WORKFORCE DEVELOPMENT PLAN

2017 - 2022

ABSTRACT

The Workforce Development Plan documents efforts to 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 PHAB 8.2.

		X ~~Scott John~~ 3-4-16	
PublicHealth Prevent. Promote. Protect. **Greene County**	**Greene County Public Health**	Board President	
		DC #:	PLA-01-ADM-1001-2015-5-WDP
		Adoption Date:	4/7/16
		Last Update:	4/2/16
Revision #:	**Brief Summary of Changes**	**Revision Date:**	**Last Modified by:**
1.0	Draft 1.0	12/01/2015	M. Branum
1.1	Incorporate OSU WDP Survey	4/02/2016	M. Branum
1.1	Adoption	4/7/2016	M. Branum

Revision	Summary of Changes	Updated:	Last modified by
1.2	Update	07/31/17	M. Howell
1.3	Update to training for 2017	01/08/17	M. Howell

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Executive Summary

Greene County Public Health has a long history of supporting the professional growth, training and development of employees. Fundamental to our goal of improving health outcomes and the quality of services we provide to the community; the Board of Health supports the personal and professional development of employees.

The Workforce Development Plan is an agency wide strategy to assess our current capacity, develop and train our human capital and recognize performance. The Board of Health has adopted personnel policies and core competencies to support this plan. Greene County Public Health selected 21 organizational competencies that are aligned with the Public Health Foundation's Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals.

At this time, the organization will focus on this set of competencies but recognizes discipline specific competencies for Emergency Response, Sanitarians, Nurses, Health Educators, Help Me Grow, Women, Infant and Children and Supervisors complement this framework.

The workforce development plan moves the organization beyond planning trainings for what we "think" our employees need to a place of performing an assessment of need that is consistent with other health districts across Ohio and the United States. This plan guides the organization in sustaining a workforce that is competent in all aspects of public health. This draft is the 2017 update, approved by the Board of Health and timeframes have been adjusted.

The Leadership Team will serve as the multi-disciplinary group to monitor and evaluate progress towards the goals in this plan. The Director of Community Health Services will annually review this plan and provide updates to the plan. Plan revisions are approved by the Board of Health and reviewed annually after adoption. The five-year plan includes the following priorities in need of development:

1) Orientation and hiring.
2) Create a quality culture that supports diversity and inclusion.
3) Implement a formal structure to monitor training, development and progress of the workforce development plan. Track training in a centralized location.
4) Improve capacity to collect interpret and disseminate public health metrics.
5) Support mentoring, internships and succession planning. We have developed an intern process. It is being refined. The Workforce Development Coordinator will find appropriate training in mentoring for Program Managers, Directors and the Health Commissioner. This training will occur by 12/31/18. Succession binders have been created.
6) Policy development and program planning for Foundational Areas of Public Health.
7) Strengthen the Foundational Capabilities of the organization.
8) Communication.

Background

One of the goals of Healthy People 2020 is "to ensure that Federal, State and local health agencies have the necessary infrastructure to effectively provide essential public health services". An important aspect of the public health infrastructure involves training, supporting and sustaining a capable and qualified workforce.

Greene County Public Health is the trusted local public health authority for over 164,912 residents in West Central Ohio. Our agency mission to prevent disease, protect our environment, and promote healthy communities and wellness in Greene County requires our employees to serve as experts in their given field and assure quality public health programs and services are delivered to the community. Our employees are a valued asset and our investment in their personal and professional growth will advance public health in Greene County.

Greene County Public Health adopted 21 prioritized organizational competencies (Appendix A) that are aligned with the Public Health Foundation's Council on Linkages Between Academia and Public Health Practice's Core Competencies for Public Health Professionals (Core Competencies) (Board of Health (June 26, 2014). The organizational competencies selected by Greene County Public Health are aligned primarily with the Council on Linkages but also utilize Public Health Informatics Competencies, Washington State Government Human Resources and Public Health Preparedness and Emergency Response Competencies. The Core Competencies of each job varies depending upon the types of responsibilities requisite of the position.

The competences are separated into 8 domains, or topical areas of knowledge and skill: analytical/assessment skills, Basic public health science skills, communication skill, community partnership skills, cultural competency skills, financial planning and management skills, leadership and systems thinking, and policy development. The Greene County Board of Health expects the organization to develop employees. Annually the Board reviews the organization on career development through training programs and continuing education offerings. The Board also reviews the organization on the provision of constructive feedback, support for innovation, motivation and respect to colleagues.

Purpose

The Workforce Plan (WDP)'s primary purpose is to assure public health workers are provided the development and training necessary to carry out the mission's organization. A written Workforce Development Plan reflects our core values. To fulfill our mission teamwork is essential. Employees are an integral part of our effectiveness and our most valued resource. Our professionals interact with the community and each other with integrity to deliver quality public health programs and services and service to the community.

The Community Health Improvement Plan (CHIP), the Community Health Assessment, the Strategic Plan, and the Quality Improvement Plan are all guides in helping prioritize activities in developing a competent workforce.

Goals

1. Recruit, attract and retain a qualified workforce. We survey employees for feedback because they are an integral part of our effectiveness. We conduct research and evaluation of the public health workforce.
2. Provide employees with flexible development opportunities suited to learning styles. Our policies promote work-life balance.
3. Identify and promote cross training.
4. Recognize performance and longevity. Utilize systems to track training (Learning Management System, OH Train, Ohio Development Professionals Network)
5. Show appreciation for employees.
6. Improve customer satisfaction.
7. Cultivate an understanding of the agency's mission, vision, goals and values through mentoring.

