



WORKFORCE DEVELOPMENT PROJECT

2000 Training Needs Assessment Update-Washington State

Final Report

prepared by

*The Northwest Center for Public Health Practice
August 2000*

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Introduction and Background

The Washington State Department of Health has contracted with the University of Washington Northwest Center for Public Health Practice, located in the School of Public Health and Community Medicine, to undertake a number of activities to help meet the following goal:

To increase the competency of the public health workforce in Washington to perform essential services of public health, including bioterrorism and informatics and to meet the state public health standards.

This final report provides a review and update of several training needs assessments undertaken between 1997 and 1999. The earlier assessments were analyzed within the specific context of the recently developed Public Health Performance Standards. This report supports development of the 2001 Public Health Improvement Plan, which has as a major priority the area of workforce development. The Public Health Performance Standards, developed over the past two years and currently the basis of site visit reviews across the state, lie at the heart of the PHIP effort.

This final report comprises the first two of three deliverables in the area of "Learning Needs Assessment/Planning." The third deliverable, an evaluation of existing training products and methods and proposed strategies to increase access to these products, will be completed in late August, 2000.

This is a very timely undertaking for the state of Washington and consistent with high priority activities underway at the national level and in many other states. The Public Health Practice Program Office (PHPPO) of the CDC states that the "need to effectively measure public health performance is urgent" and that a lack of focus on basic core competencies and public health standards within its workforce has led to increased disease and disability in this country (PHPPO-CDC web site, 1999). A joint task force of the ASPH and the APHA also recently concluded that its public health leaders need to "agree upon a shared core of knowledge" for public health professionals and that the process of ensuring a mastery of core competencies will require a system for this acquisition of knowledgeⁱ. As a related consequence, there has been a growing awareness that public health theory and public health practice "have only a tenuous connection"ⁱⁱ and that practice and educational institutions must work more closely together to provide appropriate training that will fill the "urgent" need to meet performance standards.

Methodology

The Northwest Center for Public Health Practice (NWC) began this work with an analysis of three training needs assessment activities undertaken in the state of Washington in the past three years:

- Profile and Training Needs Assessment of the Community/Public Health Professionals in Washington State (1997-98)
- Informatics Information Needs and Uses of The Public Health Workforce (1997-98)
- Field Test Summary of the Proposed Standards of Public Health (1999)

This analysis was supplemented by review of recent NWC activities in the state of Montana (see Attachment 6), the national work on development of public health competencies summarized by Turnockⁱⁱⁱ, the work of the CDC/ATSDR Strategic Plan for Public Health Workforce Development, and a review of the DOH Performance Standards.

The Scope of Work for the NWC contract asked the Center to update the earlier work both in the context of the Performance Standards and to gain more information about identified priority areas for workforce development - communicable disease control/bioterrorism, informatics, and community partnerships. This update, because of emphasis on the Performance Standards, focuses on the "official" public health system workforce; the 1998 Assessment also included community health centers and tribal health personnel.

The first draft of the Update was distributed to members of the PHIP Workforce Development Work Group in mid-June. The original plan was to develop a written survey to be distributed to representatives of the public health workforce in Washington state. However, at a meeting in early May, the Work Group advised the NWC that local health jurisdictions were about to participate in a number of surveys over the summer and suggested organizing focus groups at existing meetings as an alternative. The NWC agreed to this approach, and attempted to use existing meetings of the Environmental Health Directors, the Public Health Nursing Directors, and the Public Health Executive Leadership Forum as the occasions for focus groups. This approach was found to be unworkable for a variety of reasons, and an approach using key informants was developed as an alternative.

In late June, the NWC conducted 15 key informant interviews with public health leaders identified by leadership groups. The key informants were representative of environmental health, public health nursing, and executive leadership, as well as key informants from the Department of Health. Key informants were asked to review the elements of the draft update:

- Summary of the methodologies and approaches of the three earlier studies (Attachment 1)
- Summary of the Training Priorities Identified in Each of the Studies (Attachment 2)

- A composite summary of priorities across the three studies and additional priorities identified by the Turnock work and review of the DOH Performance Standards (Attachment 3)

They were then asked three broad questions to elicit a discussion addressing the elements of the update:

- Whether the composite summary of training areas needed by the workforce was complete
- Which were the 5 five most important areas of training needed by the workforce in the next 2-5 years in order for public health agencies to meet the Performance Standards
- What training is already in place to address the identified priority areas.

Findings

Needs Assessment Update Limitations

The major limitation of this report is the small number of key informants upon which it is based. While the sample was well constructed with respect to state (7 key informants) and local (8 respondents) and by professional groups (nursing directors, environmental health directors, and executives), no line staff were interviewed. While it is very likely that the views of the leadership reflect the views of other staff, the sample was limited in this area.

Another limitation of this report is the NWC intentionally interviewed only staff in the state Department of Health and local public health departments and districts, because of the priority placed on training needs related to the Performance Standards. These standards only pertain to the "official" public health system at this time. However, the high priority placed on community mobilization indicated an awareness among respondents that community leaders need to be involved in subsequent updates.

The final limitation is that the NWC chose to concentrate on the Public Health Performance Standards as the organizing line of query, rather than also developing specific questions about communicable disease/bioterrorism and informatics. As the discussion below hopefully indicates, sufficient information was gleaned in these areas to facilitate the work of the NWC in developing appropriate training modules.

Completeness of the Summary of Training Areas

Most of the key informants had few additions to the list included in the draft report. The most frequently mentioned area missing from the list was the area of *organizational development/managing change* (mentioned by 7 of the 15 key informants). The following are examples of training needs in this area:

- Focus on organizational development vs. skill-building in a specific area
- understanding organizational theory related to professional practice
- leading change in organizations

- organizational change, moving from individual services to community services
- the changing workplace and how to respond to it
- training on how to work together as interdisciplinary teams
- TQM - looking at systems and processes to make them more effective

Had this focus been restricted to either state or local respondents, one might surmise that this area was prioritized because of specific circumstances within the organization or level of government. However, this additional area was identified across jurisdictional and professional categories. Therefore, this area probably warrants further analysis and is a very high priority for further training development in the later phases of this project.

