



PH WINS for the Future: Understanding the Strengths and Needs of Rural Public Health



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The Northwest Center for Public Health Practice acknowledges the land we occupy today as the traditional home of the Tulalip, Muckleshoot, Duwamish and Suquamish tribal nations.

Without them we would not have access to this working, teaching and learning environment. We humbly take the opportunity to thank the original caretakers of this land who are still here.

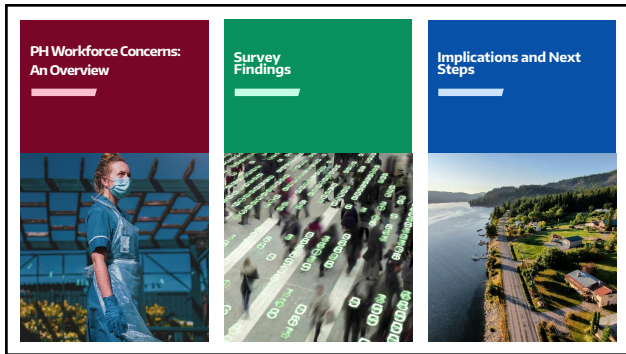
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Question for the Viewers

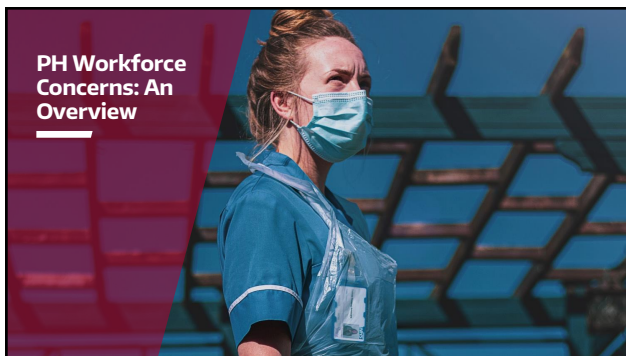
Have you or your organization recently participated in the Public Health Workforce Interests and Needs Survey (PH WINS) or other surveys related to training needs and/or burnout?

- A. Yes
- B. No
- C. I'm not sure
- D. Other (type in chat)

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Acknowledgements

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Background




"Double disparity"
of rural public health



Shift toward population-based services



COVID-19 pandemic



Knowledge gaps
(competencies, training needs,
reasons for leaving)

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Study Aim

Comparing the rural and urban LHD workforce in three key areas:
competencies and training needs, COVID-19 impact, and turnover risk





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The Data



PH WINS
PUBLIC HEALTH WORKFORCE
INTERESTS AND NEEDS SURVEY



de Beaumont
astho

- Compiled a national data set, restricted to local health departments (LHDs)
- **Individual level staff variables** (PHWINS 2021)
 - National survey: sent to 137,446 staff in state and local health departments
 - Additional data gathered via "PH WINS for All" and inclusive of rural LHDs
- **Organizational level variables** (2019 National Profile of Local Health Departments)
- **Community characteristics** (2020 Area Health Resource File)

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PH WINS for All: A Cross-Regional Initiative

Partnership

- de Beaumont Foundation
- Regions V and X Public Health Training Centers
 - Region V: IL, MI, IN, MN, OH, WI (~500 LHDs)
 - Region X: AK, ID, OR, WA (~80 LHDs)

Participation

- 8,097 individuals across 223 LHDs in Regions V and X
 - **47% response rate**
 - **National response rate: 35%**

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Study Sample and Approach

- Participants included 29,751 non-supervisors, supervisors, and executives
- Outcomes were staff reported variables:
 - **Competencies:** none/low OR proficient/expert (non-supervisor and supervisor skills)
 - **Training needs:** composite of “low competency” and “high importance” for role
 - **Intention to leave and reasons for intending to leave**
 - **COVID-19 impact**
- Examined skills and training needs by non-supervisors (Tier 1) and supervisors/executives (Tier 2/3)
 - All other variables examined across all staff

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Study Design: Regression Model

Independent variable	Outcomes
Staff located in rural versus urban LHD	<ul style="list-style-type: none"> • Reported competencies • Training needs • Intent to leave • Reasons for intending to leave • COVID-19 impact (experiences of bullying; PTSD symptoms)

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Study Design: Additional Factors