The WDP is a living document that can be updated and refined annually. The Greene County Board of Health will ensure resources are available to implement the workforce development plan. The Health Commissioner will set the overall workforce strategy, set priorities, and ensure a work environment that is conducive to learning. Directors and Supervisors support, coach and mentor employees to ensure appropriate training resources are available. Individuals demonstrating high growth potential and qualifications will be considered in succession planning. All employees are responsible for their active engagement in their own learning and development.

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Agency Profile

Our services are designed to protect and improve the health of over 164,192 Greene County residents. Since the first meeting on record for the board of health on February 20, 1920, the health district's services have expanded to provide vital statistics, easily accessible population based public health services and environmental health programs. We are the only health district operating in Greene County. We ensure air, food and water are safe, that residents are protected from disease and maintain readiness to respond to emergencies. We serve all of Greene County including Beavercreek, Bellbrook, Fairborn, Xenia and the surrounding townships and villages. Public health service is critical to the public's welfare and must be maintained to keep the spread of disease and large outbreaks at bay.

Our employees accomplish our mission through integrated community efforts and assessment, health education, collaboration and assurance of quality services, disease prevention and control and emergency preparedness. We do have shared agreements for service which include the Regional Air Pollution Control Agency, and an HIV/AIDS Rural Health Grant. The Environmental Health Division has agreements to provide licensing, permitting and inspection services and we have agreements in west central and southwest Ohio to provide services in the event of emergencies.

Address the workforce in units 2018

Category	#
Full Time Equivalents (35 hour work week)	64.3
Total Number of Employees	64
Male	12
Female	52
Race: not captured outside of Human Resources	African-American American Indian/Alaskan Native Asian Caucasian Hawaiian/Pacific Islander Hispanic Non-Hispanic More than one race Other
Turnover Rate (# of employees who separate during previous 12 months/average # of employees during the same time)	2016 11.9% 2018 3.1% excluding Five Rivers Benchmark 9.9% (United Stated Public Health
Ratio of key positions filled with internal vs. external candidates	70:30 (Munro, 2005)
Average time to fill positions	60 Days (2016) 90 Days (2018)
Retirement eligibility within 5 years	5 approx. payout of $89,900
Educational Level TBD	HS College Degree Not reported
Average Wage	$26.71
Average Tenure	TBD
Exit Interviews complete on	66% 1 was off on sick leave

Type of Service Provider	Supply (FTE)	Projected Need	Gap	Comments to address gaps and long-term concerns
Accounting Clerk	4	4	0	
Accounting Program Manager	1	1	0	No change
Accreditation Coordinator	2	2	0	No change
Chief Executive	1	1	0	No change
Administrative Professional	2	2	0	No change
Breastfeeding Peer Helper	.86	.86	0	No change
Chief Information Technology Officer	1	1	0	No change
Custodian	1.14	1.14	0	Outside company for 1st floor
Dietician/Nutritionist	3	3	0	No change
Director	2	2	0	No change
Emergency Preparedness Coordinator	1	1	0	No change

Environmental Services Program Manager	2	2	0	No change
Epidemiologist	1	1	0	No change
Executive Assistant	1	1	0	No change
Health Education Program Manager	1	1	0	No change
Health Educators	3	3	0	No change
Health Services Program Managers	3	3	0	No change (WIC, HV, EI)
Home Visitors	2	2		No change
Medical Records	1	1	0	No replacement
Office Support Specialist	7.57	7.57	0	No change
Plumbing Inspectors	1	1	0	No change
Plumbing Program Manager	1	1	0	No change
Public Information Officer	1	1	0	No change
Registered Nurse	3	3	0	No change
Registrar	1	1	0	No change
Sanitarian/S.I.T.	8	8	0	No change
Service Coordinator/Home Visitor	8	8	0	No change

Assessment of staff competencies

A competency based training needs assessment occurred in March of 2016. The training needs assessment survey was based on a set of 21 organizational competencies adopted by Greene County Public Health. A total of 60 of 71 employees participated for a response rate of 84.5%. Staff identified training needs in three areas:

1. Taking action in emergencies. In 2016 all newly hired employees were provided ICS 100, 200, and 700 training during orientation. All employees received training in ICS roles and responsibilities. Exercises included a tabletop for Ebola and a regional pandemic influenza exercise.
2. Describing health resources that exist in the community. In 2017 a community resource guide was made available on a shared network drive to all employees.
3. Implementation of the strategic plan. A revised orientation schedule has been accomplished in 2017. All new employees receive training in Public Health 101. Existing employees have the strategic plan available on a shared network drive and are provided updates to the strategic plan through mid-year and end of year reports. Employees are informed of ongoing success towards meeting strategic goals at monthly employee meetings. In 2017 employees were updated on progress towards Accreditation, the new facility and received training in Health Equity.

Competencies:

Analytical/Assessment: Ability to collect sufficient foundational data to guide public health planning and decision making at the local level.

Basic Public Health Science Skills: Define, assess and understand the status of a population, social determinants of health, and apply interventions to core public health areas such as chronic disease, communicable disease, injury prevention, maternal child and infant health and access.