Other suggested additions further refined specific skill-building activities. Examples include:

- Problem-solving
- Leadership
- Social/Environmental Determinants of Health
- Social Marketing
- Assurance - how to have this capacity in small communities

Five Most Important Training Areas

Five areas were mentioned most frequently as the priority training areas:

1. Communication Skills (mentioned by 13 of 15 respondents)
2. Community Involvement/Mobilization (12)
3. Policy Development/Planning (11)
4. Teaching/Training (10)
5. Cultural Skills (9)

The next most frequently areas (Communications/Information Dissemination and Agency Technology Infrastructure) were each mentioned by 5 key informants.

The following summarizes comments of key informants in each area. A complete display of comments is included as Attachment 4.

1. Communication Skills

As shall be seen in discussion of each priority training area, the need to keep communication skills as the top priority was consistently mentioned. When identifying this area as the highest priority, the majority of the key informants specified communicating with the community/external constituents as the primary need. The following comment typified key informant responses in this area:

Listening and soliciting input from the community will be important in executing the standards; we need to communicate in clear and appropriate ways because the terminology we use is often a barrier in dealing with communities.

Key informants also stressed the need for a continuing priority on improving internal communications. They focused on the need for team-building and interdisciplinary work.

All the key informants recognized that communications were at the core of success in achieving the performance standards and in their everyday work. The high priority placed on the role of communication skills in conveying the performance standards to community audiences is an additional nuance to the earlier assessments.

2. Community Involvement/Mobilization

Key informants related the need for training in community involvement/mobilization most often to the recent budget cuts faced by departments and districts. As one informant stated, *"communities will need to be more involved as they become more involved in use of tax dollars."*

Respondents also mentioned the role played by community partnerships in health improvement. They directly linked the need for a priority on community involvement with the implementation of the Performance Standards, recognizing the level of interaction needed to receive attention if the standards were to be credible and the process respected. The relationship between achievement of standards and improved community health status was implicit in these discussions.

The high priority placed on community involvement/mobilization by the key informants reinforces the importance of this addition to the core functions training. The core functions training in this area should directly emphasize the relationship between community involvement and successful implementation of the Performance Standards.

3. Policy Development/Planning

The following two comments typify the key informant responses in this area:

- *Local health departments are good at gathering data, but poor at translating the data to policy makers; we need to understand the policy process.*
- *Health departments are good at analyzing; the weak link here is taking assessments and converting them to policy.*

Communication skills again are closely linked with this category in the minds of the key informants. Key informants noted that the linkage between communication and policy was essential in *"sharing the performance standards with decision-makers and...presenting data to achieve the standards."*

The majority of respondents identifying this area as a priority expressed a primary need to understand the policy development process, recognized its central role in successful department operations, and expressed interest in identifying best practices in this area.

While this was identified as a priority area from the earlier assessments, the high ranking of policy development/planning is nonetheless significant. The national surveys by NACCHO in 1992 and 1997 indicated that the policy development core function was the least identified by local jurisdictions (over 45% of jurisdictions surveyed each time indicated that they were not involved in this core function).

4. Teaching/Training

Key informants particularly recognized the importance of the information- sharing role of health departments. The following comment is illustrative:

Our role is going to change, more education and less enforcement; we will be more of a resource to the community for public health information because of cuts to our programs - our role will become more oversight than actual service provision.

Again, several informants linked this area with the communication priority. One key informant suggested that *"staff need to know how to serve as a consultant both internally to their organizations and externally; being a technical expert doesn't necessarily equate with effective consulting skills any more than it equates with effective management skills."*

Key informants placed a priority on developing training opportunities that will create the capacity at the state and local level to better utilize staff as trainers and, in the words of one informant, as "consultants" to internal and external audiences.

5. Cultural Skills

The majority of key informants prioritizing this area commented that cultural skills mean more than working with minority populations. They involve, in the words of one informant, the *"need to understand the values, culture, and concerns of the community we serve."* This suggests a broader approach to future training in cultural skills and, as in all of the other areas, is closely linked with other priority training areas - especially community mobilization and communication.

Other respondents linked the priority on cultural skills with the credibility of the public health jurisdiction. As one stated, *"the workforce pays lip service to affirmative action, but make very little effort to diversify; this makes the agency overall not seem very inviting to clientele."*

Existing Training Opportunities

Most of the key informants agreed that there are many specific training opportunities available, but most have limitations. They may be either specific to technical areas rather than broader communication and analysis. They often aren't tailored to the public health professional, or - because they aren't more centrally organized - they place the onus on the state and local health supervisors to find the training most appropriate for their staff.

Concern was also expressed that training is often very expensive, both in actual training costs and in travel and leave time for staff.

A summary of specific training opportunities cited by key informants is included as Attachment 5. This list will be further expanded and analyzed by the NWC in the next phase of this project.

Gaps in Training

Responses to the question about availability of training inevitably elicited comments about gaps in current training. These comments focused on two areas: perceived content area gaps and, far more prevalently, perceived gaps in the fit between current training modalities and the needs of the public health workforce.

Content area training gaps are difficult to characterize, and no single area emerged from the interviews. The most frequently mentioned areas in which it was difficult to find training resources were the broad category of *organizational change and workforce development* (including provision of training to people in the workforce about how to advance in their careers, leadership development, and quality improvement), *policy development*, and *social marketing*.

