



Franklin County Public Health

Workforce Development Plan

2022 – 2023

Approved by Board of Health Resolution **22-XXX – Month 2022**

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Plan Approval & Review

Approval Required By	Annual Review-Franklin County Public Health Workforce Development Team Full plan renewal after expiration- Franklin County Board of Health
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Review Frequency Required	The minimum requirement is an annual review of progress toward goals and objectives, with a complete review of the plan every 3 years.
Reviewed and Modified	November 8, 2016 (Board Resolution 16-011) for 2017-2020

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Introduction

Franklin County Public Health (FCPH) is responsible for maintaining a competent public health workforce with the skills and experience needed to perform their public health duties and carry out the FCPH mission. Well-prepared public health professionals are the foundation of healthy communities.

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 Franklin County Public Health and serves to address public health accreditation board (PHAB) accreditation requirements for *Domain 8: Maintain a Competent Public Health Workforce (1)*.

This version of the Workforce Development Plan was established for a 1-year time frame for a reason. In 2020, the COVID-19 pandemic significantly disrupted and forever changed public health practice across the nation. This disruption affected the workforce that is needed to perform important public health functions. It will be a new normal going forward. FCPH has made the decision to take the next year to reset and re-evaluate the workforce needs in this new normal, beginning with a comprehensive assessment that accounts for the impact of the pandemic. This will be followed by a new, multi-year Workforce Development Plan that charts our course for our future workforce needs.

Agency Profile

One Goal

Franklin County Public Health will adopt equity as the foundation for conducting its daily work.

Our Vision

Franklin County Public Health leads our communities in achieving optimal health for all.

Our Mission

Franklin County Public Health improves the health of our communities by preventing disease, promoting healthy living, and protecting against public health threats through education, policies, programs, and partnerships.

Our Values

We serve our communities, our organization, and each other with: Integrity, Accountability, Excellence, Respect and Humility.

Location and Population Served

Franklin County Public Health is centrally located in Ohio and serves 14 cities, 9 villages and 17 townships, totaling a population of 476,369. The rest of the population in Franklin County is served by Columbus Public Health.

As defined by law in Ohio, Franklin County Public Health provides service to all townships and villages in Franklin County. In addition, 14 cities in Franklin County contract with our department to serve as their health department and provide public health services to their residents.

The population of Franklin County has grown from 1,212,263 residents in 2016, to 1,316,756 residents in 2022 (4). The population continues to age, from 10% of residents aged 65 years and older in 2016, to 12% of residents in 2022. Sixty-five percent (65%) of residents identify as White; 23% as African American; 5% as Asian; and 4% as two or more races. Six percent (6%) of residents identify as Hispanic or Latino ethnicity and approximately 15% of residents speak a language other than English at home.

Governance

The authority of any health department in the State of Ohio is granted by law and is specifically detailed in the Ohio Revised Code. A five-member Board of Health is appointed by the District Advisory Council. The Board appoints a Health Commissioner who oversees the day-to-day operation of the department. FCPH has a staff of approximately 164 people.

Organization Structure

FCPH is directed by a Health Commissioner and a Senior Management Team. The Senior Management Team is comprised of:

- Health Commissioner
- Assistant Health Commissioner, Environmental Health Director
- Assistant Health Commissioner, Prevention and Wellness Director
- Assistant Health Commissioner, Health Systems and Planning Director
- Director of Communication and Marketing
- Director of Human Resources and Customer Services
- Director of Finance and Business Operations

There are also division managers and program supervisors who manage the programs and supervise staff.

Learning Culture

Franklin County Public Health is committed to maintaining a competent workforce through ongoing education, training, and professional development. We believe that by improving our internal processes through quality improvement and collaborating with our community partners we will be able to advance the public's health and contribute valuable lessons learned for the benefit of others. This workforce development plan will facilitate improvement and build organizational capacity.

Funding

Training costs are supported by the General Health District Fund, and when possible, grant-funded employees access training that is supported by their grant. All divisions budget for professional development.

Workforce Policies

Franklin County Public Health has a policy and procedure system in place that was approved by the Board of Health in June 2013. All employees have ready access to policies and procedures electronically in a central location (shared drive). Policy #HR-0001 is the Employee Personnel Handbook, where most policies pertaining to workforce development exist. Examples are: support for continuing education for licenses and registrations; travel and registration for conferences and workshops. Divisions and programs also have policies for training that are specific to employees in a particular job. Finally, the Workforce Development Team reviews and recommends workforce development policies and procedures.

Workforce Profile – Current

The FCPH Workforce has changed dramatically in the last 5 years. [Table 1](#) lists each of the FCPH job titles and the number of people currently employed with that title. The total workforce has grown from 75 employees in 2016, to 164 employees in 2021 for a 118% increase. This growth is due to several key factors:

- FCPH has been successful securing grants for mission critical public health programs such as tobacco use prevention and then hiring staff to perform this work.
- In the 2019-2021 FCPH Strategic Plan, FCPH adopted “Equity” as the foundation for conducting its daily work. This led to the hiring of an Associate Director of Equity and Inclusion.
- Most significantly, the response to the COVID19 pandemic significantly changed the face of the workforce. COVID19 created an immediate and urgent demand for new staff, many of whom were in temporary or time-limited positions. For instance, FCPH expanded staff in emergency preparedness and communicable disease and hired 38 Contact Tracers alone, a completely new staff position due to the pandemic. Existing FCPH staff were reassigned to new roles for the pandemic response, roles which stretched on for months. In some cases, staff are still reassigned as we enter 2022.
- Finally, the pandemic has placed a significant mental and physical strain on the public health workforce nationally, and this is certainly true for FCPH.

Table 1: Number of FCPH Employees by Discipline / Job Title as of April 2021.

TABLE 1: Category	Number
Total Number of Employees	164
Primary Professional Disciplines/Job Titles	
Health Commissioner	1
Medical Director	1
Assistant Health Commissioner, Environmental Health Director	1
Assistant Health Commissioner, Prevention & Wellness Director	1
Assistant Health Commissioner, Health Systems & Planning Director	1
Communication and Marketing Director	1
Human Resources and Customer Services Director	1
Associate Director of Equity and Inclusion	1
Finance and Business Operations Director	1
Accounting Analyst	1
Accreditation Coordinator	1
Administrative Assistant	14

Community Health Planner	1
Community Health Worker	6
Computer Administrator / Information Technology Specialist	3
Contact Tracer	38
Data Analyst	1
Division Manager	3
Emergency Preparedness / Bioterrorism Coordinator	3
Emergency Preparedness / Bioterrorism Supervisor	1
Environmental Health Technician	8
Epidemiologist I, II, III	6
Executive Assistant	1
Fiscal Specialist	1
Grant Coordinator	1
Health Educator	3
Health Promotion / Planning Coordinator	1
HR Generalist	1
Injury Prevention Coordinator	2
Other	4
Payroll & HR Coordinator	1
Plumbing Inspector	4
Public Health Registered Nurse I, II, III	14
Public Information Officer / Public Information Specialist	3
Registered Environmental Health Specialist (REHS) I, II, III	16
Registered Environmental Health Specialist in Training	6
Supervisor	9
Tobacco Outreach Coordinator	1

The work of nurses, health educators, epidemiologists and environmental health specialists has become more sophisticated, requiring specialized training or credentialing for various aspects of public health work. The list of specialized professional continuing education requirements for current FCPH staff is listed in [Table 2](#).

Table 2: Continuing Education Requirements for FCPH Disciplines / Professionals

Discipline	Ohio CE Requirements (As of 2021)	Licensing / Certification Authority
Certified Asbestos Evaluation Specialist	8-hour Refresher Course every year	Ohio Department of Health
Certified Plumbing Inspector	10 CEU annually, 4 from State of Ohio	Ohio Department of Commerce
Epidemiologist	Varies by Tier (See http://www.cste.org/)	Council of State and Territorial Epidemiologists
Health Educator (CHES/MCHES)	75 CECH every 5 years	National Commission for Health Education Credentialing*
Licensed Lead Abatement Contractor	8-hour refresher course every 2 years	Ohio Department of Health
Licensed Lead Risk Assessor	8-hour refresher course every 2 years	Ohio Department of Health
Medical Gas Inspector	Every 3 years	National Inspection Testing Center (NITC)
Notary	Every 5 years	Ohio Secretary of State
Ohio Radon Measurer	16 CEU's every 2 years	Ohio Department of Health
Physician	100 hours every 2 years	State Medical Board of Ohio
Registered Nurse (RN)	24 contact hours every 2 years	Ohio Board of Nursing
Registered Environmental Health Specialist (REHS)		Ohio Department of Health
Certified Pool Operator	Every 5 years	National Swimming Pool Foundation
Certified Property Maintenance Code Inspector	15 hours every 3 years*	International Code Council
Certified Public Health Practitioner	50 hours every 2 years	National Board of Public Health Examiners
CPR	Every 1 or 2 years	American Red Cross or American Heart Association
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).	Commission on Dietetic Registration (RD) and Ohio Board of Dietetics (LD)

Licensed Commercial Pesticide Applicator	5 hours every 3 years	Ohio Department of Agriculture
Nurse Practitioner	75 hours of continuing education with 25 hours in advanced pharmacology as part of the 75 hours. In addition, the APN must practice at least 1000 hours in the renewal period in their specialty and complete requirements under research, publishing, preceptorship, or providing academic opportunities, OR complete another 75 hours of continuing education.	Ohio Board of Nursing
Plumbing Plan Examiner	Every 5 years	Ohio Department of Commerce
Social Worker (LSW, LISW, MSW)	30 hours every 2 years, 3 in ethics	Ohio Counselor, Social Worker and Marriage and Family Therapist Board
SWANA C&DD	30 CEU's Every 3 years	Solid Waste Association of North America
SWANA Municipal Landfill	30 CEU's Every 3 years	Solid Waste Association of North America

**This is a national certification standard, there is no requirement in Ohio.*

Like most health districts, FCPH is facing an aging workforce and a shortage of new workers who are choosing public health careers. The COVID-19 pandemic prompted some retirement-eligible workers to leave the workplace before they had planned, and the experience of COVID-19 may be a deterrent to those choosing public health as a career going forward.

As of January 2022, FCPH has 6 employees with 30 or more years of service, and 17 employees who are 54 years of age or older. This represents approximately 10% of the current FCPH workforce. Table 3 shows the estimated number of employees who will be eligible to retire from FCPH in 3, 5, and 7 years. Half of those eligible could retire within the next 3 years. Our priority is to assure strong recruitment of talented individuals; develop and train new hires as well as existing staff to meet increased demands; and preserve institutional knowledge of individuals so it is not lost when they retire.

Table 3: Number of FCPH Employees eligible for retirement as of January 2022.
(Eligible Retirement is defined as: 62 years of age and/or 32 years of public service).