Communication: Back up ability to write press releases, conduct press conferences, and use electronic communication tools to interact with the media. Health Literacy committee with understanding of 508 Complaint documents.

Community Partnerships: Convene specific strategic organizations, community groups and businesses to address Health equity; promote trust in the organization as the leader in addressing public health outcomes for the community; engage partners in community health improvement and create community vision. Include transportation, aging, substance use, behavioral health and planning and development.

Cultural Competency: Address social determinants of health in ongoing training

Financial Planning and Management: Build skills for budgeting, auditing, billing, chart of accounts, compliance with GAPP, prevailing wage, procurement and contracting improvements.

Leadership & Systems Development; Assure succession binders are updated annually, All Directors and Managers will attend Leadership Essentials for Health District Success. Leaders will understand the role of respect and mentoring to model behavior consistent with a quality culture.

Policy Development/Program Management: Skill set to establish and maintain basic public health policy that are evidenced based and include the economic impact of such policies as well as presenting public policy to decision makers and influencing those decisions. Having the ability to influence other decision-making bodies.

In addition to the training needs assessment, in the fall of 2016 the organization completed a job satisfaction survey. In most areas surveyed employees were satisfied and/or ambivalent towards the area being measured.

Major Motivators and Barriers Identified

Employees indicated they are most interested in courses that lead to continuing education or a certificate of completion. All in house courses now have a certificate of completion. Employees preferred face-to face, web based synchronous learning, blended (face to face and online), and online self-study. A recurring theme was the lack of support some staff felt from Management for training.

The Ohio State University surveyed motivators and barriers to participation in training and identified the following:

Motivators	Barriers
Personal Satisfaction (91.7%)	Agency and/or grant budget restrictions (62.7%)
Accomplishment of agency mission (91.7%)	Time away from work (61.0%)
Personal Career development (89.8%)	Time, Work piles up, Supervisor support
Increase public health competency (88.3%)	Noise and Interruptions
Maintaining licensure and/or certification (76.7%)	Value placed on training

Trends

The diversity of population in relation to the diversity of the public health workforce requires the district to adopt new strategies to recruit the workforce. To address this trend the health district circulates employment opportunities to diverse communities and implemented a new recruitment system. We encourage dialogue about diversity through a "People First Committee". We have included individuals from diverse backgrounds due to their talents and abilities to lead the organization towards our strategic goals.

Public Health practice is rapidly evolving and includes new systems and databases such as electronic systems for finance, environmental, and populations based care. We implemented Virtual Intelligence Pro for finance, SharePoint for document sharing and have moved towards digital documents for environmental programs and the Children with Medical Handicaps program. Emerging challenges include the ability to map specific health data that is neighborhood specific to target our interventions and improve our ability to share data, synthesize the information and create knowledge. The district will continue to be challenged by new technology and the need for mobility.

There are 2-3 public health worker retirements each year in our district. The loss of key staff with years of experience and institutional knowledge could threaten future operations.

Interns

We have chosen to cross train employees and implement succession binders. We implemented a succession planning project in 2017. M. Howell served as the preceptor for Renee Payne. Renee completed her Master's Degree in Nursing from the University of Wisconsin. Program Managers, Directors, the Health Commissioner, the Executive Assistant, and Chief Information Technology Officer, maintain a succession binder of "how to" do most job functions as well as where key information is located. Goals for the district include to reduce turnover rates and prepare existing employees to be promoted into key positions. The novel approach to assuring a qualified workforce into the future has been submitted to *Nurse Leader* for publication.

Lance Nussbaum completed 210 hours of an internship and completed a demographic survey of the public health clinics. The agency precepted five nursing students from Cedarville University in October. K. Bean precepted Brenna Heinle, a Wright State University Biology and Public Health undergraduate. J. Drew hosted Drew Ratzel, a Wright State University intern.

Capacity assessment and gap analysis

One previously identified gap was a place to coordinate workforce development efforts in a central location. We have assigned the Director of Community Health Services as a workforce development coordinator for tracking education and assuring staff receive continuing education or certificates of completion. The Director will work to have coordinated staff education and development and tracking. The Director will track the many committees and advisory Boards where the health district is represented.

The Ohio State University assessment was conducted first quarter of 2016. The first planning meeting

occurred in January. This was the first public health workforce needs assessment of its kind in Greene County. A small committee was formed, representative of various disciplines at the health district. Twenty-one core competencies were identified as relevant to the entire district. All employees were surveyed regarding the identified "core" competencies.

All employees were invited to participate in the survey. An online (Qualtrics) assessment was deployed to assess organizational competencies, cultural competencies, motivators and barriers to participation in training, preferences for training delivery and wellness topics of interest. The data was analyzed and a 6-10-page report was generated on 4/06/16. The raw data was provided. The strategies for addressing gaps and implementing the plan include:

1. Generate training needs that are discipline specific. An intern is surveying Registered Sanitarians in Ohio.
2. Support on-boarding and mentoring of new employees in the orientation process. We addressed this gap by expanding orientation to three days and documented the elements required to successfully onboard a new employee. The orientation process was revamped in 2017.
3. Support mentorships and succession planning. Additional training is needed in mentoring but we have taken steps to address succession planning.
4. Implement a formal structure to monitor progress of the workforce development plan. Appendix B contains key training completed in 2016 & 2017 to date
5. Benchmark other counties. An intern has been assigned to examine our wage and fringe benefit structure.
6. We have assigned a workforce development coordinator.
7. Implement a system(s) to track training in a central location.
8. Continue to strive towards a quality culture by
   a. Practicing positivity, empathy and listening
   b. Support diversity and inclusion
   c. Continue to support quality improvement projects
   d. Standardize the exit interview process and implement measures to monitor feedback
   e. Develop, implement and analyze an ongoing survey for employee satisfaction.
9. Develop individual professional plans apart from a single supervisor structure and update performance appraisal.
10. Over 75% of respondents to the Ohio State University Survey indicated our employees are interested or very interested in learning more about stretching/flexibility, healthy eating, healthy cooking, physical activity, and financial planning. Currently we do not have the capacity in place to address these issues that are of importance to the employees.

Quality Culture
A quality culture is measured by achieving positive results in performance management plans and attaining strategic goals. Reporting for the plans, goals and outcomes of quality improvement projects also defines a quality culture. Quality culture is also reflected in positive health outcomes in the Community Health Improvement Plan, the Ohio Department of Health quality indicators, positive site surveys from the Ohio Department of Health and other state agencies and favorable employee and customer satisfaction ratings.

Training Priorities

We recognize that training and development may need to be prioritized to assure adequate resources exist into the future.

We prioritize training as follows:
1. Federal and state mandated regulations and requirements as the highest priority.
2. Licensure, credentialing, certification of employees needed to conduct services.
3. Positioning for growth of the agency and workforce and
4. To increase knowledge, skills and abilities.

Discipline	Position Specific	CE, Field or Classroom training
Registered Nurse	RN	24 hours/2 years, 1 hour in nursing law
Registered Sanitarians	RS	18 hours per year
Health Educators	RN, CHES, MCHES, Other	75 CECH every 5 years or discipline/program specific
Certified Nurse Midwives	CNM	
Physicians	MD DO	100 hours every 2 years
Social Workers	LSW, LISW, MSW	30 hours every 2 years, 3 hours in ethics
Dental Hygiene		24 hours/2 years
Dietician	RD, LD	75 CPEU every 5 years
Epidemiology	Related 4-year degree or MPH	
Health Commissioner	ORC 3709.11	
Emergency Preparedness	HS	
Office Support Specialist	HS	
Licensed Pesticide Applicator		5 CEUs every 3 years
International Board of Certified Lactation Consultant	IBCLC	75 CERPs or re-examination every 5 years, re-examination at least once every 10 years
Certified Lactation Consultant	CLC	18 hours every 3 years
Certified Lactation Specialist	CLS	Re-examination every 5 years unless IBCLC is obtained within those 5 years
Certified Plumbing Inspector	CPI	10 CEUs per year
Certified Pool Operator		Recertification every 5 years
Cardiopulmonary Resuscitation	CPR	Recertification every 2 years, American Heart Association
Chemical Dependency		40 hours of field related

ICS/NIMS Training for Staff and New Hires
All new hires as part of their employment are required to respond to a Public Health Emergency, if

needed. Emergency preparedness personnel ensure that all new staff receive an emergency preparedness in-processing which includes how to take NIMS 100, 200, and 700 on-line. All employees should complete all courses within six months of being hired.

Directors, supervisors and staff are in place to assist with any real world public health emergencies as well as exercises within the county or region. In addition to NIMS 100, 200 and 700, all Supervisors, Directors and the health commissioner are required to take NIMS 300, 400, 800. Additionally, based on job position they could take NIMS courses 250, and 701-704. For example; PIO's specifically, must complete NIMS 250 and 702.

Discipline Specific Requirements
There are additional discipline specific competency sets that are utilized within the agency including:
Public Health Nursing:
http://www.phf.org/resourcetools/Pages/Public_Health_Nursing_Competencies.aspx

Public Health Emergency Response:
http://www.phf.org/programs/preparednessresponse/Pages/Public_Health_Preparedness_and_Response.aspx

Environmental Health: http://www.cdec.gov/nceh/ehsCorecomp/Core_Competencies_EH_pdf

Informatics Competencies for Public Health Professionals:
https://www.nwcoho,irg/docs/phi/comps/phi_print.pdf

Finance: http://publichealthfinance.org/media/file/Public_Health_Finance_Competencies.pdf

Leadership: http://www.heartlandcenters.slu.edu/nln/about/framework.pdf

Multiyear Training Schedule
The following is a chart of Greene County's workforce development and training arranged by priority area.

Priority 1	Priority 2	Priority 3	Priority 4	Priority 5	Priority 6	Priority 7	Priority 8
Orientation and Hiring	Cultural Competency	Information Technology	Collection, Interpretation and Dissemination of Public Health Metrics	Systems and Leadership	Core Public Health Policy Development and Program Training	Foundational Capabilities	**Communication**