There were many more comments offered about limitations in the way current training opportunities are offered and their overall value to the workforce. Key informants generally agreed that much of the current training is expensive and either too specific (in a particular content area without a broad public health context) or too general (not enough practical information to take home to assist in problem-solving). Many key informants stressed that case-based learning was effective, that the concept of training-the-trainer was very valuable, and that training of shorter duration - but over a longer period of time - was of more use to local jurisdictions. While concerns were expressed about the limitations of distance learning (mostly in terms of limitations in opportunities for team-building), many informants felt that this was a very viable option. Distance learning, in their opinion, addressed many of the short-comings of other modalities - expense, staff travel and release time, and number of staff who could partake of the training.

The message from the key informant interviews seems to be that the emphasis in future training efforts should be as much on the modality as on content. The concepts of case-based learning, training the trainer approaches, and making maximum use of distance learning opportunities that can involve as many staff as possible continue to be driving forces. Comments about the use of shorter training sessions (with homework!) over longer periods of time also resonated with many of the key informants. The Northwest Center for Public Health Practice and the Department of Health need to work together to turn these principles into useful training/learning opportunities in the future.

Implications for Identified Priority Areas: Communicable Disease Control/Bioterrorism, Informatics, and Community Partnerships

While the key informant interviews were not structured with specific probes in these areas, much was learned about how best to approach training. The area of community partnerships has been discussed at some length above, and clearly emerged as an appropriate area of new focus in core function training.

With respect to the areas of communicable disease control, in the context of the performance standards and the linkage with bioterrorism, several points were made that will be instructive to training module development. Several key informants mentioned the need for the development of policies and protocols relating to surveillance systems and communicable disease outbreak management. Others suggested the need to place a priority on developing methodologies and processes for surveillance reporting systems. The need for basic training in communicable disease outbreaks and related infrastructure issues was also a priority. Risk communication was identified as a priority area by a number of key informants, including the importance of communication with diverse populations.

Comments related to the broad area of informatics reinforced for the NWC the fact that this term refers as much to basic computer competency as it does to advanced technological systems. Informants noted the need to use technology for basic communication, information dissemination and learning. This area was not highly prioritized by the key informants, although the need for communication skills and policy development were both priorities. This suggests that training in "informatics" must prioritize both basic skill-building and more advanced technology options.

The training package currently under development by the NWC (addressing both informatics and bioterrorism/communicable disease control) is consistent with these findings. The proposed tabletop exercise will incorporate training in areas identified above in an interactive, case-based format.

Recommendations

General recommendations

The training needs identified by the Montana public health work force (summarized in Appendix 6) provide a useful comparison with the findings in this assessment. The Montana training priorities cover the five priority areas identified above, but are much more specific in subject. The Workforce Development Task Force may want to use the Montana list to further refine priorities identified in this assessment.

All training workshops, curricula, and other modes of teaching should place a high priority on the dual priorities of *good communication skills* to any specific content area and the importance of *developing substantive partnerships with community constituents*.

All training should make use of case-based learning, with much participant interaction, and take advantage of the many options offered by distance learning technologies to supplement direct training and teaching sessions.

Training in the five priority areas should emphasize content elements identified by the key informants:

- Specific training in *communication skills* should prioritize communications with the community/external constituents.
- *Community involvement/mobilization* should emphasize the relationship between community health improvement and the respective roles of local public health jurisdictions and their community partners. Feedback suggests that training in this area in the future is closely linked to the identified area of community partnerships in the next phase of core functions training.
- Core function training should include training on *Policy Development/Planning*. This training should improve understanding of the policy development process and its central role in successful department operations.
- *Teaching/training* activities should emphasize the importance of the information-sharing role within public health, particularly with community constituents.
- Emphasis on *cultural skills* should focus on the need to understand the values, culture, and concerns of the communities served.

Recommendations for Development of New Curricula

As indicated above, *organizational development/managing change* emerged as an area in which additional skill-building was considered highly desirable, but where no appropriate training was currently identified. This report recommends that this important area be more specifically discussed and developed by the Workforce Development Task Force. Design of an appropriate curriculum, whether directly by the Northwest Center or by another contractor, would follow from these discussions. To reiterate the discussion on page 3, the following examples of training needs in this area were cited:

- focus on organizational development vs. skill-building in a specific area
- understanding organizational theory related to professional practice
- leading change in organizations
- organizational change, moving from individual services to community services
- the changing workplace and how to respond to it
- training on how to work together as interdisciplinary teams
- TQM - looking at systems and processes to make them more effective

The Northwest Center further recommends this area because of the increasing importance of demonstrable accountability within public health, the need for quality improvement emphasis, and the need for public health managers to develop additional skills to help

them lead their organizations through the uncharted waters of changing environments. The Workforce Development Task Force should use its upcoming meetings to further refine the components of training in this important area.

ⁱ Sommer, A., and Akhter, M.N. It's time we became a profession. *American Journal of Public Health*, 90(6), 690-691 (2000).

ⁱⁱ Fee, E., and Brown, T.M. The past and future of public health practice. *American Journal of Public Health*, 90(5), 690-691 (2000).

ⁱⁱⁱ Turnock, Bernard. *Public Health: What It Is and How It Works*. Aspen Publishers, 1997, esp. Chapter 5.

Attachment 1



Summary

Profile and Training Needs Assessment of the Community/Public Health Professional in WA State

Sponsor: Northwest Center for Public Health Practice (Gale, Reder and Taylor)

Time Period: The survey was completed between April and November 1997. Follow-up focus groups were conducted in April 1998.

Respondents: *Survey respondents* consisted of a sample of all professional employees of DOH, 31 of the 33 Local Health Departments in WA State, and approximately half of the community, migrant and Indian clinics in WA state (100% sample of most local health departments and all participating clinics). *Focus group participants* were from the state DOH and 2 local health departments—Thurston and Mason County.

