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

Paula Kett
Research Scientist
Center for Health Workforce Studies
University of Washington

Betty Bekemeier
Professor
Department of Child, Family and Population Health
School of Nursing, University of Washington
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.
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)
PH Workforce Concerns: An Overview

Survey Findings

Implications and Next Steps
Acknowledgements

**Research Team:**
- Paula Kett
- Betty Bekemeier
- Davis Patterson
- Kay Schaffer

**Partners:**
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Data was provided by the de Beaumont Foundation/PH WINS. De Beaumont is not responsible for the use or interpretation of the data in this study.
Background

“Double disparity” of rural public health

Shift toward population-based services

COVID-19 pandemic

Knowledge gaps (competencies, training needs, reasons for leaving)
Comparing the rural and urban LHD workforce in three key areas: competencies and training needs, COVID-19 impact, and turnover risk.
The Data

- 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)
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%
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
<table>
<thead>
<tr>
<th><strong>Independent variable</strong></th>
<th><strong>Outcomes</strong></th>
</tr>
</thead>
</table>
| Staff located in rural versus urban LHD | ▪ Reported competencies  
▪ Training needs  
▪ Intent to leave  
▪ Reasons for intending to leave  
▪ COVID-19 impact (experiences of bullying; PTSD symptoms) |
### Study Design: Additional Factors

<table>
<thead>
<tr>
<th>Individual staff characteristics</th>
<th>Organizational characteristics</th>
<th>Community characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenure</td>
<td>Clinician lead executive</td>
<td>% Persons in poverty</td>
</tr>
<tr>
<td>Education level</td>
<td>Accreditation status</td>
<td>% Persons unemployed</td>
</tr>
<tr>
<td></td>
<td>FTEs per 1000 capital</td>
<td>% Persons over 25y/o with less than HS diploma</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% Hispanic/Latinx</td>
</tr>
<tr>
<td></td>
<td></td>
<td>% American Indian/Alaska Native</td>
</tr>
</tbody>
</table>
### Results: Sample Description

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td>80%</td>
<td>83%</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Age — &lt; 50 y/o</strong></td>
<td>57%</td>
<td>55%</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Race — White</strong></td>
<td>53%</td>
<td><strong>81%</strong></td>
<td>49%</td>
</tr>
<tr>
<td><strong>Education — Bachelor’s</strong></td>
<td>70%</td>
<td>78%</td>
<td>68%</td>
</tr>
<tr>
<td><strong>LHD Accredited</strong></td>
<td>60%</td>
<td><strong>32%</strong></td>
<td>64%</td>
</tr>
<tr>
<td><strong>FTE per 1000 capita</strong></td>
<td>0.6</td>
<td>0.8</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>% At or below poverty</strong></td>
<td>13</td>
<td>15</td>
<td>12</td>
</tr>
</tbody>
</table>
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)
Rural staff had greater odds of reporting competencies in areas related to community engagement, cross-sectoral partnerships, and systems and strategic thinking.
Rural staff had greater odds of having training needs in areas related to data-based decision-making and Justice, Diversity, Equity, and Inclusion (JEDI)
Results: Turnover Risk

Rural staff were *less likely to report an intent to leave overall,* but *more likely to leave due to stress.*
Rural staff were more likely to report being bullied and avoiding situations that made them think about COVID-19.
Implications and Next Steps
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
Competency gaps may have contributed to stress during COVID-19, as these were skills needed during the pandemic.
Rural staff were more likely to **stay in their jobs** despite higher odds of reporting stress, bullying, and certain PTSD symptoms.
Greater investment is needed in rural public health workforce development based on the assets and needs of rural staff and rural communities.
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
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**
A Chat with Betty Bekemeier and Paula Kett

Allene Mares

Paula Kett

Betty Bekemeier
QUESTIONS?

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

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)