Competency and Training

Priority Area Addressed	Topic	Topic	Topic	Topic	Topic
Orientation & Hiring Upon hire ALL	Ethics/Conflict of Interest 1.5 hr.	ICS 100, 200, 700 3 hr.	CHA, CHIP, SP, MP, WDP QI and PM 45 min	Public Health 101 1.5 hr. **http://cph.osu.edu/practice/ph-101-short-course**	HIPAA within 30-90 days and annually thereafter 1 ht.
Cultural Competency As mandated ALL	Health Literacy	Health Equity	Social Determinants	Legal Issues and Contracts	EEO/Civil Rights
Information Technology As required CITO	OPHCS (CITO) As required by grant and employees need access	Ohio Train upon hire (CITO), LCMS (OSU courses), ODPN (HMG EI and HV)	Hyper-Reach Upon hire	Electronic Medical Records new billers as hired ODRS (Epidemiology and Communicable Disease Employees upon Hire) HDIS- provide manuals to new Sanitarians upon hire MATCH(CITO reports done monthly by Administrative Professional upon hire) Early Trac (DODD upon hire EI) EpiCenter (Epidemiology upon hire) NORS (Epidemiology upon hire)	IPHIS (Upon hire through Registrar to ODH) EDARS (Upon hire through registrar to ODH)

Assessment, Analysis and Dissemination Upon hire Epidemiology	EPI INFO				
Systems and Leadership As required (All)	Quality Improvement As specified in QI plan	Intern Process/ Mentoring	Decision Making	Health Commissioner University	Leadership Essentials for Health District Success
Foundational Capabilities to support core public health services As required Discipline specific	Epidemiological Surveillance and Investigation Epidemiologist	Financial Management VIP GMIS As needed by Grant Requirements Accounting Program Manager and Account Clerks	Grant Writing/Written Communication Program Managers for WIC, Early Intervention, Home Visiting. Children with Medical Handicaps Director	Emergency Preparedness/ICS/COO P/Web EOC/MARCS/IMATS/ SNS/PODS Emergency Response Coordinator and Incident Management Team	Accreditation e-PHAB AC Coordinator
Communication As required (ALL)	Sexual Harassment	Workplace Safety	Blood borne Pathogens	Conflict Management	Recognizing Drug and Alcohol Abuse Human Trafficking
Foundational Areas: Core Public Health					
Core Public Health – Chronic Disease and Injury Prevention	Tobacco	Nutrition	Physical Activity	Health Education	
Core Public Health- Communicable Disease Control Freq: Every 3 Years (PHN, RS, Epi, CD)	HIV AIDS, TB, STD	Foodborne Illness (including Outbreak management; Investigation and Interviewing)			

Core Public Health – Environmental Health	ODH Principles	Certified Pool Operator	Food Water Sewage Nuisance Solid Waste Animal Bite	OEHA Conferences Midwest Workshop	Vector
Core Public Health – Maternal Child/Family Health	MCHP Veggie U	WIC New Director training, VENA, Health Professional, WIC University	Home Visiting ODH	Early Intervention DODD	CMH ODH
Core Public Health - Access	Personal Health	Dental	Impact SIIS (CITO) upon hire		

Appendix A 21 Organizational Competencies organized by FPHS

- **Foundational Capabilities**
  - *Assessment – Organize data (1);* Vital Statistics, Epidemiology, Data Analysis, Laboratory Services, Community Health Assessment
  - *Communication – Oral and Written (4), Public Information (5) and Health Education, Marketing Plan;* Annual Report Development, Social Media and General Communications
  - *Community Partnerships – Collective Impact (6, Describe health resource (7);* Community Engagement, Community Health Improvement Planning
  - *Emergency Preparedness – Take action (2) and respond (3);* Cities Readiness Initiative, Crisis Communication, Emergency Volunteer Coordination, PHEP, Training/Exercise, LEPC, Protection from Chemical and Radiological Hazards, Climate Change
  - Organizational Competencies
    - *Accreditation - Quality Improvement (21)*
    - *Ethics (8)*and legal counsel
    - Facility
    - *Health Equity and Literacy (9)*
    - Human Resources
    - *Fiscal Responsibility (17)*
    - *Information Technology (13)*
    - *Leadership and Governance – Evidenced based decision making (14) Strategic Plan (18), Performance Management (19 & 21), Systems Thinking (16)*
    - *Quality Culture – Teamwork (10), Personal Responsibility (11), Timeliness (12), Adapt to change (15)*
    - Workforce Development
  - Policy Development/Support- Health Impact Assessment, Health in All Policies
- **Foundational Areas**
  - Communicable Disease
    - Communicable Disease Investigation
    - Sexually Transmitted Infections
    - Immunization (Child, Adult, Influenza and Pneumonia
    - HIV/AIDS Testing, Education and Counseling
    - TB (Tuberculosis) Testing and Control Program
  - Chronic Disease and Injury Prevention
    - Cancer Reduction and Education
    - Diabetes**
    - Nutrition Education
    - Screenings – Blood pressure, cancer, hearing, lead
    - Substance Use**
      •Project DAWN **
    - Tobacco Education and Policy
      •Tobacco Cessation**
    - Unintentional Injury
      •Child Passenger Safety**
      •Fall Prevention**
      •Firearm Safety**
      •Infant Mortality/Safe Sleep
      •Safe Communities
  - Weight Management
  - Workplace Wellness Programs

