#### Purpose & Introduction

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| 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 Name of Agency. It also serves to address the documentation requirement for Accreditation Standard 8.2.1: *Maintain, implement and assess the health department workforce development plan that addresses the training needs of the staff and the development of core competencies.* |

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

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| Topic | See Page |
| Agency Profile | 2 |
| Workforce Profile | # |
| Competencies & Education Requirements | # |
| Training Needs | # |
| Goals, Objectives, & Implementation Plan | # |
| Curricula & Training Schedule | # |
| Evaluation & Tracking | # |
| Conclusion/Other Considerations | # |
| Appendices | # |

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| **Questions** | 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, CredentialsTitlePhoneEmail |

#### Agency Profile

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| Mission & vision | 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. |

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| Location & population served | 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)
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| Governance | Briefly describe the governance of the agency which may include:* Board of Health
* District Advisory Council
* Health Commissioner
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| Organizational structure | Lead sentence(s), followed by bulleted list of points that describe the leadership structure. Consider including an organizational chart in the appendix. |

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| 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. |

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| 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.  |

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

#### Workforce Profile

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

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

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| **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  | # |

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#### Workforce Profile, *continued*

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| 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

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| Core competencies for agency | 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> |

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| Other competencies(if needed) | Lead sentence followed by bulleted list of other competency sets utilized by the agency. Examples include, but are not limited to:* Discipline-Specific Competencies: Public Health Leadership, Nursing, Environmental Health, Preparedness and Emergency Response, Health Education, etc.
* Organizational Competencies: Competencies identified and adopted by the agency.

See Template User Guide & Resource Manual for links to discipline-specific competencies. Consider including copies of any additional competency sets in the appendix. |

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| 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.)

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| **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  |  |

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#### Training Needs

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| Introduction | This section describes both identified and mandatory training needs within the agency. (Note: If no training needs assessment data exists, describe how training needs will be identified.) |

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| 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
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| Agency-specific needs | Lead sentence(s) with bulleted list of points that describe training needs based on strategic direction of the organization. Include tables if needed. These needs are usually in alignment with the agency’s strategic plan and future direction. |

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| Discipline- specific training needs (if applicable) | Lead sentence(s) with bulleted list of points that describe training needs by discipline and/or per credentialing requirements. Include tables if need be. |

#### Training Needs, *continued*

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| 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.

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| **Training** | **Who** | **Frequency** |
| Ex. HIPPA | All staff | Annually |
| Ex. Bloodborne Pathogens | Nursing Staff | Annually |
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| Other information | List other relevant information gathered from the surveys, direct observation, customer service feedback, or agency strategic direction. |

#### Goals, Objectives, & Implementation Plan

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| 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. |

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| 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.  |

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| 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.  |

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

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

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

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| Use if needed |  |

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| Use if needed |  |

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| 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. |

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| **Topic** | **Description** | **Target** **Audience** | **Competencies Addressed** | **Schedule** | **Resources** |
| *Ex. Continuous Quality Improvement*  | *Three module, online introduction to CQI basics* | *QI team members**Senior Leadership* | *COL Core: 8A7, 8B7, 8C7* | *August 2012* | [*www.cphplearn.org*](http://www.cphplearn.org) |
| *Ex. Public Health Combined Conference* | *Annual Ohio conference for public health practitioners; CE opportunity* | *Senior Leadership* | *Varies* | *May 2012* | [*www.ohiopha.org*](http://www.ohiopha.org) |
| *Ex. HIPPA Compliance* | *Mandatory training on patient confidentiality* | *All Staff* | *Mandate* | *Annually* | *Link to online HIPPA training here* |
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#### Evaluation and Tracking

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| 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.  |

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| 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. |

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| 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. |

#### Conclusion / Other Considerations

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

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| 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. |

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| Authorship | This plan was developed by the following individuals, and finalized on DATE. Create additional rows as needed. |

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| Printed Name & Title | Signature | Date |
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| CPHP Logo for Print.eps | *Development of this template was made possible, in part, by the Ohio Public Health Training Center located in the College of Public Health at The Ohio State University; grant number UB6HP20203, from the Health Resources and Services Administration, DHHS, Public Health Training Center Program. Contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.* |

#### Appendix A: If Needed