Format: Initial mail questionnaire with 2 follow-up focus groups

Response: Of the 3,346 professional employees in the identified organizations, *questionnaires* were sent to 2,349 professional employees; 1,316 surveys were completed and returned for a 56% response rate overall (67% for DOH, 57% for LHD's, and 49% for clinics). Professional employees were defined as anyone in a position that required at least a four-year college degree. Of the two *focus groups*, one was attended by 16 public health department professionals and the other by 14.

Questions :

Profiling Questions:

- Occupation
- Years worked in community/public health
- Whether the respondent's job included managerial or supervisory responsibility
- Educational background
- Licenses/certifications/registrations
- Employer and county employed in

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- Gender, birth date, race/ethnicity
- Other languages spoken
- Approximate amount of time spent doing different activities at work i.e. clinical care; monitoring, investigation and surveillance; administration and management; community involvement and planning; communication, public education and information; and evaluation and research.

Training Questions:

- In your current job, to what extent would you benefit (from no benefit to great benefit) from additional training (in each of 22 listed areas plus an “other” category)
- Which training topic (of the 23) listed would make the most positive difference in your ability to perform your job effectively and efficiently
- For the training topic selected, which is the preferred mode of delivery (ranking five modes from most preferred to least preferred).

Resulting Training Priorities:

Written Questionnaire Results

The top four training needs across organizations and occupations were:

- Interpersonal communication
- Cross-cultural and cross-age communication
- Electronic communication
- Participatory teaching and training skills

Other highly rated training topics include: Group facilitation, health promotion, quality improvement and assurance, written communication, community/program planning, and community involvement/mobilization. In addition, data analysis and communication and written communication are rated highly by health professionals other than clinicians.

More than half of survey respondents selected on-site training as their first choice more than 90% of respondents chose training with an instructor (either on-site or regional).

Focus Groups Results

The focus groups specified that interpersonal communication included a basic skill set of active listening, respecting all viewpoints, dealing with hostile/difficult people, creating win-win situations, and communicating in a concise and influential manner. Participants felt that these types of skills could be best taught through multi-session, in-person training. Depending upon the individual’s occupation, the primary audience for using these skills could be clients, other professionals, and/or the community.

Focus group participants felt that cross-cultural and cross-age communication is composed primarily of the same skill set as interpersonal communication except that respecting all viewpoints may play a more important role.

Attachment 1

Electronic communication includes skills important to all public health professionals such as email and software use as well as more specific and advanced skills applicable to fewer professionals e.g. advanced research skills, multiple software programs.

Participatory teaching and training includes good interpersonal communication, knowledge of how to work with adult learners, and skill in message design. Focus group participants felt that some of the skills to be a good teacher/trainer are innate, but some can be acquired through observation and training.

Lastly, the focus groups indicated that the preferred mode of training is correlated highly with the training topic and that it is not always optimal to have an in-person session.

Challenges/limitations of Interpretation/instrument/data:

The training topics were derived from the competencies developed for the DHHS report, “Public Health Workforce: An Agenda for the 21st Century”, and Washington State’s 1994 Public Health Improvement Plan (PHIP). The topics also reflect the work of the state’s Education and Training Activities Committee (ETAC). These topics may be slightly ambiguous to the local public health practitioner and different meanings may be implied by the various respondents since the areas were not defined except to note that interpersonal communication includes mentoring and coaching, electronic communication includes the Internet and INPHO, and group facilitation includes team building and leading meetings.

The results combine the training needs of DOH staff, local health department staff and community clinic employees. The needs and skill level of each sub-group may in fact be very different since the focus of their efforts differs somewhat as does the audience. It would be good to analyze each group separately to see if there are any significant differences in the survey response. The focus group consisted only of state and local public health department professionals.

There was a statistically significant variation in the mean ratings of three of the top four training needs among the largest occupational groups. What does this mean? Should trainings be targeted differently depending upon the occupation of the audience?

Public Health professionals are defined as those individuals having positions requiring a four-year college degree. What portion of the health department workforce is that?

The training needs survey in Montana found that the type of response given was influenced heavily by how the question was asked. In the Montana questionnaire, training needs were asked about in three different ways—(1) what do you think are the biggest training needs in your public health agency, (2) what training would currently most benefit your agency’s delivery of public health services and (3) what areas of training would you most like to have. Participants responded to (1) by naming the tools and resources needed to make the agency work more efficiently and effectively e.g.

Attachment 1

computer use/technology, administration/management, communication, resource management and clinical/technical issues while the response to (2) focused on how public health should or could be using the tools (communication, marketing/public relations, collaboration, program prioritization, and assessment/evaluation). The response to (3) combined elements of (1) and (2), e.g. interpersonal skills and communication, computer skills, management, assessment, prioritization and evaluation, and clinical topics.

Summary Field Test of “Proposed Standards of Public Health”

- Sponsor:** Committee on Public Health Standards (developed from earlier conversations between the WA State Association of Local Public Health Officials and the WA state Department of Health Management Team)
- Date:** October-November 1999
- Sample:** Sent to all 5 Divisions of the State Health Department i.e. Environmental Health; Epidemiology, Health Statistics and Lab; Community-Family Health; Health Systems/Quality Assurance; and Management Services and to the 33 Local Health Departments in WA State
- Format:** Response instrument (5 booklets, each reflecting a proposed state standard) sent by mail
- Responses:** The summary of the field test results was prepared when 24 local health jurisdictions had responded and all five divisions of the State Department of Health

Questions :

The proposed standards for public health were divided into 5 topical areas:

- Protecting people from communicable disease and injury
- Understanding health issues (assessment)
- Assuring a safe, healthy environment for people
- Prevention is best: promoting healthy living
- Helping people get services they need (access)

The respondents were asked to rate the 167 items under the topical areas according to 4 factors:

- Importance (is it a standard that should be met?)

