’s mandatory training requirements here. Note that these mandatory training needs should also be reflected in the Curricula & Training Schedule section of this plan.

|  |  |  |
| --- | --- | --- |
| **Training** | **Who** | **Frequency** |
| Ex. HIPPA | All staff | Annually |
| Ex. Bloodborne Pathogens | Nursing Staff | Annually |
|  |  |  |
|  |  |  |
|  |  |  |

Other Information

List other relevant information gathered from the surveys, direct observation, customer service feedback, or agency strategic direction

**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. Goals should address both individual and agency-based training needs identified in the previous section. If other factors were considered, state them here. Sample goals and objectives are included in *italics* in the table provided on the following page.

Roles & Responsibilities

The table below lists individuals responsible for the implementation of this plan as well as the associated roles and responsibilities. This table is designed for use by a local health department and should be modified based on agency structure/need.

|  |  |
| --- | --- |
| Who | **Roles & Responsibilities** |
| Board of Health | Ultimately 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. |
| Human Resources | Provide guidance to the Health Commissioner regarding workforce development and assist in creating a culture that is conducive and supportive of learning. Works with Directors to find appropriate training/development opportunities for staff. Provide guidance to the Directors with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues. |
| Division/Department Directors (eg. Director of Nursing) | 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 agency succession plan. |
| Supervisors | Responsible to their Director 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 (ie. 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. |

**Workforce Development Plan Goals and Objectives**

**20xx-20xx**

Examples included below for guidance. Delete examples and add your agency’s goals and objectives here

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Goal** | **Objectives** | **Target Audience** | **Resources** | **Responsible Party** |
| *Ex. Establish a culture of quality within the agency* | * *By 2012 all senior managers will participate in quality improvement training* * *By 2013 all senior managers will lead an internal quality improvement team* | *Division/Department Directors; Supervisors* | *OSU-CPHP CQI*  *NACCHO* | *Health Commissioner* |
| *Ex. Establish individualized professional development plans for all employees* | * *Annually, as part of performance review process, all employees will create an individualized professional development plan.* | *All staff* | *Performance evaluations* | *Employee and Supervisor* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Goals, Objectives, & Implementation Plan, *continued***

Ongoing communication of the Workforce Development Plan is necessary to keep staff at all levels informed of training needs, training resources and training outcomes. Communication enhances buy-in and supports the agency’s learning culture.

**Communication Plan**

Describe how this plan will be shared with agency personnel, including how updates will be communicated

**Curricula & Training Schedule**

**20xx-20xx**

Introduction

#### This section describes the curricula and training schedule for Name of Agency.

**Accreditation Note:** This section is required if using this plan to meet the documentation requirements associated with Accreditation Standard 8.2.1. Additional training requirements for agency accreditation include:

* Leadership and management development activities (Standard 8.2.2)
* Staff training on patient confidentiality policies (Standard 11.1.2)
* One training on social, cultural, and /or linguistic factors (Standard 11.1.3)
* Staff development in performance management (Standard 9.2.5)

Examples provided in italics below for guidance. Delete and insert your agency’s training schedule here.

| **Topic** | **Description** | **Target**  **Audience** | **Core Competency** | **Type** | **Status/Registration** |
| --- | --- | --- | --- | --- | --- |
| New Employee Orientation |  |  |  |  |  |
| Beyond the Right Thing to Do: The Legal Case for CLAS Implementation |  |  |  |  |  |
| Blood Borne Pathogens Training |  |  |  |  |  |
| Civil Rights Training |  |  |  |  |  |
| Cultural and Linguistic Appropriate Standards (CLAS) 101 |  |  |  |  |  |
| Diversity Training |  |  |  |  |  |
| Health Insurance Portability and Accountability Act of 1996 (HIPAA) Training |  |  |  |  |  |
| Human Resource Management Certificate Program |  |  |  |  |  |
| ICS 100.b: Introduction to the Incident Command System |  |  |  |  |  |
| ICS 700: National Incident Management System: An Introduction |  |  |  |  |  |
| Introduction to DPH’s Performance Management System and Culture of Quality |  |  |  |  |  |
| Investigation Techniques |  |  |  |  |  |
| Leadership Development Program |  |  |  |  |  |
| LEAN 101 |  |  |  |  |  |
| New Managers Orientation Program |  |  |  |  |  |
| Orientation to Connecticut’s Public Health System |  |  |  |  |  |
| Orientation to the Policy on Collecting Sociodemographic Data |  |  |  |  |  |
| Orientation to Public Health |  |  |  |  |  |
| Public Health Accreditation Online Orientation |  |  |  |  |  |
| Safety Training |  |  |  |  |  |
| Sexual Harassment Awareness & Prevention |  |  |  |  |  |
| State Ethics Training |  |  |  |  |  |
| State Supervisory Training Program |  |  |  |  |  |
| Workplace Violence Prevention |  |  | |  | | --- | |  | |  |  |