Individual staff characteristics	Organizational characteristics	Community characteristics
<ul style="list-style-type: none"> Tenure Education level 	<ul style="list-style-type: none"> Clinician lead executive Accreditation status FTEs per 1000 capita 	<ul style="list-style-type: none"> % Persons in poverty % Persons unemployed % Persons over 25y/o with less than HS diploma % Black % Hispanic/Latinx % American Indian/Alaska Native

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Results: Sample Description

	Total	Rural	Urban
Female	80%	83%	79%
Age — < 50 y/o	57%	55%	59%
Race — White	53%	81%	49%
Education — Bachelor's	70%	78%	68%
LHD Accredited	60%	32%	64%
FTE per 1000 capita	0.6	0.8	0.6
% At or below poverty	13	15	12

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Question for the Viewers



Which of the following training areas are the highest priority for you in your professional development right now?

- A. Data-based decision-making
- B. Justice, Equity, Diversity and Inclusion (JEDI)
- C. Managing stress and resiliency
- D. Other (type in chat)


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Results: Competencies

Rural staff had greater odds of reporting competencies in areas related to **community engagement**, **cross-sectoral partnerships**, and **systems and strategic thinking**

A circular inset image showing a young man with dreadlocks, wearing a white t-shirt with 'VOLUNTEER' and 'AID' printed on it, holding a cardboard box. Another person is partially visible behind him.

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Results: Training Needs

A circular inset image showing a close-up of hands pointing at various charts and graphs on a table during a meeting or training session.

Rural staff had greater odds of having training needs in areas related to **data-based decision-making** and **Justice, Diversity, Equity, and Inclusion (JEDI)**

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Results: Turnover Risk

Rural staff were *less likely to report an intent to leave overall*, but **more likely to leave due to stress**



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Results: COVID-19



Rural staff were more likely to report **being bullied and avoiding situations that made them think about COVID-19**

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Implications and
Next Steps



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Competencies and Training Needs



Rural staff were more likely to:

- Report competencies in **cross-sectoral partnerships** and **community engagement**
- Have training needs related to **data-based decision-making** and **diversity, equity, and inclusion**

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Competency Gaps



Competency **gaps** may have contributed to **stress during COVID-19**, as these were skills needed during the pandemic

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Turnover Risk



Rural staff were more likely to **stay in their jobs** despite higher odds of reporting stress, bullying, and certain PTSD symptoms

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The Strengths of Rural Public Health

Greater investment is needed in rural public health workforce development based on the **assets and needs** of rural staff and rural communities



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Future Opportunities



Future research is needed:

- Examining rural staff skills and training needs over the long term
- Exploring **factors influencing workforce capacity for health equity** promotion




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Key Takeaways

- Rural public health workforce skills are **important assets** for accomplishing public health work
- Findings suggest a need to focus on **data-based decision-making** and **diversity, equity, and inclusion** when planning rural public health workforce development
- Efforts are needed to address reported **stress and burnout**, including increasing **staff capacity**
- Understanding rural public health workforce assets and needs is only possible with continued participation in **surveys like PH WINS** with regular **dissemination and use of findings**

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A Chat with Betty Bekemeier and Paula Kett


Allene Mares


Paula Kett

Betty Bekemeier

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QUESTIONS?



To ask a question, please click the  icon in the Zoom toolbar to open your Q&A Pod.

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Resources

de Beaumont Foundation
Public Health Workforce Interest and Needs Survey 2021 Key Findings
<https://debeaumont.org/phwins/what-is-phwins/>

Journal of Public Health Management & Practice
PH WINS for All: The Critical Role of Partnerships for Engaging all Local Health Departments in the Public Health Workforce Interests and Needs Survey (Article)
https://journals.lww.com/jphmp/Fulltext/2023/01001/PH_WINS_for_All_The_Critical_Role_of_Partnerships.10.aspx

Center for Health Workforce Studies
COVID-19 and the Rural Health Workforce: The Impact of Federal Pandemic Funding to Address Workforce Needs
<https://familymedicine.ww.hawaii.edu/content/downloads/5/2/2022/03/Covid-19-and-the-Rural-Health-Workforce-PB-2022.pdf>

Data for Rural Health Equity Training Series

- Vol. 1: [Understanding Population Health Concepts](#)
- Vol. 2: [Communicating Effectively](#)
- Vol. 3: [Visualizing Data Stories](#)

National Library of Medicine
Resourcing Public Health to Meet the Needs of Rural America (Article)
<https://pubmed.ncbi.nlm.nih.gov/37263724/>

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