- Maternal Child Health
  - Child Fatality Review
  - CMH - Children with Medical Handicaps
  - Early Intervention**
  - Home Visiting**
  - Maternal Child Health Program **
  - Women, Infants and Children**
- Environmental Public Health Programs
  - Air Quality (Outdoor)**
  - Animal Bites/Rabies Control
  - Body Art/Tattoo Operations
  - Campgrounds
  - Drinking Water
  - Facility Inspections (day care, jails, prison, emergency shelters)**
  - Food Operation Inspections
  - Healthy Homes/Lead**
  - Housing Standards**
  - Investigate Animal bites/Rabies Control
  - Landfill Inspection/Recycling**
  - Marinas**
  - Monitor and Advise including lead and radon
  - Mosquito Control
  - Nuisance Abatement including mold
  - Plumbing Inspections**
  - Sewage Small Flows **
  - Sewage Treatment Systems. Sewage Operations & Maintenance
  - School Inspections
  - Solid Waste
  - Swimming Pools/Spa Inspections
  - Tobacco Enforcement**
  - Vector-borne diseases – surveillance, prevention and education
  - Water Systems – Private
- Access & Linkage with clinical care**
  - Behavioral Health
  - Dental – Care, Screening, Sealants
  - Elder Care – Respite Services, General Aide, Homemaker Services
  - Medicaid / Insurance Outreach / Eligibility Determination
  - Occupational Therapy, Physical Therapy, Speech Therapy
  - Pharmacy Assistance
  - Physicals – Foster Care, General, Sports
  - Physicals – General, Sports
  - Primary Care, Prenatal
  - Refugee Health Screening
  - Rural Health
  - School Nursing Services

*Italicized are Greene County Public Health competencies
** "Other Service Particular to a community"

Appendix B Completed Training 2017

I. Foundational Capabilities
   A. Assessment
      1. Epidemiology
         a. EpiInfo (A. Schmitt)
         b. 07/20/17 Turning Research into Policy for Disasters at the National Academy of Sciences Workshop (D. Brannen)
   B. Communications
   C. Community Partnership Development
      1. 01/19/17 American Public Health Association Coalition Building webinar (K. Bean)
      2. 09/25/17 R. Fosnaugh participated in Cedarville University's accreditation site visit.
   D. Emergency Preparedness
      1. 01/20/2017 Public Information Officer training Columbus (S. Reporter)
      2. Employees participated in a Zika tabletop exercise and workshop on Zika response (J. Gruza,
      3. M. Isaacson, A. Schmitt)
      4. 02/08/17 Advanced Social Media for Disaster training (L. Fox).
      5. 03/02/17 Zika Tabletop (Assigned employees)
      6. 06/06/17 Chaos and Confusion Functional Exercise Day 1 (As assigned)
      7. 08/11/17 and 08/25/17 Ohio Department of Health Rubric Training throughout the year (K. Caudill)
      8. 08/24/17 Multi Year Training and Exercise Workshop (K. Caudill)
      9. 09/22/17 Ohio Department of Public Safety PIO (S. Reporter)
      10. ICS 300 & 400 (N. Kessinger)
      11. 11/09/17 and 11/13/17 Chaos and Confusion Day 2 of exercise (As assigned)
      12. 11/28/17 National Healthcare Coalition Preparedness Conference (M. Howell and K. Caudill)
      13. 11/21/17 IMATS
   E. Organizational Competencies
      1. Accreditation
         a. 03/22/17 "Health Policy Institute of Ohio's Health Value Dashboard" (S. Wynn, A. Steveley)
         b. 03/30/17 Performance Management Analysis webinar (S. Wynn)
         c. 04/04/17 Greene Belt training (S. Brooks)
      2. Health Equity and Health Literacy
         a. 01/04/17 K. Bean presented Accessing Translators and Interpreters (All) She provided a presentation to Cedarville University School of Nursing students for Infant Mortality, Social Determinants of Health and Neonatal Abstinence Syndrome
         b. 1/10/17 "Race, Class, and Privilege 101" webinar, Blacks AIDS Institute (J. Warner) and "Advocacy, Where do you fit in?"
         c. R. Fosnaugh represented the district at Wilberforce University's medical staff meeting on 1/12/17. Robyn was the preceptor for Amy Jones, RN, MSN candidate
         d. 02/03/17 "Cost of Poverty Experience Re-Entry after Incarceration Simulation" (K. Bean, J. Warner)
         e. A Schmitt served as preceptor for Lance Nussbaum, M.D. with Wright State University's Master of Public Health Program. Dr. Nussbaum examined data for the Culturally and Linguistically Appropriate Service strategic plan and presented on "Limited English Proficiency Population in Greene County"

     f. 03/10/17 K. Bean attended the Society for Public Health Education's quarterly meeting and presentation on LGBTQ+ Culturally Competent Care

     g. 03/20/17 "Cost of Poverty Experience" (A. Steveley, S. Wynn)

     h. National Public Health Week was celebrated 04/03/17. An employee recognition breakfast was held, and guest speak Dr. Arthur James presented on Health Equity. S. Wynn also attended a "Health Equity in Performance Management" webinar on 04/13/17. On 05/11/17 S. Wynn completed training "Roadmaps to Equity: Opportunities for closing health gaps in Southwest Ohio"

     i. 05/11/17 "Roadmaps to Equity: Opportunities for closing health gaps in Southwest Ohio" (S. Wynn)

     j. 09/07/17 Trauma Informed Care Train the Trainer (J. Warner)

     k. 10/11/17 The Talk: How Adults Can Promote Young People's Health Relationships and Prevent Misogyny and Sexual Harassment

     l. 10/25/17 – 10/27/17 A. Steveley attended the Health Educators Institute Annual Conference

     m. 12/08/17 Ohio Society of Public Health Educators (J. Drew and A. Steveley)