TABLE 2: Category	Number
Total Employees Eligible for Retirement: 3 years	9
Total Employees Eligible for Retirement: 5 years	3
Total Employees Eligible for Retirement: 7 years	5
TOTAL	17

Workforce Profile – Future

Workforce Levels

Public health departments across the country are experiencing a dramatic shift in workforce capacity. In a 2020 analysis of workforce levels needed, the de Beaumont Foundation estimated that state and local governmental health departments will need an 80% increase in their workforce to provide a minimum set of public health services for the nation (3). While FCPH saw a dramatic increase in the number of employees from 2016 to 2020, the biggest increases were due to the COVID-19 pandemic and will most likely not be long-term. During the pandemic, the FCPH workforce has and will continue to fluctuate. More work is needed to assess exactly what staffing levels are needed beyond the numbers. The public health workforce will need increasingly diverse and cross-cutting skills to provide public health services and programs in the future.

COVID-19 Pandemic

The impact of the COVID-19 pandemic cannot be over-emphasized when it comes to short-term recovery and long-term development of the workforce. FCPH, like many health departments across the country, is grappling with a fatigued and burdened workforce who were pulled from their daily programs to work on a crisis that lasted for months into years. As FCPH builds its next Workforce Development Plan, it will be important to include consideration of the mental health issues brought on by the pandemic, both for the workforce and the community. The plan will need to navigate a new normal in preparing FCPH staff to perform public health functions and provide services in the future.

Equity

The data in the most recent Community Health Assessment (CHA) reaffirms the strong relationship between equity and the social determinants of health. In the 2019-2021 FCPH Strategic Plan, the Board of Health adopted one goal, declaring equity as the foundation for conducting its daily work. The FCPH workforce is essential to achieving the strategic plan objectives, and will need cross-cutting skills, knowledge and understanding of equity to be successful. Incorporating equity into all workforce development is a high priority for future iterations of the Workforce Development Plan.

Technology

In the 2019 workforce needs assessment, the use of Information Technology (IT) was identified by FCPH employees as one of the highest priorities for training. Advances in technology will always require ongoing continuing education and frequent upgrades of tools and equipment. In recent years, FCPH has expanded its IT staff to include 3 Computer Administrators/Information Technology Specialists to assist staff in maximizing technology in their daily work.

Recruitment and Retention

FCPH is committed to strengthening and maintaining recruitment and retention activities to assure a skilled and well-trained workforce for the future. Finding qualified candidates with public health experience is often a challenge. Our intent is to build a bench of future public health leaders who are cross-trained and able to manage the complexity and demands of public health in the future.

We also want to assure that our workforce reflects the diversity of the populations we serve. FCPH has individuals on staff who are multi-lingual, thus able to communicate more effectively with residents who do not speak English. FCPH utilizes platforms (such as LinkedIn) to recruit new employees that describe the characteristics of our population and the diversity we are seeking in employment. FCPH has been deliberate in recruiting staff from different cultures and backgrounds and recently established a new position, Associate Director of Equity and Inclusion. This senior level position is tasked with not only assuring programs and services incorporate the principles of equity but also to build on the work already being done by Human Resources to assure a diverse and inclusive workforce.

Training and Workforce Assessment

Learning Culture

FCPH fosters a learning culture of continuous training beginning with the employee's onboarding process and continuing throughout their tenure of employment. Investment in training can lead to increased competency, productivity, and an enrichment of the organizational learning culture. The Workforce Development Plan institutionalizes our commitment to professional growth while adding value to the employee and the team. By furthering a culture of continuous learning, we will assure a workforce that is prepared to meet new challenges and the increased demands of public health priorities in the future. The workforce development plan seeks to better identify, coordinate, and support staff training and development.

Partnerships

FCPH has and will continue to utilize the expertise and resources available through the Ohio State University, College of Public Health, Center for Public Health Practice (OSU CPHP). The Center supports the professional development of the workforce and the strategic organizational improvement of the agencies who provide public health services.

Through a partnership with the Franklin County Board of Commissioners, FCPH employees attend training courses offered through the County Human Resources Department. All courses are open to FCPH staff, however some of these courses are part of the required courses in the FCPH Training Curriculum. These include: Ethics, Customer Service Connection, Multi-cultural Awareness, and Sexual Harassment Awareness.

FCPH subscribes to the Public Entities Pool of Ohio (PEP) resource library for required courses in the training curriculum. PEP is a local government risk-sharing pool that provides property and liability coverage to governmental entities in Ohio. PEP offers an extensive library of training resources for health and safety, including the HIPAA training in the FCPH curriculum.

FCPH also utilizes online training through FEMA (ICS courses) and the Centers for Disease Control and Prevention (Public Health 101), and contracts for specialized training when needed.

FCPH Workforce Needs Assessment - 2019

FCPH participated in a workshop offered by The Ohio State University, College of Public Health, Center for Public Health Practice titled, "Writing a Workforce Development Plan for Your Public Health Agency, Guided Support Series (March – July 2019)." The FCPH team consisted of 9 members, representing all Divisions of the health department. As part of this series, FCPH conducted a Workforce Development Training Needs Assessment in June 2019. The assessment included an employee survey to understand workforce competencies, motivators for training, preferred course types and delivery

modes, workplace environment, and wellness. (The results of the assessment can be found in [APPENDIX A](#)).

Key findings show that the highest need scores (indicating that training would be helpful), include the use of IT, delivering culturally appropriate service, and public health funding. The primary motivations for participating in training were increasing competency in public health practice and personal satisfaction. The two greatest barriers to participation in training were time away from work and agency or grant budget restrictions.

FCPH Workforce Needs Assessment – Future

FCPH will build its next version of the workforce development plan based on an updated workforce needs assessment. This is particularly critical to capture the impact of the COVID-19 response. To conduct a comprehensive assessment of the workforce, FCPH will use two accepted tools and methods, PH WINS and Ocumetrics.

[PH WINS](#) (Public Health Workforce Interests and Needs Survey) is a project of the de Beaumont Foundation that grew out of the need for a national dataset of public health worker's perspectives on key issues such as: workforce engagement and morale, training needs, and emerging concepts in public health. FCPH will implement the most recent version of the PH WINS survey (2021), which was updated to include a section about the COVID-19 response. (A copy of the survey tool shared with FCPH by de Beaumont is in [APPENDIX B](#)).

[Ocumetrics](#) is a science-based assessment tool and intervention process that helps agencies identify and improve the underlying causes of their greatest staffing challenges. Ocumetrics is offered through Mental Health America of Ohio (MHA). The process includes an in-depth quantitative analysis of employee satisfaction, focus groups informed by the survey results, and a report of findings and recommendations for change. FCPH will implement Ocumetrics in 2022.

Core Competencies for Public Health Professionals

The Core Competencies for Public Health Professionals (Core Competencies) are a consensus set of knowledge and skills for the broad practice of public health, as defined by the 10 Essential Public Health Services (2). The Core Competencies provide a framework for workforce development planning and action and can be used in assessing workforce knowledge and skills, identifying training needs, developing training plans, crafting job descriptions, and conducting performance evaluations. The Core Competencies are organized into 8 Domains:

- Data Analytics and Assessment Skills
- Policy Development and Program Planning Skills
- Communication Skills
- Health Equity Skills
- Community Partnership Skills
- Public Health Sciences Skills

- Management and Finance Skills
- Leadership and Systems Thinking Skills

FCPH previously incorporated these core competencies into its job descriptions and training plan. In October 2021, the Council on Linkages Between Academia and Public Health Practice released a revised version of the core competencies. The current FCPH training curriculum was updated in April 2021. The curriculum for all staff is in [APPENDIX C](#), and the curriculum for probationary staff is in [APPENDIX D](#). FCPH will review the newest version of the core competencies and make updates to its job descriptions, performance evaluation tools and training curriculum as appropriate.

Link to Agency Plans and Policies

FCPH Strategic Plan

The 2019-2021 FCPH Strategic Plan identified several objectives that connect with the Workforce Development Plan. These include providing additional staff training about equity, cultural competency and diversity related to its programs and communities (*Objective 3, Strategy 2*); and investing in training, hardware and software as outlined in its most recent information technology assessment (*Objective 2, Strategy 1*). This is also consistent with the 2019 Workforce Training Needs Assessment that identified the "use of IT" as a high priority training need by staff. The FCPH Strategic Plan will be updated in 2022.

FCPH Quality Improvement (QI) Plan

The QI Plan promotes a culture of continuous quality improvement. When a quality culture is achieved, all employees have infused QI into the way they do business daily. This requires ongoing training of the public health workforce. The Quality Improvement Committee (QIC) provides ongoing oversight for QI in the department. This includes: promoting a QI learning environment and facilitating or leading QI training for staff. These activities are further outlined in the FCPH QI Plan and are referenced in the Workforce Development Training Plan where applicable to assure continuity.

Goals, Objectives, and Implementation Plan

Public health departments must have a competent workforce with the skills and experience needed to perform their duties and carry out the department's mission. Workforce development strategies support the health department, individual staff members, staff development, and the overall workplace environment. Employee training and core staff competencies assure a competent workforce.

Strategies for the 2022-2023 FCPH Workforce Development Plan are outlined below under one strategic goal and three objectives.

Strategic Goal:

FCPH will have an updated, comprehensive Workforce Development Plan that reflects the current and future needs of the public health workforce.

