

TRAINING NEEDS ASSESSMENT
OF THE
PROFESSIONAL COMMUNITY HEALTH WORKFORCE

*Conducted by
The Northwest Center for Public Health Practice
University of Washington*

PLEASE CLEARLY PRINT YOUR NAME AND THE ORGANIZATION WHICH EMPLOYS YOU.

NAME: _____

ORGANIZATION: _____

Anonymity

Your answers to the following questions will be completely anonymous. You have been asked to write your name on this cover sheet so that we are able to re-contact individuals who do not return their completed questionnaires. When your completed questionnaire is received, your name will be checked and this cover sheet will be torn off and destroyed. No record linking your name and your responses to this questionnaire will be kept. All lists of participants will be destroyed prior to any data analysis.

PROFILE AND TRAINING NEEDS ASSESSMENT
OF COMMUNITY/PUBLIC HEALTH PROFESSIONALS
IN WASHINGTON STATE

1. IN WHICH OF THE FOLLOWING OCCUPATIONAL CATEGORIES DOES YOUR PRESENT JOB/POSITION BEST FIT? (PLEASE CIRCLE ONE NUMBER BELOW.)

OCCUPATIONAL CATEGORIES	
1.	Clinician or Clinical Consultant: Provides clinical care in a community/public health setting or serves as a clinical consultant to other providers. Includes community/public health dental care providers, nurses, nutritionists, optometrists, pharmacists, physicians, social workers, substance abuse counselors, health educators, occupational medicine specialists, etc.
2.	Behavioral Research or Social Scientist: Uses social and behavioral science research methods to develop and conduct research designed to prevent, resolve or ameliorate health problems. Includes anthropologists, economists, sociologists, psychologists, etc.
3.	Biostatistician, Epidemiologist: Uses mathematical and/or epidemiological models for compilation, analyses and reporting of information on health status, program efficacy, etc.
4.	Disease Investigator: Assists biostatisticians, epidemiologists or behavioral/social scientists in developing or conducting research and incorporating findings into programs.
5.	Laboratory Scientist or Worker: Plans, designs, and implements laboratory tests and procedures. Includes microbiologists, chemists, physicists, toxicologists, immunologists, etc. Also includes those who assist laboratory scientists in the aforementioned functions.
6.	Occupational Health Specialist: Reviews, analyzes and evaluates work environments or designs programs to prevent disease or correct hazards. Includes industrial hygienists, safety specialists, etc.
7.	Environmental Health Engineer or Worker: Applies engineering principles to the prevention and control of environmental health hazards. Includes sanitary engineers, air pollution engineers, chemical engineers, etc. Also includes those who assist environmental engineers in performing the aforementioned functions.
8.	Auditor, Inspector or Surveyor: Audits, inspects and surveys programs, institutions, equipment, products and personnel, using approved standards. Includes facilities and financial contract auditing.
9.	Health Communications Specialist: Develops and implements internal and external communications strategies to disseminate health information, programs and policies via channels including mass media, computer technology, and written reports and information.
10.	Community Organizer/Involvement Specialist: Works directly with community groups to assess needs, build coalitions, and develop, implement and evaluate programs addressing health needs.
11.	Health Planner/Policy Analyst: Analyzes population needs, program and legislative policies, and allocation of health resources in relationship to community/public health goals and objectives.
12.	Program Manager: Implements and evaluates community/public health programs including budgeting, data management, staff coordination/supervision, and contracts/fiscal monitoring.
13.	Administrator: Plans, directs, manages and evaluates the use of health services resources and personnel on an agency/organizational level. Includes medical directors.

2. FOR HOW MANY YEARS HAVE YOU WORKED IN COMMUNITY/PUBLIC HEALTH?

_____ YEARS

3. DOES YOUR JOB INCLUDE ANY MANAGERIAL OR SUPERVISORY RESPONSIBILITY?

_____ NO

_____ YES

IF YES, FOR HOW MANY YEARS HAVE YOU HAD MANAGERIAL OR SUPERVISORY RESPONSIBILITIES?