  3. Human Resources
     a. 04/03/17 Equal Employment Opportunity 4/3/17 (All)
     b. 07/31/17 Family Medical Leave webinars (Directors and Program Managers)
     c. 08/17/17 1 Hour Nursing Law (N. Kessinger)

  4. Information Technology
     a. 04/01/17 Security Awareness Training (All)

  5. Leadership/Governance
     a. 02/06/17 APHA Legislative Update (A. Steveley)
     b. 04/11/17 Leadership Essentials for Health District Success (S. Adams)
     c. 09/25/17 – 09/27/17 M. Howell attended the Association of Ohio Health Commissioners Fall Conference
     d. 09/07/17 The Ohio Ethics Law: A focus on Conflicts of Interest
     e. Mr. Beeman and Mrs. Terwoord from the BOH attended NALBOH conference
     f. 09/16/17 Mr. Beeman and Mr. Selden attended the OABH conference
     g. 09/27/17 Open Meetings (JA Root, E. Hughes, W. Beeman, R. Dillaplain, MD, and M. Howell)
     h. 11/02/17 NACCHO Successful People webinar (K. Bean)
     i. 11/08/17 Leadership Essentials for Health District Success (N. Kessinger)

II. Foundational Areas
  A. Communicable Disease
    1. 03/24/17 Nationwide Children's Hospital Infectious Disease Conference (A. Schmitt)
    2. 04/06/17 "What's Buzzing in my Ear?" (A. Schmitt)
    3. 09/12/17 Association for Professionals in Infection Control & Epidemiology and Decontamination and Safe Handling of Reusable Devices (A. Schmitt)

  B. Chronic Disease/Injury Prevention
    1. 01/11/17 Safe Communities training (J. Drew, S. Reporter)
    2. Tobacco
    3. 02/17/17 NACCHO webinar for Integrating Cancer Control Strategies into Community Health Improvement Plans (A. Steveley)
    4. 02/14/17 Ideas in Motion Fighting the Drug Epidemic (J. Warner)
    5. 04/12/17 J. Drew attended the Bellbrook Downtown Walkable Workshop
    6. 5/23/17 ODH Cancer Prevention and Tobacco

7. 07/18/17 U Quit 2 Quit training (S. Reporter)
8. 08/01/17 New Asthma Guidelines webinar (D. Owsley)
9. 08/17/17 ODH TUPAC Policy
10. 09/18/17 Street Smart Drug Safety Program (K. Caudill, L. Prater, J. Reynolds, J. Warner)
11. 09/26/17 HPIO Opioid and Tobacco Policy
12. 09/28/17 ODH Annual Tobacco Conference (S. Reporter)
13. 10/12/18 Conference on Aging: Living in a World with Dementia (R. Fosnaugh, Dr. Dillaplain)
14. 10/11/17 "The Talk: How Adults Can Promote Young People's Healthy Relationships and Prevent Misogyny and Sexual Harassment" webinar (J. Warner)
15. 10/12/17 Conference on Aging: Living in a World with Dementia (R. Fosnaugh, Dr. Dillaplain)
16. 10/12/17 Sexual Deviations Defined in Cincinnati (J. Warner)

C. Maternal Child Health
   1. Children with Medical Handicaps
      a. 03/12/17 "Living Well with Primary Care Lunch and Learn" (D. Owsley and S. Brooks).
   2. Early Intervention
      a. 01/10/17 Primary Service Provider Coaching training (J. Reynolds, A. Vance, B. Magato, B. Hamilton, J. Hahn, K. Sullivan)
      C. 08/28/17 – 08/31/17 Healthy Families America National Conference for Home Visiting (N. Kessinger and P. Hamer)
      D. 10/11/17 DODD Retreat (All EI and HV employees)
      E. 10/19/17 DODD Documentation training (K. Sullivan)
   3. Home Visiting
      a. 01/24/17 *Growing Great Kids* (M. Howell)
      b. 01/11/17 HOME (N. Kessinger)
      c. 01/19/17 HMG Early Track (N. Kessinger)
      d. 03/02/17 HFA Implementation (N. Kessinger)
      e. 04/06/17 SIDS Risk Reduction (N. Kessinger)
      f. 04/13/17 Home Visitation Peer Review (N. Kessinger)
      g. 04/25/17 Great Beginnings Start Before Birth
      h. 05/25/17 HFA Core and Supervision Training (N. Kessinger)
      i. 05/31/17 Build Resiliency to Toxic Stress (N. Kessinger)
      j. 06/07/17 Fundamentals of Home Visiting (N. Kessinger)
      k. 08/04/17 Breastfeeding Workshops 2 for Home Visiting (N. Kessinger)
      l. 10/16/17 -10/20/17 Parent Survey for Community Outreach Training for Healthy Families America (N. Kessinger & M. Howell)
      m. 11/17/17 Growing Great Kids Birth to 36 months (N. Kessinger)
      n. 12/07/17 Engaging, Appreciating and Understanding Families (M. Howell, R. Fosnaugh, L. Prater, J. Reynolds, N. Kessinger)
      o. 12/07/17 Promoting Social and Emotional Development as a Foundation for Learning (M. Howell, R. Fosnaugh, L. Prater, J. Reynolds, N. Kessinger)
   4. Maternal and Child Health Program
      a. 03/04/17 S. Reporter attended the Breastfeeding Mother Tobacco Free webinar
      b. 08/18/17 Maternal and Child Health Program Innovative Funding webinar (J. Drew, A. Steveley)09/19/17 K. Bean attended the Ohio Collaborative to Prevent Infant Mortality
      c. 09/19/17 Blessings in a Backpack webinar (J. Drew)
   5. Women, Infants and Children
      a. 03/17/17 Ohio Lactation Consultant Association's Breast Fest conference (C. Byers, N. Cohen, E. Varvel)
      b. 08/04/17 Grow and Glow Breastfeeding Training (All WIC)