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- Clarity (is it worded clearly, not ambiguous?)
- Ability to meet (Can the standard be met?)
- Document (Could you document that you meet this standard?)

The respondents were also given the opportunity to comment on what are the most important investments to make in order to improve the system statewide

Results:

The proposed standards were deemed important, clear, and could be met with moderate effort. The results indicated that the standards are realistic and suggest where greatest investment would need to occur. It was felt that the findings would be helpful in selecting emphases for technical assistance, resource sharing, training, the introduction of needed information systems and community outreach.

Resulting Training Priorities:

Areas of training that respondents identified include:

- How to use electronic data base tools
- Writing policies and procedures
- Writing plans
- Assessment methods and analysis
- Community mobilization
- Performance monitoring and evaluation
- Risk communication
- GIS
- Program evaluation
- Synthesis and dissemination of best practices
- Quality improvement
- Social marketing

Challenges/limitations of Interpretation/instrument/data:

The training priorities were write-in comments made by a few. It is unclear since one individual could raise a training need just how much agreement there is around these training priorities.

Attachment 1

Summary-Informatics Information Needs and Uses of The Public Health Workforce

- Sponsor:** University of Washington School of Public Health and Community Medicine and the WA State Department of Health
- Date:** 8 sessions held between June 1997 and April 1998
- Sample:** 5 subgroups of the public health workforce—(1) local public health officers and public health agency directors, (2) environmental health directors, (3) directors of public health nursing, (4) health assessment coordinators and epidemiologists, and (5) a group of public health officials from small local department in which staff typically have responsibilities in multiple areas. The groups were representative of metropolitan and rural areas, large and small agencies and eastern and western WA.
- Format:** Focus Group that responded to open-ended questions about information acquisition and use
- Responses:** 70 people participated, with focus groups ranging in size from 4-14 participants; facilitators from the Area Health Education Center in Western WA and Spokane and interested parties from the Northwest Center for Public Health Practice were present.
- Questions:**
- There were five areas of questioning:
- State of work today
 - On-line resources
 - Data sets
 - Training need
 - Case studies

The specific questions included:

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- Describe what you do on a daily basis (including what information do you use frequently, where do you get it and what is the media used)?
- What information and data would you find most helpful to have access to via telecommunications?
- What data are you currently accessing, or would like to access, and how (including difficulties in accessing and using data on-line)?
- What training would be most helpful to the health department in general and for you, specifically, to improve use of technology?
- What was the last emergency you handled and what resources did you use?

Results of Focus Groups:

Seven information needs were identified by all workforce segments:

- Better tools and resources for contacting experts
- Updates on pertinent legislative issues and events
- Structured information (“metadata”) characterizing the contents of data sets
- Better scheduling software and event calendars
- Standard templates for frequently used applications
- Synthesized, knowledge-based information from external databases

Approximately one-fourth of the information needs identified in the study was shared by all segments of the WA public health workforce, but nearly half of the information needs was not shared by more than one segment.

Training Needs:

1. “How to”:
 - Do effective/efficient searches and know when the search is done
 - Set up, organize and use book marking
 - Set up and use quick links of frequently used sites
 - Set up, organize and effectively use email to communicated internally and externally
 - Do literature searches and use available library resources
 - Do procurement, design management and system upgrades
 - Set up, manage and use an Intranet and List serve
 - Set up and manage a web site for the local health department
2. Data use and interpretation
 - Differentiating between professional and “lay” web site resources
 - Organizing and maintaining data
 - Evaluating information and data, interpreting what is provided, and identifying its limitations
3. Communication/information dissemination
 - Using technology to communicate with and educate the general public

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- Presenting data and information for public use
- Marketing public health services
- Involving the public in developing public health services
- Doing technical writing, presentations and publishing reports for public use
- Creating two-way links to other health care providers in the community

Challenges/limitations of Interpretation/instrument/data:

The training needs were not prioritized or necessarily agreed upon by the majority. In addition, the majority of focus group participants were managers of information rather than users, which may give a distorted view of the overall informatics needs of the public health workforce.

Attachment 1



Profile and Training Needs Assessment, NWCPHP,
(Gale, Reder, and Taylor)
April 1997-April 1998

Results of 1,316 surveys from professional employees in local health departments, the state health department and community, migrant and Indian clinics in WA state

- Synthesis and determination of best practices
- Quality improvement
- Social marketing

1. Interpersonal Communication

(Includes active listening, respecting all points of view, dealing with hostile/difficult people, creating win-win situations, and communicating in a precise and influential manner)

2. Cross Cultural and Cross Age Communication

(Same set of interpersonal skills needed as above except more emphasis on respecting all viewpoints)

3. Electronic Communication

(Includes email and software use and for some public health professionals, advanced research skills and multiple software use)

4. Participatory Teaching and Training Skills

(Includes good interpersonal communication, knowledge of how to work with adult learners, and skill in message design. Also includes modeling and observation)

Field Test of Proposed Standards of Public Health

Committee on Public Health Standards
(Brewster, Libbey and Thompson)

October-November 1999

- How to use an electronic data base
- Writing policies and procedures
- Writing plans
- Assessment methods and analysis
- Community mobilization
- Performance monitoring and evaluation
- Risk communication
- Geographic information systems
- Program evaluation

Write-in comments made by a few people from one of more of the five divisions of the State Health Department or the 33 local health departments; unprioritized

Informatics Needs and Uses of the Public Health Workforce

SPHCM and WA State DOH
(Rambo, O'Carroll, and AHEC)

June 1997-April 1998

How to:

- Do effective searches
- Set up/organize/use email, Intranet, List serve, book marking, quick links
- Do procurement/design management/system upgrades
- Set up/manage a web site