Objective 1: Conduct a comprehensive workforce needs assessment

Strategies	Action Steps	Timeframe	Responsible Parties
Strategy 1: Conduct a public health workforce needs assessment using PH WINS.	Communicate the purpose of the assessment to FCPH employees through staff meetings, emails and on the employee intranet; provide ongoing updates	Ongoing	Human Resources Director; Human Resources Committee; Senior Leadership
	Administer the PH WINS survey to all FCPH employees. Select the dates the survey will be open and send to FCPH employees	3 rd Quarter 2022	Human Resources Director; Human Resources Committee
	Conduct an analysis of the results and prepare a final report.	4 th Quarter 2022	Human Resources Director; Human Resources Committee
Strategy 2: Contract with Mental Health America of Ohio (MHAOhio) to administer the Ocumetrics assessment tool and intervention process to improve staffing challenges.	Communicate the purpose of the assessment to FCPH employees through staff meetings, emails and on the employee intranet; provide ongoing updates	Ongoing	Human Resources Director; Human Resources Committee; Senior Leadership
	Administer the Ocumetrics assessment tool and conduct focus groups facilitated by contractor.	4 th Quarter 2022	Human Resources Director; Human Resources Committee

	Conduct an analysis of the results and prepare a final report.	1 st Quarter 2023	Human Resources Director; Human Resources Committee
Strategy 3: Define and enumerate the FCPH current workforce demographics and other key variables.	Collect and review relevant and timely workforce data including: workforce demographics, credentialing and licensing, workforce recruitment and other key relevant variables, including internal and external workforce challenges. Prepare an annual report.	1 st Quarter 2023 and annually thereafter	Human Resources Director; Human Resources Committee

Objective 2: Identify staff competencies and training needs against core competencies for public health professionals

Strategy	Action Steps	Timeframe	Responsible Parties
Strategy 1: Complete an updated competencies assessment using the newest version (2021) of the Core Competencies for public health professionals	Review existing job descriptions, performance reviews and other documents such as policies and procedures against the 2021 core competencies. Identify needed changes and incorporate into job descriptions and other relevant documents.	4 th Quarter 2023	Human Resources Director; Human Resources Committee
Strategy 2: Update the FCPH Training Curriculum for All-Staff and Probationary Staff	Review training needs assessments results (PH WINS, Ocumetrics, Core Competencies) and other relevant workforce data.	1 st Quarter 2023	Human Resources Director; Senior Leadership; Human Resources Committee
	Make recommendations about training priorities and identify updates for inclusion in the next version of the Curriculum.	1 st Quarter 2023	Human Resources Director; Senior Leadership; Human Resources Committee
	Incorporate identified changes into the FCPH Training Curriculum.	1 st Quarter 2023	Human Resource Director; Human Resources Committee

Objective 3: Adopt the 2024-2027 FCPH Workforce Development Plan

Strategies	Action Steps	Timeframe	Responsible Parties
Strategy 1: Prepare an updated version of the FCPH Workforce Development Plan	Review workforce needs assessment results (PH WINS, Ocumetrics, Core Competencies), workforce demographics and other relevant data and assessment reports.	2 nd Quarter 2023	Human Resource Director; Human Resource Committee; Senior Leadership
	Identify gaps and priorities and develop strategies to address them in the next version of the Workforce Development Plan.	2 nd Quarter 2023	Human Resource Director; Human Resource Committee; Senior Leadership
	Incorporate identified updates into the plan.	2 nd Quarter 2023	Human Resources Director; Human Resources Committee
	Link plan to the FCPH Strategic Plan and QI Plan.	2 nd Quarter 2023	Human Resources Director; Human Resources Committee
	Develop 3-year goals and objectives for inclusion in the plan, including a process to monitor and report progress over regular intervals.	2 nd Quarter 2023	Human Resource Director; Human Resource Committee; Senior Leadership
Finalize and adopt the 2024-2027 FCPH Workforce Development Plan.	Submit updated plan to the Board of Health for review and adoption.	3 rd Quarter 2023	Human Resources Director; Human Resources Committee; Senior Leadership; Board of Health

Plan Implementation

Successful implementation of the Workforce Development Plan depends on several factors. Roles and responsibilities need to be established and communicated to staff. The Board of Health and senior leadership will need to dedicate adequate resources in terms of funds and staff time. Finally, progress should be monitored to assure that objectives are completed according to timeframes. [Table 4](#) outlines responsible staff roles and responsibilities.

Table 4: Staff responsible for the implementation of the Workforce Development Plan and the associated roles and responsibilities.

Responsible Staff	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 leadership development.
Human Resources Director and Human Resources Committee	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 Directors with coaching, mentoring and succession planning. Responsible for informing supervisors of workforce development needs, plans, and issues.
Assistant Health Commissioners / Division Directors (Senior Leadership Team)	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 leadership development.
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 (i.e., time away from work, coaching, opportunities for application, tuition reimbursement).
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.

Evaluation and Tracking

Evaluation of training is an important component of continuous quality improvement for workforce development. FCPH will collect consistent and ongoing feedback about training content, delivery, and vendor preferences from participants. Evaluations will be conducted by the training provider either by hard-copy or electronic collection. The Workforce Development Team will regularly review evaluations to assure that training objectives are being met.

FCPH uses BambooHR, a software package that collects, maintains, and analyzes staff data, assists with hiring and onboarding new employees and manages compensation.

All employee information is stored in a single, secure database. This system allows FCPH to manage HR functions more efficiently and effectively and have access to real-time data to navigate workforce needs.

All training is tracked in the Bamboo HR system and each employee has their own training record in the system. All required training is entered into the system by individual staff and reviewed by supervisors.

References

- (1) Public Health Accreditation Board (PHAB) Accreditation Domain 8 – Workforce Development, Version 1.5, Adopted December 2013
- (2) Core Competencies for Public Health Professionals. Revised and Adopted by the Council on Linkages Between Academia and Public Health Practice: October 21, 2021. phf.org/core-competencies
- (3) Staffing Up. Workforce Levels Needed to Provide Basic Public Health Services for All Americans. Research Brief. October 2021. de Beaumont Foundation. [Staffing-Up-FINAL.pdf \(debeaumont.org\)](https://debeaumont.org/Staffing-Up-FINAL.pdf)
- (4) U.S. Census Bureau, American Community Survey, 1-Year Estimates, 2019.

Appendices

- A. Franklin County Public Health. Workforce Development Training Needs Assessment. Summary of Results. June 2019.
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APPENDIX A: Franklin County Public Health. Workforce Development Training Needs Assessment. Summary of Results. June 2019

Franklin County Public Health
Workforce Development Training Needs Assessment
Summary of Results

June 2019



THE OHIO STATE UNIVERSITY
COLLEGE OF PUBLIC HEALTH



This work was made possible through funding provided by The Ohio Department of Health. For more information about the project, visit: <https://u.osu.edu.cphpaccreditationproject/>. June 2019.

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Introduction

One of the goals for Healthy People 2020 is “To ensure that federal, state, tribal, and local health agencies have the necessary infrastructure to effectively provide essential public health services.”

An important aspect of public health infrastructure involves training, supporting, and sustaining a capable and qualified workforce. Public Health Accreditation Board (PHAB) Standard 8.2 requires that agencies “Ensure a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment.”

With funding from the Ohio Department of Health, the Ohio State University College of Public Health Center for Public Health Practice (OSU) conducted a *Workforce Development Planning Series* to assist public health agency-based teams in writing a Workforce Development (WFD) Plan for their organization. As part of this training series, OSU conducted (optional) workforce needs assessments for participating local health agencies.

This document provides a summary of needs assessment survey results for Franklin County Public Health.

Workforce Development Planning and Assessment

Through a combination of webinars, online recorded learning modules, in-person workshop, and 1:1 assistance, participant teams were guided through the process of writing a WFD Plan using a template. An optional part of the *Workforce Development Planning Series* was the development, distribution, and analysis of a workforce training needs assessment.

Needs Assessment Survey Development

Each agency team selected items for their survey from a master list provided by OSU. Topics included: workforce competencies, motivators for training, barriers for training, preferred course types and delivery modes, workplace environment, and wellness. The workforce competencies in the master list were primarily selected from the Core Competencies for Public Health Professionals (2014). Other competencies were derived or adapted from other nationally accepted and/or utilized sources: Competencies for Disaster Medicine in Public Health, 2015; Public Health Workforce and Interests Survey (PHWINS), 2014 or 2017; National Institutes of Health (NIH), 2018; and the State of Washington, 2018. Each agency team selected up to 15 organizational competencies that apply to every employee regardless of position, title, or role. Up to 70 survey items in total were permitted.

See Appendix A for a list of the competencies selected by this agency. See Appendix B for a copy of the needs assessment survey tool.

Needs Assessment Survey Structure

For the organizational competency items, the survey included two self-reported assessment measures: 1) importance to job, and 2) current level of skill. Other survey items used a four-point response scale (low to high motivation/barrier/preference/agreement).

Needs Assessment Survey Distribution

OSU administered the survey using Qualtrics survey software. A link to each agency's individualized survey, along with suggested staff communications for initial deployment and a response reminder were provided. The workforce training needs assessment survey was distributed to participating agencies on April 25, 2019. Responses were due by May 10, 2019.

Data Analysis and Summary Methods

Organizational Competencies: A "need score" was calculated for each individual organizational competency as the personal ability score minus the importance to job score. The need score could range from -3 to +3, with a negative score indicating a possible need for training. This report includes the percentage of employees whose responses resulted in a negative score by competency (Figure 1).

Motivators and Barriers for Participation in Training, and Course Delivery Preferences: Aggregate summary data for those categories selected for inclusion on this agency's assessment are provided for these survey topics in a table format. Descriptive statistics are provided for each survey item.

Key Findings

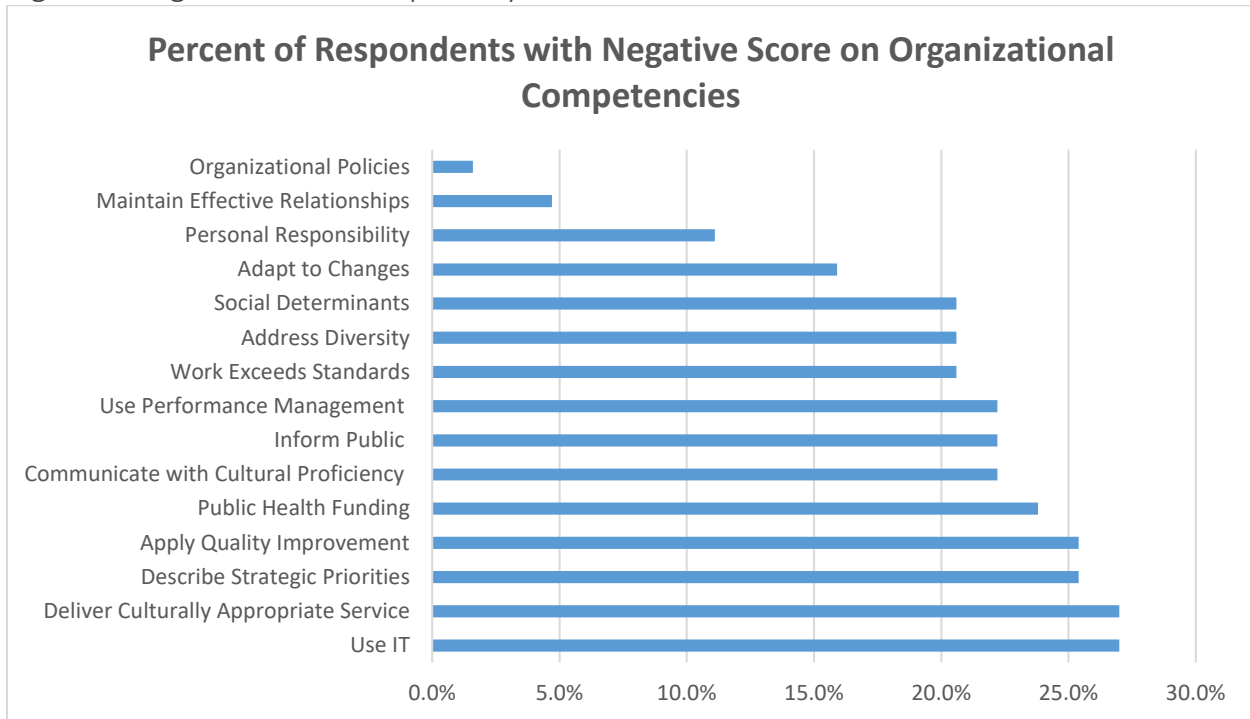
This section presents summary results across the agency. A total of 63 employees participated in the training needs assessment survey. The findings are provided by assessment topic/category.