1Courses under development will be posted on <https://ct.train.org/>

2Many additional general online courses can be found at <http://bhpr.hrsa.gov/grants/publichealth/trainingcenters/search.html>

**Tracking & Evaluation**

Introduction

Evaluation of training will provide Agency Name with useful feedback regarding its efforts, including content, delivery, vendor preferences, and training effectiveness. Accurate evaluation 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.

Tracking

Briefly describe how training will be tracked including: names, dates, locations, and collection of supportive documents and completion transcripts/records. Consider that tracking may be done electronically, departmentally, or agency-wide and may be in real-time or on a regularly scheduled basis, such as during annual performance reviews.

Local public health departments in Ohio are encouraged by the state health department to use OhioTRAIN as a resource for tracking employee training. Located at <http://oh.train.org>, the system has the ability to create and maintain personal learning records, perform course searches, and provide the ability to register for courses online.

**Accreditation Note:**  Documentation of staff training is required. Documentation may include: attendee list, certificates of completion, transcripts, sign in sheets. See the PHAB Accreditation Standards for specific information about documentation of participation for required training.

Evaluation

Briefly describe how training will be evaluated. Methods may be contingent upon: the training provider, hard-copy or electronic collection, continuing education reporting requirements, and other influences. Consider how you will measure increased competency and application of training both subjectively and objectively. Also consider return-on-investment measures. Consider the Kirkpatrick Model as a guide: <http://www.kirkpatrickpartners.com/>

See Template User Guide & Resource Manual for additional evaluation-related resources; including a sample Level 1 evaluation form.

Other Agency Document & Plans

* Briefly describe how this Workforce Development Plan relates to other efforts within the organization, for instance: strategic, succession, or quality improvement plans.

Review of Plan

Describe the plan for regular review and revision of this document: who will do it, how it will be done, and with what frequency. Include who is responsible for maintaining the plan.

Implementation

The WDC is responsible to ensure plan implementation. Monthly meetings and periodic updates will be provided to the PHST for input and direction. A new charter for the Committee specifying roles and responsibilities is available. See WDC Charter under Resource Links.

Barriers to Implementation

Describe barriers faced by the agency in adopting and implementing the Workforce Development Plan and what some strategies could be to improve commitment to the plan.

**Sources**

1American Community Survey Table B16001: Language spoken at home by ability to speak English for the population 5 years and over. (Universe: Population 5 years and over 2008-2012 5 year estimates).

2Association of State and Territorial Health Officials, 2015. Workforce Development Plan Toolkit: Guidance and Resources to Assist State and Territorial Health Agencies to Create a Workforce Training and Development Plan.

3J Public Health Management and Practice, 2014. Thinking beyond the Silos: Emerging Priorities in Workforce Development for State and Local Government Public Health Agencies.

4Blue Ribbon Public Health Employer’s Advisory Board: Summary of Interviews, 2013. Public Health Trends and Redesigned Education.