Date Use and Interpretation

- Differentiate between professional and "lay" web sites

- Evaluate/interpret information and data, identifying its limitations
- Organize/maintain data

Communication/Info Dissemination

- Use technology to communicate with/educate public
- Present info for public use
- Market public health services
- Do technical writing, presentations, publish reports
- Create 2-way links to other health care providers in the community

Comments from some of the 70 people from local health departments who participated in 8 different focus group

Proposed Training Needs

Communication Skills*

- Actively listening/soliciting input
- Dealing with hostile/difficult people
- Creating win/win situations
- Writing and speaking effectively (including technical writing/reports)
- Leading and participating in groups
- Advocating for programs/resources

Cultural Skills*

- Understanding cultural diversity
- Interacting sensitively, effectively and professionally with people from many different backgrounds/ages
- Identifying the role of cultural, social and behavioral factors in health care
- Developing approaches to problems that take into account cultural/age differences

Communication/Info Dissemination*

(Using technology to communicate with other professionals and the public)

- Using email/intranet/internet
- Using different software packages
- Using List serve, book marking, quick links
- Doing effective searches
- Setting up/managing a web site
- Creating links to other health care providers in the community

Teaching/Training*

- Developing teaching materials able to effectively present a message
- Having information available and using it during teachable moments
- Knowing how to work with different ages of learners and learning styles
- Incorporating health education into regulatory efforts
- Relating all efforts to public health principles

Assessment and Analytical Skills*

- Defining a problem
- Identifying data sources
- Evaluating and interpreting data and identifying its limitations
- Identifying gaps in data sources
- Making relevant inferences from data

Attachment

Policy Development/Planning*

- Collecting/summarizing data for issue
- Stating policy options and expected outcomes including information on best practices
- Deciding on appropriate action
- Writing a clear/concise policy
- Developing a plan including goals, objectives and action steps
- Translating policy into plans/programs
- Monitoring/evaluating programs and outcome measures
- Identifying relevant laws/regulations

Community Involvement/Mobilization

- Identifying the community
- Identifying community stakes
- Identifying approaches to the community
- Getting the community together

Basic Public Health Sciences

- Defining, assessing, understanding health status, determinants of health/illness, factors contributing to health promotion/disease prevention, and factors influencing use of services
- Understanding research methods
- Applying basic public health sciences
- Understanding historical development and structure of state, local, federal PH agencies

Financial Planning and Management

- Developing/presenting a budget
- Managing programs within the budget
- Developing strategies for budget priorities
- Monitoring program performance
- Preparing funding proposals
- Applying human relations skills to org management and conflict resolution
- Managing personnel
- Understanding org theory in relation to professional practice

Agency Technology Infrastructure

- Maintaining a surveillance and reporting system
- Having a response plan in the event of a CD outbreak or natural disaster
- Communicating urgent public health messages quickly and clearly
- Protecting confidentiality of health data and secure information systems

*Training Areas Prioritized in Earlier Studies



Attachment 4

Summary of Comments about Training Priority Areas

1. Communication Skills

- Everyone interacts with someone else and usually has problems with it; could do much better.
- These skills are important in organizational development.
- How do we work together well as teams and departments
- Getting the community together for support and buyoff of priorities
- Skills related to working with different groups and tailoring messages for specific groups
- Listening and soliciting input from the community will be important in executing the standards; need to communicate in clear and appropriate ways because the terminology we use is often a barrier in dealing with communities
- Training on how to negotiate
- Two reasons why it is important for the community to have a better understanding of what we do: (1) financial pressures facing public health agencies; and (2) the people who need public health services need to be told what is available and how to access.
- Need for effective communication with external stakeholders or community groups is more important than internal communication training.
- Need to work effectively across disciplines in public health
- Risk communication was mentioned by a number of key informants

2. Community Involvement/Mobilization

- New programs will need to be acknowledged or actually carried out by the community, especially true if public sector agencies need to partner or transfer services to private or community agencies because of funding cuts
- Local health departments can't do planning and policy making in a vacuum; the community needs to be engaged, particularly in meeting the standards
- Community will need to be more involved as they become more involved in use of tax dollars
- The bullets listed under this heading are too passive; don't refer to the things needed in working with communities to get things accomplished (although the key informant didn't list anything else)
- Tend to function as a bureaucratic agency that has rules and looks inward; in the future, we need to involve the community

- Confusion about what the "assurance" function means; community process needed to identify gaps
- Getting the community together for buyoff and approval of program efforts

3. Policy Development/Planning

- Need to get better at presenting our case; elected officials don't always have a good understanding of what we do - example is sharing the performance standards with decision-makers and how to get better at presenting data to achieve the standards
- Need to get a better understanding of the role of the community in policy development
- Local health departments are good at gathering data, but poor at translating the data to policy makers; we need to understand the policy process
- Tied to assessment and analytic skills; need to be able to communicate data to policy makers for good policy decisions
- Training in policy development needed at state and local level; training on how policy is developed; planning is an important component of program development - need training on successful models from other areas
- Policy development drives everything; why policies happen is not clear and often workers don't see what or where the priorities are
- Health department is good at analyzing; the weak link here is taking assessments and converting them to policy
- This is especially important for mid-level managers
- Developing strategies for budget priorities

4. Teaching/Training

- Many health departments have health educators and others don't; but there is the same need to deliver the message with professional staff; need to learn how to present information in a clear and complete manner
- Our role is going to change, more education and less enforcement; we will be more of a resource to the community for public health information because of cuts to our programs - our role will become more oversight than actual service provision
- Linked with communication training; need to get information on how to use educational materials and become better at sharing successful models
- Getting information out from state offices to the public/other agencies
- About basic public health principles and effectively presenting a message
- Need an overall plan; need to treat employees as customers
- Staff need to know how to serve as a consultant both internally to their organizations and externally; being a technical expert doesn't necessarily equate with effective consulting skills any more than it equates with effective management skills