Organizational Competencies

Of the organizational competencies assessed, *Use IT* and *Deliver Culturally Appropriate Service* had the highest overall percentage of respondents with a negative score at 27.0%.

The organizational competency with the lowest overall percentage of respondents with a negative need score (smallest gap between reported personal ability and importance to job ratings) was *Organizational Policies* at 1.6% (See Appendix A for the complete competency statement associated with the abbreviated competency titles below.)

Figure 1. Organizational Competency Need Scores



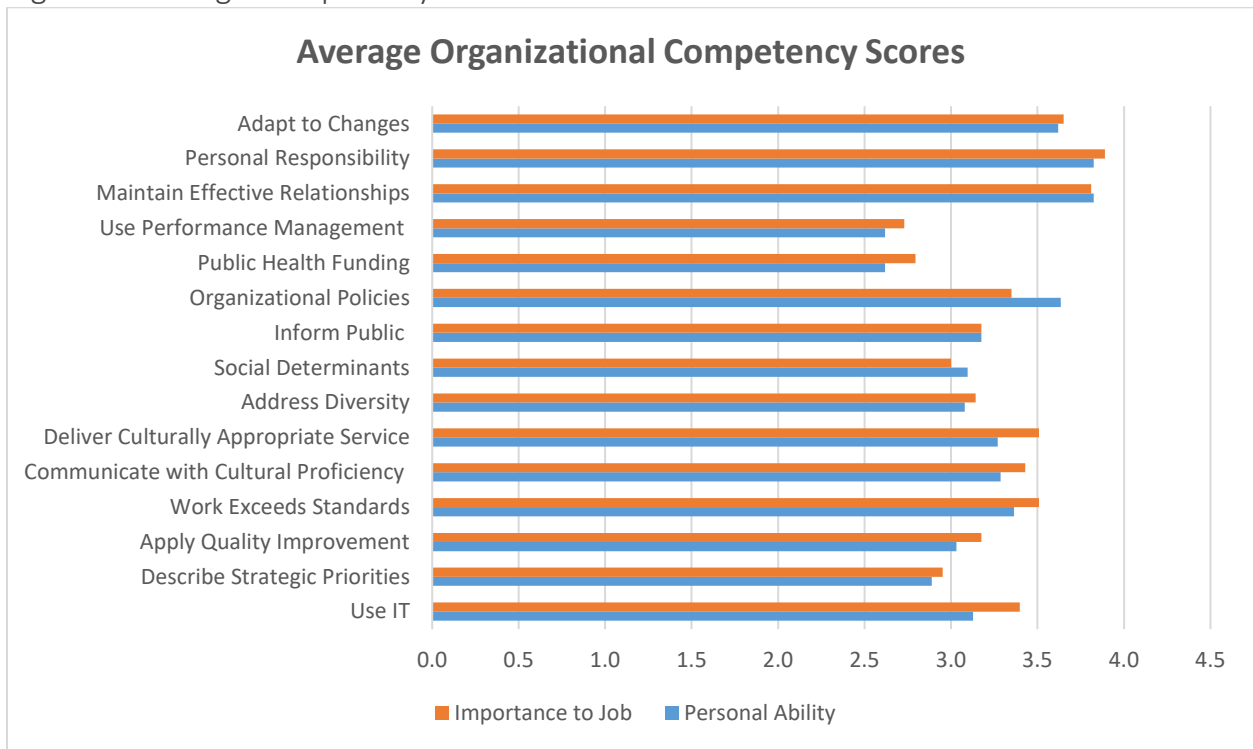
Another way to visualize survey responses related to the organizational competencies is presented in Figure 2 below. As noted in the Methods section, participants were asked to rate their personal ability as well as the importance to their job for each competency on a scale (1 – low to 4 - high).

On average, the competencies receiving the highest “importance to job” score were *Personal Responsibility* and *Maintain Effective Relationships*. The items receiving the highest “personal ability” score were also *Personal Responsibility* and *Maintain Effective Relationships*.

The competencies receiving the lowest “importance to job” average score were *Use Performance Management* and *Public Health Funding*. Similarly, the competencies receiving the lowest “personal ability” score were also *Use Performance Management* and *Public Health Funding*.

When looking at the average “need” scores generated by subtracting the average “importance to job” scores from the average “personal ability” scores, the competencies with the largest negative need scores (indicating perhaps that training would be helpful) were: *Use IT*, *Deliver Culturally Appropriate Service*, and *Public Health Funding*.

Figure 2. Average Competency Scores



Motivators and Barriers

Survey respondents were asked to rate their level of motivation related to each of the following items on a four-point scale (1 – low motivation to 4 – high motivation). As illustrated in Table 1 below, the primary motivations (on average) for participating in training were *Increasing my competency in public health practice* and *Personal satisfaction*, both with 85.5% of respondents identifying these as motivators.

Table 1. Motivators for Participation in Training

	Motivator or Very Much a Motivator		
	n	Count	%
Increasing my competency in public health practice	62	53	85.5%
Personal satisfaction	62	53	85.5%
Personal career advancement	62	46	74.2%
Accomplishment of the mission of the agency	62	45	72.6%
Maintain a license, certification, or credential for my job	62	44	71.0%
Professional networking opportunity	62	43	69.4%

Survey respondents were asked to rate how much of a barrier each of the following items is to participating in training on a four-point scale (1 – not a barrier to 4 – very much a barrier). As illustrated in Table 2 below, the primary barriers (on average) for participating in training were *Time away from work* and *Agency and/or grant budget restrictions*.

Table 2. Barriers to Participation in Training

	Barrier or Very Much a Barrier		
	n	Count	%
Time away from work	61	34	55.7%
Agency and/or grant budget restrictions	61	28	45.9%
Family commitments	61	23	37.7%
Desired topics not available	61	21	34.4%
Lack of opportunity to apply what I learn	61	10	16.4%
Nearing retirement	61	9	14.8%
Lack of supervisor support	61	9	14.8%

Preferred Course Delivery Methods

Survey respondents were asked to rate their level of interest in training delivered in each of the following ways on a four-point scale (1 – not interested to 4 – very interested). As illustrated in Table 3 below, the preferred course delivery methods (on average) were *Face-to-face, on site* and *Face-to-face, off-site and within 30 minutes travel time*.

Table 3. Preferred Delivery Methods

	Interested or Very Interested		
	n	Count	%
Face-to-face, on-site	61	50	82.0%
Face-to-face, off-site and within 30 minutes travel time	61	47	77.0%
Online, live/real-time (e.g., live webinar)	61	44	72.1%
Online, self-study/self-paced	61	41	67.2%
Blend of online and face-to-face	61	41	67.2%
Phone conference	61	15	24.6%

Recommendations

The following recommendations and priority items are suggested based upon the results of this training needs assessment. These recommendations represent areas that may serve as priorities for the agency relative to the development of the workforce. The agency should bear in mind that results from this assessment are but one input into planning overall workforce initiatives. Workforce profiles, community demographics, identified gaps, agency goals, trends and future predictions, and areas of public health advancements also have implications for need and should also be considered when crafting overall workforce goals.

- ❖ Review results with agency employees and engage in conversation to probe for deeper meaning and consider implications for future workforce initiatives.
- ❖ Consider initially addressing competency areas where the greatest need for knowledge and skills are indicated for all participants, such as *Use IT* and *Deliver Culturally Appropriate Service*, which have the highest percentage of respondents with a negative score (gaps). Addressing those areas with lower implied need as community health improvement initiatives, agency strategic goals and/or other inputs (such as customer survey results, stakeholder feedback, or accreditation requirements) would be beneficial.
- ❖ Respondents indicated that the top motivators for training were *Increasing my competency in public health practice* and *Personal satisfaction*. When communicating about training and ultimately selecting training, consider making alignment with these motivators apparent.
- ❖ Explore solutions to address key barriers to training that were identified: *Time away from work*, *Agency and/or grant budget restrictions*, and *Family commitments*. Also identify challenges that the agency may face in attempting to address barriers, and develop strategies to counter those challenges.
- ❖ Identify training opportunities that include *face-to-face courses*, both on-site and off-site, as these are the delivery methods preferred by employees.

This report was prepared by the Ohio State University College of Public Health Center for Public Health Practice. Questions should be directed to:

- **Meredith Cameron, MSW**, Program Director, Center for Public Health Practice, The Ohio State University College of Public Health (614-292-2047; cameron.829@osu.edu)
- **Mackenzie Aughe**, graduate student, The Ohio State University College of Public Health (aughe.3s@osu.edu)

Acknowledgement to Lauren Phelps, MPA, Research Specialist, The Ohio State University College of Public Health, for her support on this project.

Questions about the use of this report in workforce development planning for the local health agency should be directed to:

- **Jennifer R. Robinson, MBA**, Director of Human Resources and Customer Service, Franklin County Public Health (614-525-3846; JenniferRobinson@franklincountyohio.gov)

Appendix A: Figure 1 Key

Abbreviated Title	Competency Statement
Use IT	Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information [1A4, 1B4, 1C4]
Describe Strategic Priorities	Describe agency's strategic priorities, mission, and vision [PHWINS 2017]
Apply Quality Improvement	Apply strategies for continuous quality improvement [2A11]
Work Exceeds Standards	Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient [NIH, retrieved 2018]
Communicate with Cultural Proficiency	Communicate in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images) [3A2, 3B2, 3C2]
Deliver Culturally Appropriate Service	Deliver socially, culturally, and linguistically appropriate programs and customer service [PH WINS 2017]
Address Diversity	Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community [4A5]
Social Determinants	Describe how social determinants of health impact the health of individuals, families, and the overall community (e.g., income, housing, education) [PHWINS 2017, adapted]
Inform Public	Inform the public about policies, programs, and resources that improve health in a community [5A9]
Organizational Policies	Adhere to organizational policies and procedures [7A3]
Public Health Funding	Describe public health funding mechanisms (e.g., categorical grants, fees, third-party reimbursement, tobacco taxes) [7A4]
Use Performance Management	Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting <i>Healthy People</i> objectives, sustaining accreditation) [7A14, 7B16, 7C16]
Maintain Effective Relationships	Develop and maintain effective relationships with others, showing understanding, courtesy, tact, empathy, concern and politeness [NIH, retrieved 2018, adapted]
Personal Responsibility	Take personal responsibility for the quality and timeliness of work and achieve results with little oversight [State of WA, retrieved 2018]
Adapt to Changes	Adapt to changing business needs, conditions and work responsibilities [State of WA, retrieved 2018]

Franklin Co WFD Assessment Spring 2019

Thank you for taking this workforce needs assessment survey. The survey asks questions that address competencies that apply to everyone in your organization, barriers and motivators to training, as well as preferences for training delivery. The information will be used to identify and prioritize training and workforce-focused initiatives in your agency. The survey will take no more than 10 minutes to complete and is confidential. No personal identifiers will be collected and results will be reported in summary. Your participation is voluntary and you may choose to leave the survey at any time.