_____ YEARS

4. BELOW IS A LIST OF MAJOR CATEGORIES OF ACTIVITIES PERFORMED IN PROFESSIONAL COMMUNITY/PUBLIC HEALTH JOBS. PLEASE ENTER THE APPROXIMATE PERCENT OF YOUR WORK TIME THAT YOU SPEND ON EACH CATEGORY OF ACTIVITIES. (PLEASE ENTER 0 IF YOU DO NOT SPEND ANY TIME ON A PARTICULAR CATEGORY.)

PERCENT OF TIME (%)	CATEGORY OF ACTIVITIES
	<i>Clinical Care Services and Consultation: Individual or family clinical care including education, counseling, nutrition and social work.</i>
	<i>Technical Services: Laboratory and engineering services supporting clinical care, evaluation and research.</i>
	<i>Administration and Management: Includes development of policy and regulations, staff coaching/supervision, strategic plan development, financial planning and managing resources.</i>
	<i>Leadership: Organizational and community-based skills including setting agendas, facilitating group processes/meetings, building teams and coalitions, and guiding decision-making process.</i>
	<i>Community Involvement and Planning: Works with communities to conduct needs assessments, develop plans, involve all populations including hard-to-reach groups, and build coalitions to ensure access to community health services.</i>
	<i>Communication, Public Education and Information: Develops and implements internal (organizational) and external (community) information dissemination strategies including mass media, information technology and interpersonal communication.</i>
	<i>Evaluation and Research: Develops and/or conducts ongoing assessment (monitoring and surveillance) of individual and population-based health indicators, and health programs (including environmental health). Also develops and/or conducts formative research for development of new health programs and policies.</i>
TOTAL = 100%	

5. GIVEN YOUR CURRENT JOB, IN WHICH OF THE FOLLOWING AREAS WOULD YOU BENEFIT FROM ADDITIONAL TRAINING? (FOR EACH ITEM, PLEASE CIRCLE THE NUMBER THAT BEST CORRESPONDS WITH THE IMPORTANCE YOU PLACE ON ADDITIONAL TRAINING IN THIS AREA.)

AREAS OF TRAINING	NO BENEFIT			SOME BENEFIT			GREAT BENEFIT	
	1	2	3	4	5	6	7	
1. <i>Overview of the community public/health system (including systems theory, financing and delivery)</i>	1	2	3	4	5	6	7	
2. <i>Finance and personnel management, and budgeting</i>	1	2	3	4	5	6	7	
3. <i>Leadership (including coaching/mentoring conflict resolution and team building)</i>	1	2	3	4	5	6	7	
4. <i>Community/program planning (including needs assessments, setting goals and objectives)</i>	1	2	3	4	5	6	7	
5. <i>Programs/systems evaluation</i>	1	2	3	4	5	6	7	
6. <i>Community involvement/mobilization (including underserved populations, public/private partnerships, mediation)</i>	1	2	3	4	5	6	7	
7. <i>Health and risk communication strategies (e.g. media advocacy to video conferencing)</i>	1	2	3	4	5	6	7	
8. <i>Provision of technical assistance/consultation services</i>	1	2	3	4	5	6	7	
9. <i>Using electronic communication (e.g. Internet, INPHO)</i>	1	2	3	4	5	6	7	
10. <i>Legislative/policy advocacy</i>	1	2	3	4	5	6	7	
11. <i>Overview of research design and methods</i>	1	2	3	4	5	6	7	
12. <i>Data analysis and utilization (including using data for decision making and policy development)</i>	1	2	3	4	5	6	7	
13. <i>Qualitative research (including focus groups and key informant interviews)</i>	1	2	3	4	5	6	7	
14. <i>Survey design and implementation</i>	1	2	3	4	5	6	7	
15. <i>Statistics/biostatistics (beginning and advanced)</i>	1	2	3	4	5	6	7	
16. <i>Quality improvement and assurance strategies</i>	1	2	3	4	5	6	7	
17. <i>Written communication (e.g. grant writing, analytic writing and report generation)</i>	1	2	3	4	5	6	7	
18. <i>Application of health behavior, education and communication theories</i>	1	2	3	4	5	6	7	
19. <i>Developing clinical practice guidelines (e.g. planning and managing meetings)</i>	1	2	3	4	5	6	7	
20. <i>Current best practice - clinical skills</i>	1	2	3	4	5	6	7	
21. <i>Current best practice - laboratory and engineering skills</i>	1	2	3	4	5	6	7	
22. <i>Other: _____</i> _____	1	2	3	4	5	6	7	