5. Cultural Skills

- Need to understand the values, culture, and concerns of the community we serve

- Need to have a better understanding of the needs, attitudes, and beliefs of these groups in delivering public health services and messages
- Cultural training should go beyond ethnicity issues, and address regional issues as well; training in this area may not fit the needs of everyone
- Add something about the role of culture in individual health behavior and decision-making
- The workforce pays lip service to affirmative action, but make very little effort to diversify; makes the agency overall not seem very inviting to clientele - there are both peer and client issues around cultural skills
- This is directly related to public health duties; need detailed training and not broad cultural diversity training; beyond learning to pay attention - this may be more of a technical assistance need than a training area
- Interacting sensitively, effectively and professionally with people from many different backgrounds/ages



Attachment 5

Summary of Available Training Resources Identified by Key Informants

COMMUNICATION SKILLS

- Larry Wallack at PSU for Media Advocacy
- Vince Cavello for Risk Communication
- Toastmasters
- Service Organizations (Lions, Rotary, etc.)
- Private training firms (Fred Pryor)
- Universities
- Community Colleges
- DOH (Renee Guillerie)
- Outside resources from private organizations to get a different perspective (e.g., public relations firms)

CULTURAL SKILLS

- Community colleges
- Universities
- University of Washington
- Bob Goodman at Tulane

TEACHING/TRAINING

- Health educators
- Universities
- Teaching colleges
- Local and state public health educators

ASSESSMENT AND ANALYTIC SKILLS

- Christianne Hale
- Oregon Health Sciences University
- Internal local and state department staff working in assessment (e.g., Torney Smith from Spokane Regional Health District)
- Department of Health
- UW Health Policy Analysis Program

POLICY DEVELOPMENT/PLANNING

- WSEHA/WSPHA conferences (part of meeting agenda topics)

- UW Health Policy Analysis Program
- Larry Wallack at Portland State University
- Jane Reisman - Evaluation Forum (Private Firm - Seattle - for practical program evaluation)

COMMUNITY INVOLVEMENT/MOBILIZATION

- Private consultants
- Universities
- Spokane Health Improvement Partnership (Dan Baumgartner)
- University of Kansas Community Toolkit Website (Steven Faucett)
- UW Northwest Prevention Effectiveness Center (Allen Cheadle)
- DOH Office of Health Promotion

OTHER

- Pacific Institute (Lou Tice) for Organizational Change
- PH Education Leadership Institute (St. Louis University)
- Neil Hann (University of Oklahoma) for leadership
- For social marketing:
 - DOH
 - Nancy Lee (private consultant)
 - University of Florida
 - Academy for Educational Development, Washington, DC



Summary

Montana Public Health Training Needs Assessment November 1999

Respondents

The training needs assessment questionnaire was sent to 267 individuals in the state of Montana during November 1999. Nearly 90% of the questionnaires were sent to individuals who worked in local public health. Four percent of the questionnaires were sent to state health employees and another 4% were sent to employees of the Department of Environmental Quality. The remaining 2% of the questionnaires were sent to tribal health employees and legislators.

One hundred thirty-two of the 267 people sent the training needs questionnaire responded, for a 49% response rate. Those that responded held the following positions:

Administration/Management	23%
Nursing (including administration)	27%
Sanitation Specialist	11%
Environmental Health Specialist	10%
Miscellaneous public health services	12%
WIC Specialist	3%
Dietician	2%
Computer Specialist	1%
Animal Control	1%
No response	11%

Eighty five percent of the respondents worked in local public health, 13% worked at the state level and 2% worked with Tribal Health. For those working in local public health, the breakdown of respondents by health department size was:

<u># Employees</u>	<u>Percent Respondents</u>
75+	27
31-74	22
11-30	22
6-10	3

Lastly, the people who responded had worked in public health for less than 1 year to 40 years with the following breakdown:

<u>Years of Experience in Public Health</u>	<u>Percent Respondents</u>
0-5	34
6-10	24
11-15	16
16-20	11
21+	16

Responses to Questions

Question 1. What do you think are the biggest training needs in your public health agency? Overall, people responded as follows:

<u>Training Needs</u>	<u>Number Responding</u>
Computer use and technology	48
Administration/management	46
Communication	45
Resource management	41
Clinical/technical topics	40
Assessment/evaluation	40
Marketing/public relations	38
Policy/procedures	37
Planning/organization	36
Public health practice	35
Data analysis	34
Program prioritization	33
Information management	33
Community Organization	32
Collaboration	27

However, there were some differences by size of health department. For instance, the top training needs identified by those in health departments having more than 75 employees were computer use/technology, communication, clinical/technical issues, administration/management, collaboration and information management. For respondents in health departments 31-74 employees, assessment/evaluation, marketing/public relations, planning/organization, and administration/management were the top priorities. For respondents in health departments of 11-30 employees, computer use/technology, data analysis, public health practice, and resource management were the top vote getters. For respondents in health departments of 6-10 employees, communication and policy and procedures were the top priorities. And, for respondents

in 1-5 person offices, administration management, resource management, community organization, policy/procedure, public health practice and clinical/technical issues were the highest training needs identified. For state employees, communication, administration/management, assessment/evaluation and program prioritization placed highest. Tribal health respondents listed program prioritization, data analysis and resource management as the top training needs.

When this is compared to **Question 3, “What training would most benefit your agency’s delivery of public health services”**, a different set of priorities emerged.