If you start the survey and need to complete it at a later time, you may do so, however, your responses will not be saved. You may access the survey at a later time when you can complete it in one sitting. The deadline for completing the survey is 5 pm, Friday, May 10. If you have questions or encounter technical difficulties, please contact the survey administrator at Ohio State University: Joanne Pearsol, MA, MCHES 614-292-1085 or pearsol.3@osu.edu.

ORGANIZATIONAL COMPETENCIES

For each competency listed below, rate your current level of skill for this activity and the degree to which the activity is important to your job. Rate each question using a four-point scale: 1 – low to 4 – high.

Use information technology in accessing, collecting, analyzing, using, maintaining, and disseminating data and information

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe agency's strategic priorities, mission, and vision

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Apply strategies for continuous quality improvement

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ensure work meets or exceeds standards and identifies and implements ways to make job tasks or processes more efficient

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Communicate in writing and orally with linguistic and cultural proficiency (e.g., using age-appropriate materials, incorporating images)

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Deliver socially, culturally, and linguistically appropriate programs and customer service

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Address the diversity of individuals and populations when implementing policies, programs, and services that affect the health of a community

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe how social determinants of health impact the health of individuals, families, and the overall community (e.g., income, housing, education)

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Inform the public about policies, programs, and resources that improve health in a community

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adhere to organizational policies and procedures

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Describe public health funding mechanisms (e.g., categorical grants, fees, third party reimbursement, tobacco taxes)

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use performance management systems for program and organizational improvement (e.g., achieving performance objectives and targets, increasing efficiency, refining processes, meeting *Healthy People* objectives, sustaining accreditation)

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Develop and maintain effective relationships with others, showing understanding, courtesy, tact, empathy, concern and politeness

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Take personal responsibility for the quality and timeliness of work and achieve results with little oversight

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapt to changing business needs, conditions, and work responsibilities

	1 - Low	2	3	4 - High
Your personal ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Importance to your job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MOTIVATORS FOR PARTICIPATING IN TRAINING

What motivates you to participate in training? Please rate your level of motivation related to each of the following items on a four-point scale: 1 – low motivation to 4 – high motivation.

Increasing my competency in public health practice

- 1- low motivation
 - 2
 - 3
 - 4 - high motivation
-

Personal satisfaction

- 1- low motivation
 - 2
 - 3
 - 4 - high motivation
-

Professional networking opportunity

- 1- low motivation
 - 2
 - 3
 - 4 - high motivation
-

Accomplishment of the mission of the agency

- 1- low motivation
 - 2
 - 3
 - 4 - high motivation
-

Personal career advancement

- 1- low motivation
- 2
- 3
- 4 - high motivation

Maintain a license, certification, or credential for my job

- 1- low motivation
- 2
- 3
- 4 - high motivation

BARRIERS TO PARTICIPATING IN TRAINING

What prevents you from participating in training? Please rate how much of a barrier the following items are to participating in training on a four-point scale: 1 – not a barrier to 4 – very much a barrier.

Time away from work

- 1 - not a barrier
- 2
- 3
- 4 - very much a barrier

Family commitments

- 1 - not a barrier
 - 2
 - 3
 - 4 - very much a barrier
-

Agency and/or grant budget restrictions

- 1 - not a barrier
 - 2
 - 3
 - 4 - very much a barrier
-

Desired topics not available

- 1 - not a barrier
 - 2
 - 3
 - 4 - very much a barrier
-

Nearing retirement

- 1 - not a barrier
 - 2
 - 3
 - 4 - very much a barrier
-

Lack of supervisor support

- 1 - not a barrier
- 2
- 3
- 4 - very much a barrier

Lack of opportunity to apply what I learn

- 1 - not a barrier
- 2
- 3
- 4 - very much a barrier

PREFERENCES FOR COURSE/TRAINING DELIVERY

Please rate your level of interest in training delivered in each of the following ways on a four-point scale: 1 – not interested to 4 – very interested.

Online, self-study/self-paced

- 1 - not interested
 - 2
 - 3
 - 4 - very interested
-

Online, live/real-time (e.g., live webinar)

- 1 - not interested
 - 2
 - 3
 - 4 - very interested
-

Face-to-face, on-site

- 1 - not interested
 - 2
 - 3
 - 4 - very interested
-

Face-to-face, off-site and within 30 minutes travel time

- 1 - not interested
 - 2
 - 3
 - 4 - very interested
-

Phone conference

- 1 - not interested
 - 2
 - 3
 - 4 - very interested
-

Blend of online and face-to-face

- 1 - not interested
- 2
- 3
- 4 - very interested

Please select the forward arrow to submit your responses. Thank you for completing this assessment.

APPENDIX B: de Beaumont Foundation. Public Health Workforce Interests and Needs Survey (PH WINS). PH WINS 2021 Instrument Final Draft, September 2, 2021.



PH WINS 2021 Instrument Final Draft
September 9, 2021

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Public Health Workforce Interests and Needs Survey (PH WINS)

About the Survey

You have been selected to participate in the Public Health Workforce Interests and Needs Survey (PH WINS). The purpose of this survey is to inform future public health workforce development initiatives. The survey is being conducted by the de Beaumont Foundation in partnership with the Association of State and Territorial Health Officials (ASTHO), and with support from the Big Cities Health Coalition (BCHC), National Association of City and County Health Officials (NACCHO), the Region V Public Health Training Center, and the Northwest Center for Public Health Practice. The survey should take approximately 20 minutes of your time. Your participation is voluntary and your responses will be confidential. We hope you will participate. Your feedback is important and will help determine opportunities for future workforce development efforts for the public health workforce in your organization and across the nation.

Instructions for Completing the Survey

The survey must be completed in one sitting. If you do need to close the survey and resume, please be aware that your progress will not be saved. The survey link is unique to you, please do not share it with others or delegate it. As a reminder, your responses are completely confidential. Clicking “continue” will be interpreted as your informed consent to participate and that you affirm that you are at least 18 years of age.

Need Help?

If you have questions about the survey, please email phwins@debeaumont.org. You can also speak to a member of the PH WINS team directly by visiting the [PH WINS Virtual Help Center](#) open Monday-Friday from 12:00pm-1:00pm EST, starting on Tuesday, September 14. For answers to frequently asked questions, please visit [the PH WINS FAQs webpage](#). If you have any questions about your rights as a participant, you may contact the NORC Institutional Review Board at (773) 256-6000.

Defining Terms






Throughout the survey, the terms agency, department, or organization are used interchangeably to refer to independent state or local public health agencies or a unit/division of public health within a larger agency, often referred to as an umbrella agency or super-agency.

In this survey, we will use several terms specific to public health practice. In several questions, we have provided definitions in hover over text. You will see these terms displayed in blue. If you hover your mouse over them, the definition of that term will appear (pictured below).






Effectively target communications to different audiences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate in others to act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify appropriate sources of data and information to assess the health of a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section I: Workplace Environment

1. Please rate your level of agreement with the following items






	Strongly disagree 	Disagree 	Neither agree nor disagree 	Agree 	Strongly agree 
I know how my work relates to the agency's goals and priorities.					
The work I do is important.					
Creativity and innovation are rewarded.					
Communication between senior leadership and employees is good in my organization.					
Supervisors work well with employees of different backgrounds.					
Supervisors in my work unit support employee development.					
My training needs are assessed.					
Employees have sufficient training to fully utilize technology needed for their work.					
Employees learn from one another as they do their work.					
My supervisor provides me with opportunities to demonstrate my leadership skills.					
I have had opportunities to learn and grow in my position over the past year.					
I feel completely involved in my work.					
I am determined to give my best effort at work every day.					
I am satisfied that I have the opportunities to apply my talents and expertise.					
My supervisor and I have a good working relationship.					
My supervisor treats me with respect.					
I recommend my organization as a good place to work.					
My organization prioritizes diversity, equity, and inclusion.					

2. Considering everything, how satisfied are you currently with:

	Very dissatisfied 	Somewhat dissatisfied 	Neither dissatisfied nor satisfied 	Somewhat satisfied 	Very satisfied 
Your job?					
Your organization?					
Your pay?					
Your job security?					

3. If you wish, you may provide comments below about your workplace environment or level of job satisfaction.

4. Please rate your level of agreement with the following items:

	Strongly disagree 	Disagree 	Neither agree nor disagree 	Agree 	Strongly agree 
I have felt bullied, threatened, or harassed by individuals outside of the health department because of my role as a public health professional.					
I have felt my public health expertise was undermined or challenged by individuals outside of the health department.					

5. In general, how would you rate your mental or emotional health? (No forced response)

- Excellent
- Very good
- Good
- Fair
- Poor

5b. Has the **coronavirus or COVID-19 outbreak** been so frightening, horrible, or upsetting, (no forced response)

	Yes	No
that you had nightmares about it or thought about it when you did not want to?	1	2
that you tried hard not to think about it, or went out of your way to avoid situations that reminded you of it?	1	2
that you were constantly on guard, watchful, or easily startled?	1	2
that you felt numb or detached from others, activities, or your surroundings?	1	2

6. Are you considering leaving your organization within the next year? If so, what are you planning to do?

- No
- Yes, to retire
- Yes, to pursue further education

- Yes, to take another governmental job (in public health)
- Yes, to take another governmental job (not in public health)
- Yes, to take a non-governmental job (in public health)
- Yes, to take a non-governmental job (not in public health)
- Yes, leaving the workforce

7. Did the COVID-19 pandemic impact your decision to stay or leave your organization?

- I was thinking about staying, but COVID made me want to leave
- I was thinking about staying, and COVID made me want to stay more
- I was thinking about leaving, but COVID made me want to stay
- I was thinking about leaving, and COVID made me want to leave more
- COVID did not impact my decision to leave or stay

[Display if selected any "yes" in Q4]

7b. For approximately how long have you been considering leaving your organization?