   c. National WIC Association conference
- F. Environmental Health
  1. Plumbing
     a. 02/08/17 Plumbing Code updates and OPC Chapter 9 training (S. Collins)
     b. 09/12/17 Dayton Plumbing Heating and Colling Contractors Association (K. Ploutz)
  2. Mosquito
     a. 03/14/17 Clarke Mosquito Control Workshop (J. Gruza, M. Isaacson).
  3. 03/21/17 Midwest Workshop (J. Gruza, DJ Shontz) J. Gruza and DJ Shontz attended the Ohio Department of Health's Midwest Workshop 03/21/17.
  4. 04/06/17 Ohio Environmental Health Association (A. Taylor and S. Jensen)
  5. 05/01/17 Richard Lear, Division of Liquor Control discussed licensing and exemptions with respect to food licensure (All RS)
  6. 10/04/17 – 10/05/17 Ohio Environmental Health Southwest District Fall Conference (M. Howell, T. Myers, R. Schairbaum, A. Taylor)
  7. Food
     a. 05/30/17 "Where to Mark" for food violations (All RS)
     b. 05/16/17 FDA Food Safety in the Event of Disasters (S. Jensen).
     c. 12/04/17 Serv Safe (K. Bean)
     d. 09/13/17 Centers of Excellence Food Safety Tools presentation (D. Brannen and J. Webb)
     e. A. Taylor and J. Redmond received their certificates in ServSafe/Level II Food Protection
  8. Donald Shontz passed his licensure exam for Sanitarian.
  9. Swimming Pools
     a. 03/30/17 Salt Water pool training by EcoLab
     b. 09/06/17 ODH pool training
     c. 38 miscellaneous pool trainings

Appendix B Completed Training to date 2018

III. Foundational Capabilities
  A. Assessment
    1. Epidemiology
      a. 02/02/18-02/04/18 NOVA Community Crisis Response Team Training (D. Brannen)
  B. Communications
  C. Community Partnership Development
    1. 01/05/18 Collective Impact (M. Howell, R. Fosnaugh, J. Webb, K. Bean, P. Hamer, S. Reporter, J. Reynolds, A. Steveley, S. Wynn)
    2. 01/31/18 AOHC Opioid Special Meeting (M. Howell)
  D. Emergency Preparedness
    1. 01/08/18 Domestic Preparedness Meeting (K. Caudill)
    2. 02/08/18 Ohio Department of Health After Action/Improvement Plan webinar (K. Caudill)
    3. 02/15/18 IS 909 Community Preparedness Implementing Simple Activities for Everyone (K. Caudill)
    4. 02/16/18 IS 660 Introduction to Public-Private Partnerships (K. Caudill)
    5. 04/16/18-04/20/18 NACCHO Preparedness Summit (K. Caudill)
    6. 04/25/18 Population Monitoring at Community Reception Center
  E. Organizational Competencies
    1. Accreditation
      a. 01/10/18 All In Project Showcase webinar Improving Precision in Public Health through Innovative Data Sharing Approaches
    2. Fiscal
      a. EasyClocking 02/16/18, 02/21/18
    3. Health Equity and Health Literacy
      a. 04/03/18 Health Educators Conference (A. Steveley)
    4. Human Resources
      a. 03/22/18 Employment Law Development (S. Martin)
    5. Information Technology
    6. Leadership/Governance
      a. 04/18/18 Health Policy Institute of Ohio Conference Show Me the Money (K. Bean)

IV. Foundational Areas
  A. Communicable Disease
    1. 02/07/18 Bloodborne Pathogen Training (K. Caudill
    2. 04/27/18 Pediatric Infectious Disease Conference
  B. Chronic Disease/Injury Prevention
    1. Tobacco
      a. 01/09/18 Tobacco Free Ohio Alliance
  C. Maternal Child Health
    1. Children with Medical Handicaps
    2. Early Intervention
    3. Home Visiting
      a. 01/17/18 OCHIDS Supervisor Training (N. Kessinger)
      b. 01/31/18 American Academy of Pediatrics Parenting at Mealtime and Playtime (J. Reynolds
      c. 02/13/18 Challenging Situations in Home Visiting (N. Kessinger and J. Reynolds)

       d. 05/02/18 SIDS Risk Reduction and Infant Safe Sleep Educational Workshop (N. Kessinger)
4. Maternal and Child Health Program
5. Women, Infants and Children
       a. 05/03/18-05/04/18 Hot Topics/Cool Kids (T. Lively)
D. Environmental Health
1. Body Art
       i. 01/18/18 Body Art and Public Health online (T. Myers)
2. Plumbing
3. Mosquito
       i. 01/17/18 Pest Control Operator Training (J. Gruza, S. Adams, D. Shontz)
4. Food