<u>Training Needs</u>	<u>Number Responding</u>
Communication	19
Marketing/Public Relations	16
Collaboration	13
Program Prioritization	11
Assessment/Evaluation	10
Community Organization	8
Planning/organization	7
Clinical/Technical Issues	7
Administration/management	7
Information Management	6
Data Analysis	4
Policy/Procedure	4
Computer Use/Technology	4

Again, there were differences in need by size of health department. The top training needs identified by those in departments over 75 employees were marketing/public relations, collaboration, assessment/evaluation and communication. For respondents in health departments of 31-74 employees, communication, public health practice and marketing/public relations were the top priorities. For respondents in health departments of 11-30 employees, communication and program prioritization came out on top, but there were 8 different areas of training that received only one vote. For respondents in health departments of 6-10 employees, assessment/evaluation, program prioritization, marketing/public relations, and resource management were the top priorities. And, for respondents in 1-5 person offices, communication was the highest training priority. For state employees, clinical/technical training placed highest along with collaboration. Tribal health did not respond to this question.

Interestingly, the priorities given in response to question 1 are almost the opposite priority to those responses given to question 3. Both questions refer to the public health agency. But question 1 refers to the biggest training needs of the agency while question 3 refers to the training that would most benefit the delivery of public health services. The two lists (in order of priority) are compared below. (*For instance*, notice that computer use/technology was the lowest identified priority in response to question 3 “the training most benefiting service delivery in the agency”, but was identified as the top priority in response to question 1 “the biggest training needs in your public health agency”)

<i>Agency Training Needs</i>	<i>Training Most Benefiting Service Delivery</i>
Computer Use/technology	Communication (3)
Administration/management	Marketing/public relations (7)
Communication	Collaboration (15)
Resource management	Program prioritization (12)
Clinical/technical issues	Assessment/evaluation (6)
Assessment/evaluation	Community organizing (14)
Marketing/public relations	Planning/organization (9)
Policy/procedures	Clinical/technical issues (5)
Planning/organization	Administration/management (2)
Public health practice	Information management (13)
Data Analysis	Data analysis (11)
Program prioritization	Policy/procedure (8)
Information management	Computer use/technology (1)
Community organization	
Collaboration	

Question 2. What areas of training would you most like to have if time and money were not an issue or constraint?

The results of this question have not yet been coded and entered into the computer but an eyeball review of them shows the following broad areas where individuals would like training; the areas are not listed in order of priority.

- Communication with the community and policy makers; influencing public policy
- Conflict or crisis management with clients, fellow workers and policy makers
- Planning/organizational skills including time management
- Public health practice—knowing the components of local public health and how to put into practice; keeping up-to-date with current issues; understanding laws and funding; role of board of health; core functions
- Grant writing/presentation skills
- Public relations/marketing
- Computer skills and technology e.g. research, searching the web, use of certain programs, billing, keeping and analyzing statistics

- Management skills e.g. personnel, budgeting, writing job descriptions, policy/procedure development, meeting facilitation
- Assessing, prioritizing and evaluation programs including data collection and analysis, developing surveys
- Special topics-homeless, chemical dependency, environment, mental health, alternative medicine, food safety, waste water treatment, response to hazardous spills, food service inspection, evaluation of soil, water and sewage disposal systems
- Collaboration/building community partnerships/leadership

Question 4: What are your major concerns about taking training courses in public health?

The major concerns expressed by the respondents, in order of priority, were: program content, cost, training location, length of training, presenter qualifications and training modality.

Question 5: Can you travel to a class and how far?

Only 5 respondents indicated they could not travel to a training course. Twenty-six respondents didn't know if they could travel. The remainder of respondents (101 or 76%) indicated they could travel between 100 and 400 miles for training.

Question 6: What factors are most likely to motivate you to take a training class?

The factors most likely to motivate people, in order of priority, are:

- Increased competency
- Personal satisfaction
- Ability to expanding professional network
- Face-to-face interaction with other professionals
- Continuing education credits
- Licensure/certification requirement
- Opportunity to meet people outside the region
- Better job/higher pay
- University credit
- Time away from work

Question 7: Do you think your agency will allow you paid time off for training?

Only 14 respondents indicated their agency would not allow them paid time off for training.

Question 8: What do you think are the most difficult or challenging aspects of delivering public health services in your area?

The results of this question have not yet been coded and entered into the computer but an eyeball review of them shows that the following broad areas challenge respondents; the areas are not listed in order of priority.

- Public's lack of understanding and awareness of public health
- Remote locations/large areas to cover
- Documenting need for service in a convincing fashion
- Limited staff, time and dollars
- Large amounts of administrative responsibility; cumbersome rules
- Moving from direct care to community assessment and assurance
- Coordinating with private sector and others; turf battles
- Mindset that public health services are only for the poor
- Working with clients who have poor reading and writing skills, are difficult
- Lack of training and support from above
- Being proactive
- Not seeing measurable results (or not knowing how to measure results)
- Local politics/lack of vision/closed minds
- Clients of increasing complexity e.g. homeless, poor, lack of insurance, chronic health problems, entrenched behavior, transient
- Feeling isolated from current knowledge, information
- Lack of training/support from above
- Lack of understanding of services available
- Establishing credibility/trust
- Forming partnerships; knowing what community wants and needs
- No real policies established
- Defining public health's role

Question 9: Are you familiar with the Core Functions? What training would be necessary in order to do them?

Only 27 respondents indicated they were not familiar with the core functions. Employees of health departments larger than 75 people and state employees were the respondents most likely to indicate that they were not familiar with core functions (environmental health people?). The training respondent's felt was needed fell into the following areas: assessment, quality assurance, leadership, health promotion, home visits, information management, marketing, fundraising, public health theory, public speaking, resources and standards.

Questions 10-12: Computer use, skills and access

Only 2 respondents indicated they did not use a computer. Most respondents had a computer that they used at work or home and access to the Internet. Many respondents had basic computer skills.