- Less than 3 months
- 3-6 months
- 6-18 months
- Prior to March 2020

[Display if selected any yes for another job in Q4]

7c. Have you recently taken any steps towards leaving your organization, such as applying or interviewing for a new position outside of your organization?

- Yes
- No

[Display if selected any yes to retire in Q4]

7d. Have you recently taken any steps towards retiring, such as meeting with HR or submitting relevant paperwork?

- Yes
- No

[Display Q5e-g if selected yes for school in Q4]

7e. Have you recently taken any steps towards pursuing further education, such as filling out applications or attending an information session?

- Yes
- No

7f. What degree(s) are you planning to pursue?

- Associate's degree in nursing
- Other associate degree
- BS/BA
- BSN
- BSPH/BAPH
- Other baccalaureate degree
- MA/MS
- MBA
- MHSA
- MPA
- MPP
- MPH
- MSN
- MSW
- Other masters degree
- DDS/DMD

- DrPH/PhD/ScD/other public health doctorate
- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD
- PhD/ScD/other non-public health doctorate
- I will be a non-degree seeking student

7g. What are you planning to do after you finish your education?

- Return to my current organization
- Work in another governmental public health job
- Work in a non-governmental public health job
- I am not pursuing a career in public health
- I do not know

[Display for those staying in Q6]

8. Please select the most important reason(s) why you are staying at your organization.

- Acknowledgement/recognition for your work
- Job satisfaction
- Opportunities for advancement
- Training opportunities
- Satisfaction with your agency's leadership (e.g., Health Commissioner, Senior Deputy, etc.)
- Unsatisfactory opportunities outside of the agency
- Pay
- Satisfaction with your supervisor
- Lack of stress
- Flexibility (e.g., flex hours/telework)
- Benefits (e.g., retirement contributions/pensions, health insurance)
- Pride in the organization and its mission
- Exciting and challenging work
- Organizational climate/culture
- Mentorship opportunities
- Support
- Job stability
- Other (please specify)

[Display for those leaving in Q6]

8b. Please select the most important reason(s) why you are considering leaving your organization.

- Lack of acknowledgement/recognition
- Job satisfaction
- Lack of opportunities for advancement
- Lack of training
- Leadership changeover
- Better opportunities outside of the agency
- Pay
- Retirement
- Satisfaction with your supervisor
- Stress
- Lack of flexibility (flex hours/telework)
- Weakening of benefits (e.g., retirement contributions/pensions, health insurance)
- Work overload / burnout
- Organizational climate/culture

- Lack of support
- Job instability (e.g., loss of funding, RIF, layoffs)
- Reasons unrelated to my job (e.g., family obligations, health reasons, lack of affordable child-care options, moving, etc.)
- Other (Please Specify)

9. I am planning to retire in:

- 2021
- 2022
- 2023
- 2024
- 2025
- 2026
- I am not planning to retire before 2027

Section 1b: COVID-19 Response

The next few questions aim to understand the movement and needs of staff during the COVID-19 pandemic. These data will be used to understand the burden of COVID-19 response on the workforce and the workforce's capacity needs. It will also be helpful in advocating for sustained funding for the workforce. Please answer completely and as truthfully as possible. Your response is extremely valuable.

10. Which of the following best describes your employment status at your current organization prior to March 2020?

- Contractor providing third party services to the health department
- Permanent staff employed directly by the health department
- Intern employed directly by the health department
- Temporary staff employed directly by the health department
- Federal employee detailed to the health department
- Not employed at the health department in any capacity

11. At any time from March 2020 to now, did you fully or partially serve in a COVID-19 response role?

- Yes
- No
- I was hired specifically to serve in a COVID-19 response role

[Display for those who selected "I was hired specifically in a COVID-19 response role" or those who responded "Not employed at the health department in any capacity" in Q10]

11a. Approximately, in which of the following quarters were you hired?

- Q1 2020 (January – March)
- Q2 2020 (April – June)
- Q3 2020 (July – September)
- Q4 2020 (October – December)
- Q1 2021 (January – March)
- Q2 2021 (April – June)
- Q3 2021 (July – September)

[Display for those who selected "yes" to Q29]

11b. On average, what percent of your time was devoted to COVID-19 response versus other activities? If you were not working at the health department during a specific quarter, please leave the slider at 0%. (This should be out of 100% regardless of whether you are a full-time or part-time employee.)

- ____ Q1 2020 (January – March)

- ____ Q2 2020 (April – June)
- ____ Q3 2020 (July – September)
- ____ Q4 2020 (October – December)
- ____ Q1 2021 (January – March)
- ____ Q2 2021 (April – June)
- ____ Q3 2021 (July – September)
- ____ Q4 2021 (October – Present)

11c. During the time you served in a COVID-19 response role, on average, how many additional hours per week did you work beyond the number of hours you were hired for?

- _____ (# of hours)

12. Besides funding, which of the following do you need to effectively respond to COVID-19 in your jurisdiction? Select up to 3.

- More support from agency leadership
- Non-monetary resources (i.e., know-how, equipment)
- Additional staff capacity (i.e., number of staff and/or ability of staff)
- Training
- More community support
- More support from elected leaders
- Better messaging alignment with other leaders in my jurisdiction
- Better alignment with other sectors, such as businesses and schools
- Other (please specify)

13. If you wish, please share your thoughts and experiences about serving in your health department during the COVID-19 pandemic.

Section II. Training Needs Assessment

14. What is your supervisory status?

- Non-supervisor: you do not supervise other employees
- Supervisor: you are responsible for employees' performance appraisals and approval of their leave, but you do not supervise other supervisors
- Manager: you are in a management position and supervise one or more supervisors
- Executive: member of Senior Executive Service or equivalent

15. Please identify the classification that best represents your **current role** in the organization. This question refers to the type of role you serve in. This is NOT the same as your union/civil service title. You will be asked about your program area in the next question. Some job classifications are listed differently than you'd expect. For example, contact tracer can be found under "Disease Intervention Specialist/Contact Tracer."

- Animal Control Worker
- Attorney or Legal Counsel
- Behavioral Health Professional
- Business Support - Accountant/Fiscal
- Business Support services - Administrator
- Business Support services - Coordinator
- Clerical Personnel - Administrative Assistant
- Clerical Personnel - Secretary
- Community Health Worker
- Custodian
- Customer Service/Support Professional
- Data or Research Analyst
- Disability claims/benefits examiner or adjudicator
- Disease Intervention Specialist/Contact Tracer
- Department/Bureau Director
- Deputy Director
- Economist
- Emergency Medical Services Worker
- Emergency Medical Technician/Advanced Emergency Medical Technician/Paramedic
- Emergency Preparedness/Management Worker
- Engineer
- Environmental Health Worker
- Epidemiologist

- Grants or Contracts Specialist
- Health Educator
- Health Navigator
- Health Officer
- Human Resources Personnel
- Implementation Specialist
- Information Systems Manager/Information Technology Specialist
- Laboratory Aide or Assistant
- Laboratory Technician
- Laboratory Quality Control Worker
- Laboratory Scientist/Medical Technologist
- Licensed practical or vocational nurse
- Licensure/Regulation/Enforcement Worker
- Medical Examiner
- Medical/Vital Records Staff
- Nurse Practitioner
- Nursing and Home Health Aide
- Nutritionist or Dietitian
- Other Business Support Services
- Other Facilities or Operations Worker
- Other Health Professional/Clinical Support Staff
- Other Oral Health Professional
- Other Nurse - Clinical Services
- Other Program Staff
- Peer Counselor
- Pharmacist
- Physician Assistant
- Physical/Occupational/Rehabilitation Therapist
- Policy Analyst
- Population Health Specialist
- Program Director
- Program Evaluator
- Public Health Agency Director
- Public Health Dentist
- Public Health Manager or Program Manager
- Public Health/Preventive Medicine Physician
- Public Health Veterinarian

- Public Health Informatics Specialist
- Public Information Specialist
- Quality Improvement Worker
- Registered Nurse - Public Health or Community Health Nurse
- Registered Nurse - Unspecified
- Sanitarian or Inspector
- Social Worker/Social Services Professional
- Statistician
- Student, Professional or Scientific
- Other (please specify)

16. Please specify your **current program area(s)**. Select all that apply. Some programs are listed differently than you'd expect. For example, WIC can be found under "Maternal and Child Health - WIC." If you are serving in a COVID response role, please select "COVID-19 Response." If you only partially serving in that COVID response role, please select "COVID-19 Response" along with any other program area that you are also **currently** serving in.

- Administration/Administrative Support
- Animal Control
- Children and Youth with Special Health Care Needs
- Clinical Services (excluding TB, STD, family planning)
- Communicable Disease - HIV
- Communicable Disease - Influenza
- Communicable Disease - STD
- Communicable Disease - Tuberculosis
- Communicable Disease - Viral Hepatitis
- Other Communicable Disease
- Community Health Assessment/Planning
- COVID-19 Response
- Disability services, including disability determinations
- Emergency Medical Services
- Emergency Preparedness
- Enforcement/Inspection/Licensing/Certification of Facilities (includes health care facilities, long-term care facilities, nursing homes, and child care facilities)
- Environmental Health
- Epidemiology Surveillance
- Global Health
- Health Education
- Health Promotion/Wellness
- Immunizations - clinical services

- Immunizations - non-clinical
- Informatics
- Information Technology (IT) Services
- Injury/Violence Prevention
- Maternal and Child Health
- Maternal and Child Health - Family Planning
- Maternal and Child Health - WIC
- Medical Examiner
- Mental and Behavioral Health
- Minority Health/Health Disparities
- Non-Communicable Disease/Chronic Disease (including cancer, diabetes, heart disease, obesity, etc.)
- Oral Health/Clinical Dental Services
- Policy and Legislation
- Program Evaluation
- Public Health Genetics
- Public health laboratory
- School Health
- Substance Abuse, including tobacco control programs
- Training/Workforce Development
- Vital Records
- Other Program Area (specify)

[Carryforward program area responses from the previous question]

16b. Items shown are those you selected in the previous question. Please estimate the % time you currently serve in each of those program areas. (Your total should add up to 100%, regardless of whether you are a full-time or part-time employee.)

- Program Area 1 ____%
- Program Area 2 ____%
- Program Area 3 ____%
-

17. Please rate the following items in terms of importance to your current position and your current skill level. These items have been adapted from the Core Competencies for public health professionals.