5Center for Public Health Practice at the Ohio State University College of Public Health, 2012. User and Resource Guide, Workforce Development Plan Template, Version 1.5. <http://cph.osu.edu/sites/default/files/cphp/docs/WDP%20Template%20User%20Guide%20v1.5_October%202014_FINAL.pdf>

**GLOSSARY OF TERMS**

1. [**Core Competencies for Public Health Professionals**](http://www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf): are a consensus set of skills for the broad practice of public health, as defined by the [10 Essential Public Health Services](http://www.cdc.gov/nphpsp/essentialservices.html). Developed by the [Council on Linkages Between Academia and Public Health Practice](http://www.phf.org/programs/council/Pages/default.aspx) (Council on Linkages), the Core Competencies reflect foundational skills desirable for professionals engaging in the practice, education, and research of public health. These competencies are organized into [eight domains](http://www.phf.org/programs/corecompetencies/Pages/Core_Competencies_Domains.aspx), reflecting skill areas within public health, and [three tiers](http://www.phf.org/programs/corecompetencies/Pages/COL_CorePublicHealthCompetencies_Guidance_Definitions.aspx), representing career stages for public health professionals. (<http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx>)
2. **Institutional Memory**: The body of knowledge, formal as well as informal, that is essential to the continuous and effective functioning of the agency at all levels. (Definition and terminology from <http://www.nap.edu/read/14035/chapter/1>; pg.10, Dr. Howard Rosen, 2006).
3. , <http://onlinepubs.trb.org/onlinepubs/nchrp/nchrp_syn_365.pdf>, 2006, Dr. Howard Rosen, University of Wisconsin, Madison).
4. **Kirkpatrick Model**: A prominent and common model for evaluating the impact of training. This framework includes four levels that assess reaction to training, acquisition of knowledge, application of learning, and occurrence of targeted outcomes respectively. (<http://www.kirkpatrickpartners.com/OurPhilosophy/TheNewWorldKirkpatrickModel/tabid/303/Default.aspx>)
5. **Lean**: The core idea of Lean is to maximize customer value while minimizing waste. Lean means creating more value for customers with fewer resources. A lean organization understands customer value and focuses its key processes to continuously increase it. (<http://www.lean.org/whatslean/>)
6. **Learning Culture**: Culture is a way of thinking, behaving or working that exists in a place or organization. In a learning culture, the acquisition of knowledge and skills is supported by aspects of the organization’s environment that encourage surfacing, noticing, gathering, sharing and applying new knowledge. (Adapted from ASTHO Workforce Development Plan Toolkit, May, 2015 p. 7).
7. **Onboarding**: The process of integrating and acculturating new employees into the organization and providing them with the tools, resources and knowledge to become successful and productive.
8. **Organizational Competencies**: Employee knowledge, skills, and behaviors that the organization must have in order to achieve their mission and strategic plans.
9. **Professional Competencies**: Skills, knowledge and attributes that are specifically valued by professional associations connected to a profession.
10. **Professional Development Plan**: The professional development plan is a formal means by which an individual (normally working with a teacher, mentor or supervisor) sets out the goals, strategies and outcomes of learning and training.
11. **Public Health Accreditation**: A new voluntary program that measures health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders. See <http://www.phaboard.org/>
12. **Public Health Accreditation Board (PHAB):** The non-profit agency responsible for implementing the public health accreditation program nationally. See <http://www.phaboard.org/about-phab/>
13. **TRAINConnecticut**: **T**rainingFinder **R**eal-time **A**ffiliated **I**ntegrated **N**etwork is a learning management system supported by the Public Health Foundation and in use at DPH to provide a centralized resource for training and to track, monitor, and evaluate training provided to the public health workforce.
14. **Training Needs Assessment**: A training needs assessment identifies individuals’ current level of competence, skill or knowledge in one or more areas and compares that competence level to the level required for their position or another position within the organization. The difference between the current and required competencies can help determine training needs.
15. **Workforce Development**: An essential component in creating, sustaining and retaining a viable workforce. Through workforce development, individuals receive training that increases their competency and makes them a greater asset in the workforce.
16. **Workforce Development Coordinator**: A DPH staff person assigned to organize, and coordinate workforce development plan implementation conducted through the Workforce Development Committee and Public Health Strategic Team.