6. WHICH OF THE TRAINING TOPICS LISTED IN QUESTION #5 WOULD MAKE THE MOST POSITIVE DIFFERENCE IN YOUR ABILITY TO PERFORM YOUR JOB EFFECTIVELY AND EFFICIENTLY?

TRAINING TOPIC # _____

7. FOR THE TRAINING TOPIC SELECTED IN QUESTION #6, PLEASE RANK ORDER THE FOLLOWING MODES OF DELIVERY WITH 1= MOST PREFERRED, AND 5=LEAST PREFERRED.

_____ CENTRAL/REGIONAL TRAINING CONFERENCE

_____ ON-SITE TRAINING

_____ COMPUTER-BASED TRAINING

_____ TWO-WAY AUDIO/VIDEO CONFERENCE

_____ SATELLITE DOWNLINK CONFERENCE (1-WAY VIDEO, TWO-WAY AUDIO)

8. PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR EDUCATIONAL BACKGROUND.

(PLEASE CIRCLE THE NUMBER OF THE HIGHEST LEVEL OF EDUCATION YOU HAVE COMPLETED, AND FILL IN YOUR FIELD OF STUDY AND THE YEAR YOU GRADUATED FOR EACH OF YOUR DEGREES BEYOND HIGH SCHOOL.)

EDUCATIONAL BACKGROUND	FIELD	YEAR
1. <i>Less than high school</i>		
2. <i>High school diploma or equivalency</i>		
3. <i>Associate/2 year/junior college</i>		
4. <i>Bachelors Degree</i>		
5. <i>Masters Degree</i>		
6. <i>Doctorate</i>		
7. <i>Other</i> _____		

9. ARE YOU LICENSED, CERTIFIED OR REGISTERED TO ENGAGE IN THE PRACTICE OF A HEALTH-RELATED SPECIALTY? (PLEASE CHECK ONE AND FILL IN THE BLANK, IF APPROPRIATE.)

_____ NO

_____ YES (PLEASE SPECIFY LICENSE, CERTIFICATION OR REGISTRATION): _____

10. HOW MANY YEARS ALTOGETHER HAVE YOU WORKED IN COMMUNITY/PUBLIC HEALTH? (PLEASE ENTER 0 IF YOU HAVE NEVER OCCUPIED SUCH A POSITION.)

NUMBER OF YEARS: _____

11. WHAT IS YOUR GENDER? (PLEASE CHECK ONE.)

_____ FEMALE

_____ MALE

12. WHAT IS YOUR YEAR OF BIRTH?

YEAR 19 _____

13. DO YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH? (PLEASE CHECK ONE AND FILL IN THE BLANK, IF APPROPRIATE.)

_____ NO

_____ YES (PLEASE SPECIFY: _____)

14. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACE/ETHNICITY? (PLEASE CHECK ONE AND FILL IN THE BLANK, IF APPROPRIATE.)

_____ WHITE

_____ BLACK/AFRICAN AMERICAN

_____ HISPANIC/LATINO

_____ ASIAN AMERICAN OR PACIFIC ISLANDER

_____ AMERICAN INDIAN OR ALASKAN NATIVE

_____ OTHER (PLEASE SPECIFY: _____)

*Thank you for your help.
We welcome comments on this training needs assessment.
Please use the back of the questionnaire for this purpose.*