Please note, skill levels are defined as follows:

- Not applicable: current position does not require performing this item
- Unable to perform: lacking the necessary skills to perform
- Beginner: able to perform with assistance
- Proficient: able to perform independently
- Expert: able to assist or teach others

How important is this item in your day-to-day work?				What is your current skill level for this item?				
Not important	Somewhat unimportant	Somewhat important	Very important	Not applicable	Unable to perform	Beginner	Proficient	Expert

ITEMS		
TIER 1: NON-SUPERVISORS	TIER 2: SUPERVISORS AND MANAGERS	TIER 3: EXECUTIVES
Effectively target communications to different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.)	Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand	Communicate in a way that different audiences (e.g., the public, community organizations, external partners, the scientific community, etc.) can understand
Communicate in a way that persuades others to act	Communicate in a way that persuades others to act	Communicate in a way that persuades others to act
Identify appropriate sources of data and information to assess the health of a community	Identify appropriate sources of data and information to assess the health of a community	Ensure the use of appropriate sources of data and information to assess the health of a community
Collect valid data for use in decision making	Use valid data to drive decision making	Use valid data to drive decision making
Identify evidence-based approaches to address public health issues	Apply evidence-based approaches to address public health issues	Ensure the application of evidence-based approaches to address public health issues
Describe the value of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	Support development of a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)	Develop a diverse public health workforce (e.g., diverse in terms of race, ethnicity, gender, age, sexual orientation)
Support inclusion of health equity and social justice principles into planning for program and service delivery (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)	Incorporate health equity and social justice principles into planning for programs and services (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)	Incorporate health equity and social justice principles into planning across the agency (e.g., include health equity in a strategic plan, promote health-in-all-policies, engage marginalized and under-resourced communities in decision making)
Deliver socially, culturally, and linguistically appropriate programs and customer service	Implement socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community	Ensure the implementation of socially, culturally, and linguistically appropriate policies, programs, and services that reflect the diversity of individuals and populations in a community
Describe financial analysis methods applicable to program and service delivery	Use financial analysis methods in managing programs and services	Use financial analysis methods in making decisions about programs and services across the agency
Describe how public health funding mechanisms support agency programs and services (e.g., categorical grants, state	Identify funding mechanisms and procedures to develop sustainable funding models for programs and services (e.g., categorical	Leverage funding mechanisms and procedures to develop sustainable funding models for the agency (e.g., categorical

general funds, fees, third-party reimbursement, tobacco taxes)	grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)	grants, state general funds, fees, third-party reimbursement, tobacco taxes, value-based purchasing, budget approval process)
Describe the value of an agency business plan (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)	Implement a business plan for agency programs and services (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)	Design a business plan for the agency (e.g., tool for analyzing and planning for a product or service that will meet a community need, will generate revenue, and be sustainable)
Describe the influence of internal changes (e.g., personnel changes, funding cuts, internal policies, etc.) on organizational practices	Modify programmatic practices in consideration of internal and external changes (e.g., social, political, economic, scientific)	Manage organizational change in response to evolving internal and external circumstances (e.g., social, political, economic, scientific)
Assess the external drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence your work	Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services	Assess the drivers in your environment (e.g., physical, political, social, fiscal, etc.) that may influence public health programs and services across the agency
N/A	Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into strategic planning for programs and services	Integrate current and projected trends (e.g., physical, political, social, fiscal, etc.) into organizational strategic planning
Describe how social determinants of health impact the health of individuals, families, and the overall community	Build cross-sector partnerships (e.g., agencies or organizations supporting transportation, housing, education, and law enforcement) to address social determinants of health	Influence policies external to the organization that address social determinants of health (e.g., zoning, transportation routes, etc.)
Participate in quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) for agency programs and services	Apply quality improvement processes (e.g., Plan-Do-Check-Act, SWOT analysis, fishbone, lean, kaizen, etc.) to improve agency programs and services	Create a culture of quality improvement (e.g., an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization) at the agency or division level
Describe the value of community strategic planning that results in a community health assessment or community health improvement plan	Apply findings from a community health assessment or community health improvement plan to agency programs and services	Ensure health department representation in a collaborative process resulting in a community health assessment or community health improvement plan.
Describe your agency's strategic priorities, mission, and vision	Implement an organizational strategic plan	Ensure the successful implementation of an organizational strategic plan
Describe the importance of engaging community members in the design and implementation of programs to improve health in a community	Engage community members in the design and implementation of programs to improve health in a community	Ensure community member engagement in the design and implementation of programs to improve health in a community

Engage community assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community	Identify and engage assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) that can be used to improve health in a community	Negotiate with multiple partners for the use of assets and resources (e.g., Boys & Girls Clubs, public libraries, hospitals, faith-based organizations, academic institutions, federal grants, fellowship programs) to improve health in a community
Collaborate with public health personnel across the agency to improve the health of the community	Engage in collaborations within the public health system, including traditional and non-traditional partners, to improve the health of a community.	Build collaborations within the public health system among traditional and non-traditional partners to improve the health of a community
Describe your role in improving the health of the community served by the agency	Assess how agency policies, programs, and services advance population health	Advocate for needed population health services and programs
Describe the relationship between a policy and many types of public health problems.	Examine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.	Determine the feasibility (e.g., fiscal, social, political, legal, geographic) of a policy and its relationship to many types of public health problems.
Collect and summarize information to inform the development of policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)	Identify and assess options for policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)	Prioritize and influence policies external to the organization that affect the health of the community (e.g., transportation routes, earned sick leave, tobacco 21, affordable housing/inclusionary zoning, complete streets, healthy food procurement)

18. For your programmatic area (e.g., Maternal Child Health, Environmental Health), please rate the following items in terms of importance to your current position and your current skill level.

ITEMS		
TIER 1: NON-SUPERVISORS	TIER 2: SUPERVISORS AND MANAGERS	TIER 3: EXECUTIVES
Content knowledge specific to my programmatic area	Content knowledge specific to my programmatic area	Content knowledge specific to my programmatic area
Technical skills specific to my programmatic area	Technical skills specific to my programmatic area	Technical skills specific to my programmatic area

[Populated with items from training needs assessment deemed "Very Important" by the respondent]

19. Items shown are those you identified as "Very Important" to your current position from the last three pages. Select the most important item you would seek training on given your current responsibilities.

Section III: Addressing Public Health Issues

[The following definitions are included as hover-over text in the questions, but will appear at the beginning of the section for a mobile user]

Health equity-

Health equity means all people, regardless of who they are, where they came from, how they identify, where they live, or the color of their skin, have a fair and just opportunity to live their healthiest possible lives - in body, mind, and community. Achieving health equity requires removing social, economic, contextual, and systemic barriers to health, and a continuous and explicit commitment to prioritize those affected by historical disadvantages. (CityHealth)

Racism as a Public Health Crisis-

States, cities, and counties have increasingly declared racism to be a public health crisis or emergency. These declarations are driven by a recognition that systemic, institutional, and other forms of racism drive disparities across employment, housing, education, the justice system, healthcare, and other determinants of health. The declarations also reflect a growing acknowledgment that state and local governments must anchor efforts to eradicate the impacts of racism in order to truly achieve the conditions that create optimal health for all. (Network for Public Health Law)

Social Determinants of Equity-

The social determinants of equity are systems of power like racism, sexism, heterosexism, ableism, and economic systems like capitalism. The social determinants of equity determine the range of contexts available and who is found in which context. They govern the distribution of resources and populations through decision-making structures, policies, practices, norms, and values, and too often operate as social determinants of in-equity by differentially distributing resources and populations (Jones, 2014)

Social Determinants of Health

The social determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Domains of the social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. (U.S. Department of Health and Human Services)

Structural Racism-

A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness” and disadvantages associated with “color” to endure and adapt over time. (Aspen Institute)

Environmental Justice-

Environmental justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income, with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies. (US EPA)

20. How much, if anything, have you heard of the following concepts in public health?

	Not at all	Not much	A little	A lot
Health Equity				
Social Determinants of Equity				
Social Determinants of Health				

Structural Racism				
Environmental Justice				

[carryforward concepts that people are at least aware of]

20b. How confident are you in addressing the following public health concepts in your work?

	Not at all	Not much	A little	A lot
Health Equity				
Social Determinants of Equity				
Social Determinants of Health				
Structural Racism				
Environmental Justice				

21. To what extent have you been engaged in efforts to address racism as public health crisis in your health department?

- A lot
- Some
- Very little
- Not at all

22. Do you believe that addressing racism as a public health crisis should be a part of your work at the health department?

- Yes
- No

[display next two questions if yes:]

22b. Do you feel that you have adequate funding to address racism as a public health crisis?

- Agree
- Somewhat agree
- Somewhat disagree
- Disagree

22c. Which of the following do you need to address racism as a public health crisis? Select up to 3.

- More support from agency leadership
- Non-monetary resources (i.e., know-how, time, equipment)
- Additional staff capacity (i.e., number of staff and/or ability of staff)
- Training in these areas
- More community engagement
- Acknowledgement by those working within the agency
- More support from elected leaders
- Other (please specify)

Section IV: Workforce Characteristics and Demographics

23. Do you describe yourself as a man, a woman, or in some other way?

- Man
- Woman
- Some other way (if you wish, you may elaborate)

24. Are you Hispanic or Latino?

- No
- Yes

25. Please select the racial category or categories with which you most identify.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Two or more races

26. What is your age in years? Please round to the nearest whole year. [dropdown list]

27. Please move the sliders to indicate how long you have been in each of the following (in years). Please round to the nearest year.

- In your current position_____
- With your current agency in total (in any position)_____
- In public health practice in total (in any agency, in any position)_____
- [Display if supervisory status of manager or executive is selected]* In years, please indicate how long you have been in public health management in total (in any agency, in any public health Manager or Executive position)_____

28. Which of the following best describes your current employment status?

- Contractor providing third party services to the health department
- Permanent staff employed directly by the health department
- Intern employed directly by the health department
- Federal employee detailed to the health department
- Temporary staff employed directly by the health department

29. Is your current position a bargaining unit (union) position?

- Yes
- No

30. Are you currently employed full-time at the public health department?

- Yes
- No

[Display if no:]

30b. Please indicate what percent time you are working for the public health department. (e.g., 50% for half-time [.5 FTE], 100% for full-time [1.0 FTE])

- _____ Part-time percentage

31. Is your pay based on an annual salary or hourly wage?

- Annual salary
- Hourly wage

[Display if annual:]

31b. What is your current annual salary?

- Less than \$25,000
- \$25,000 - \$35,000
- \$35,000.01 - \$45,000
- \$45,000.01 - \$55,000
- \$55,000.01 - \$65,000
- \$65,000.01 - \$75,000
- \$75,000.01 - \$85,000
- \$85,000.01 - \$95,000
- \$95,000.01 - \$105,000

- \$105,000.01 - \$115,000
- \$115,000.01 - \$125,000
- \$125,000.01 - \$135,000
- \$135,000.01 - \$145,000
- More than \$145,000

[Display if hourly:]

31c. What is your current hourly wage?

- Less than \$12.50
- \$12.51 - \$17.50
- \$17.51 - \$22.50
- \$22.51 - \$27.50
- \$27.51 - \$32.50
- \$32.51 - \$37.50
- \$37.51 - \$42.50
- \$42.51 - \$47.50
- \$47.51 - \$52.50
- \$52.51 - \$57.50
- \$57.51 - \$62.50
- \$62.51 - \$67.50
- \$67.51 - \$72.50
- More than \$72.50

32. Please indicate which degrees you have attained. Check all that apply.

- High school or equivalent
- Associate's degree in nursing
- Other associate degree
- BS/BA
- BSN
- BSPH/BAPH
- Other baccalaureate degree
- MA/MS
- MBA
- MHSA
- MPA
- MPP
- MPH
- MSN
- MSW
- Other masters degree
- DDS/DMD
- DrPH
- PhD
- ScD
- other public health doctorate
- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD
- PhD/ScD/other non-public health doctorate
- I am currently pursuing a degree

[Display if "I am currently pursuing a degree" is selected]

32b. Please indicate which degree(s) you are currently pursuing.

- High school or equivalent
- Associate's degree in nursing
- Other associate degree
- BS/BA
- BSN
- BSPH/BAPH
- Other baccalaureate degree
- MA/MS
- MBA
- MHSA
- MPA
- MPP
- MPH
- MSN
- MSW
- Other masters degree
- DDS/DMD
- DrPH
- PhD
- ScD
- other public health doctorate
- DNP
- DVM/VMD
- JD
- MD/DO, or international equivalent
- PharmD
- PhD/ScD/other non-public health doctorate

[Display all selected above high school or equivalent]

32c. Please indicate the primary major/concentration associated with your degrees, "e.g., BA Biology, MPH Health Policy, MD Internal Medicine". Write "N/A" if this is not applicable.

33. Please indicate which credentials you have attained. Check all that apply.

- Physician board certification
- Preventive Medicine Physician board certification
- Nurse certification
- Physician Assistant - Certified (PA-C)
- Certified in Public Health
- Certified Health Education Specialist (CHES or Master CHES)
- Laboratory certification
- Dental Public Health - Board Certification (DPH)
- Breastfeeding/Lactation Certification (CLC, CLE, CLS, or IBCLC)
- Diabetes Educator Certification (CDE)
- Physical Activity in Public Health Specialist (PAPHS)
- Infection Control Certification (CIC)
- Registered Dietitian (RD)
- Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
- Certified Professional - Food Safety (CP-FS) and/or Certified Foodborne Outbreak Investigator
- Certified Community Health Worker
- Other Certification _____
- Not formally certified

34. Please specify your setting.

- City/Town Health Agency
- County Health Agency
- Other Public Health Local Agency
- Multi-city Health Agency
- Multi-county Health Agency
- State Health Agency - Central Office
- State Health Agency - Local or Regional Office
- Other State Agency, not Health Agency
- Hospital or Primary Care Clinic
- Inpatient or Outpatient Clinical Setting
- Other [please specify]

35. Please specify your employer.

- Local government
- State government
- Federal government
- Non-governmental

[Display if "State Health Agency - Central Office" is NOT selected in Q32]

36. Please indicate where you work by answering the following questions. As a reminder, your responses are confidential and individual responses will never be shared with your agency.

What state do you work in?

What agency do you work in?

[Display if "Other" is selected]

37. If you selected "Other" above, please specify. Otherwise, please leave this blank or write "N/A."

APPENDIX C: Franklin County Public Health Training. Courses for All Staff. April 2021.



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Franklin County Public Health Training

REQUIRED COURSES FOR ALL STAFF

Training to be maintained by All Staff

This training schedule is after one year of full employment, with all probationary trainings completed. Please send copies of certificates of completion to Lela Anthony via email.

Bloodborne Pathogens

This Course provides an overview of the OSHA Bloodborne Pathogens standard requirements applicable to emergency response personnel in office and manufacturing environments.

Course Info: Internal Requirement. Once every year.

Course Location: **non-P&W staff:** Bloodborne Pathogens: Just the Facts (BBP041HMLENG0000) / **P&W staff:** Bloodborne Pathogens: Don't Take the Risk! (BBP044HMLENG0000) – PEP Resource Library <https://apeepelibrary.com/>

Customer Service Connection

Public service employees are charged with delivering quality services and treating customers with dignity and respect. This informative workshop will demonstrate how to achieve extraordinary customer relations.

Course Info: Internal Requirement. Once every 5 years.

Course Location: Franklin County HR Training schedule
<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

Ethics

In order to make the most ethical decisions we need to possess a clear, objective ethical framework for making decisions that take into account more than our own personal value system. Review the fundamental principles of ethical decision making and its application to resolving issues and conflicts in the workplace.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Franklin County HR Training schedule
<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

FCPH Emergency Response Plan

The Emergency Response Plan is to establish standard operating procedures in order to mobilize FCPH resources, includes the role of Public Health.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Training created and offered by FCPH
<https://portal.myfcph.org/performance-management> - Send test to Lela for scoring



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Franklin County Public Health Training

REQUIRED COURSES FOR ALL STAFF

Point of Dispensing – POD 101

To provide Franklin County Public Staff with an initial orientation to Point of Dispensing (POD) sites. POD sites are community locations at which state and local agencies dispense and administer medical countermeasures (MCMs) to the public.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Training created and offered by FCPH

<https://portal.myfcph.org/performance-management/> - Send test to Lela for scoring

HIPAA

Mandatory training on patient confidentiality. The Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

Course Info: HIPAA Rules & Compliance (HIP009HMLENG0000). Annual Training.

Course Location: PEP Resource Library <https://apepelibrary.com/>

Sexual Harassment Awareness

This workshop discusses the legal definition of sexual harassment, reviews the Board of Commissioners Anti-Harassment policy, and addresses the employee's rights and responsibilities for working in a discrimination-free environment.

Course Info: Internal requirement. Once every 5 years.

Course Location: Franklin County HR Training schedule

<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

Multicultural Awareness: Study cultural differences and biases and learn how to promote better communication.

Course Info: Internal requirement. Once every 5 years.

Course Location: Franklin County HR Training schedule

<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

Public Records Retention & Policy

Overview of Ohio Public Records Law and the FCPH Public Records Policy including records retention and handling public records. Internal requirement.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Training offered in-person through FCPH Office of Communication and Marketing.



Franklin County Public Health
280 East Broad Street
Columbus, Ohio 43215-4562
(614) 525-3160
www.myfcph.org

Franklin County Public Health Training

REQUIRED COURSES FOR ALL STAFF

Violence in the Workplace (CRASE Training)*

The CRASE course is designed and built on the Avoid, Deny, Defend (ADD) strategy developed by Advanced Law Enforcement Rapid Response Training (ALERRT) in 2004. It provides strategies, guidance and a proven plan for surviving an active shooter event.

Course Info: Internal Requirement. Once every 5 years.

Course Location: Franklin County HR Training schedule

<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

*THIS CLASS TEMPORARILY SUSPENDED. Register for Core Safety Orientation - This course satisfies the safety element of the County's Core Safety & Wellness course. Employees who complete this course will not have to sit through the safety portion of the course when in person learning resumes.

Continuous Quality Improvement

Continuous Quality Improvement (CQI) is a deliberate, defined process which is focused on activities that are responsive to community needs and improving population health. It is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality for state and local program levels.

Course Info: Internal requirement. Once.

Course Location: Training offered in-person through FCPH Office of Human Resources and Customer Service.

APPENDIX D: Franklin County Public Health Training. Courses for Probationary Staff. April 2021.



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Franklin County Public Health Training

COURSES FOR PROBATIONARY STAFF

Courses to be completed during Probationary Period

Please send copies of certificates of completion to Lela Anthony via email.

HIPAA

Mandatory training on patient confidentiality. The Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

Course Info: HIPAA Rules & Compliance (HIP009HMLENG0000). Annual Training.

Course Location: PEP Resource Library <https://apeepelibrary.com/>

ICS-100

ICS 100, Introduction to the Incident Command System, introduces the Incident Command System (ICS) and provides the foundation for higher level ICS training. This course describes the history, features and principles, and organizational structure of the Incident Command System. It also explains the relationship between ICS and the National Incident Management System (NIMS).

Course Info: Federal Policy. Once.

Course Location: FEMA Online

<https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c>

IS-700

This course provides an overview of the National Incident Management System (NIMS). NIMS defines the comprehensive approach guiding the whole community - all levels of government, nongovernmental organizations (NGO), and the private sector - to work together seamlessly to prevent, protect against, mitigate, respond to, and recover from the effects of incidents.

Course Info: Federal Policy. Once.

Course Location: FEMA Online

<https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b>

Public Health 101

This course reviews key Public Health terms, Historical Developments from four public health perspectives, Determinates of health and their effects on population health.

Course Info: Internal requirement. Once.

Course Location: Offered by Center for Disease Control (E-learning course)

<https://www.cdc.gov/training/publichealth101/public-health.html>



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COURSES FOR PROBATIONARY STAFF

Courses to be complete in First Year

Customer Service Connection

Public service employees are charged with delivering quality services and treating customers with dignity and respect. This informative workshop will demonstrate how to achieve extraordinary customer relations.

Course Info: Internal Requirement. Once every 5 years.

Course Location: Franklin County HR Training schedule

<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

Ethics

In order to make the most ethical decisions we need to possess a clear, objective ethical framework for making decisions that take into account more than our own personal value system. Review the fundamental principles of ethical decision making and its application to resolving issues and conflicts in the workplace.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Franklin County HR Training schedule

<https://hr-boc.franklincountyohio.gov/Jobs-and-Training/Training-Classes>

FCPH Emergency Response Plan

The Emergency Response Plan is to establish standard operating procedures in order to mobilize FCPH resources, includes the role of Public Health.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Training created and offered by FCPH

<https://portal.myfcph.org/performance-management/> - Send test to Lela for scoring

FCPH Point of Dispensing (POD) 101

To provide Franklin County Public Staff with an initial orientation to Point of Dispensing (POD) sites. POD sites are community locations at which state and local agencies dispense and administer medical countermeasures (MCMs) to the public.

Course Info: Internal Requirement. Once every 3 years.

Course Location: Training created and offered by FCPH

<https://portal.myfcph.org/performance-management/> - Send test to Lela for scoring

ICS-200

ICS 200 is designed to enable personnel to operate efficiently during an incident or event within the Incident Command System (ICS). ICS-200 provides training on and resources for personnel who are likely to assume a supervisory position within the ICS.

Course Info: Federal Policy. Once.

Course Location: FEMA Online

<https://training.fema.gov/is/courseoverview.aspx?code=IS-200.b>



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COURSES FOR PROBATIONARY STAFF

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