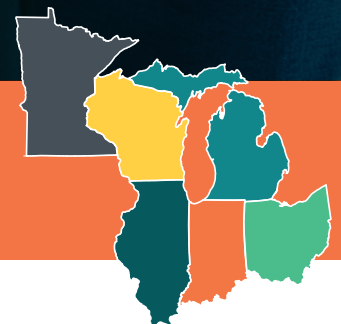


JUNE 2020

RESULTS FROM THE REGION V PUBLIC HEALTH TRAINING CENTER'S

# 2020 TRAINING NEEDS ASSESSMENT SURVEY

Identified Needs among Local Health Departments in  
Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin



REGION **V** PUBLIC HEALTH  
TRAINING CENTER

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# Contents

<b>3</b>	<b>Introduction</b>
<b>5</b>	<b>Methods</b>
<b>6</b>	<b>Results</b>
<b>14</b>	<b>Discussion</b>
<b>16</b>	<b>Appendices</b>

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# Introduction

## Overview of Region V

The federally-funded **Region V Public Health Training Center (RVPHTC)** seeks to foster the development of a competent public health workforce with the capacity to address community needs and improve population health outcomes. As one of ten regional Public Health Training Centers within a national network, the RVPHTC serves six states in the Health and Human Services Region V: **Illinois (IL), Indiana (IN), Michigan (MI), Minnesota (MN), Ohio (OH), and Wisconsin (WI)** (see **Figure 1**). The RVPHTC operates by leveraging the collective expertise of federal partners, community-based training (CBT) partners, technical assistance (TA) providers, and other stakeholders in order to yield training initiatives that positively impact the workforce, the public health system, and population health.

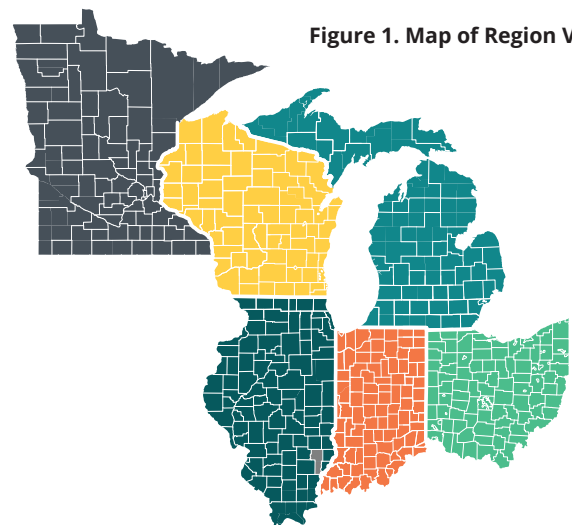


Figure 1. Map of Region V

## Local Health Departments

The primary audience of the RVPHTC's trainings are state and local governmental health departments. A local health department (LHD), as defined by the National Association of County & City Health Officials (NACCHO) 2016 National Profile of Local Health Departments, is "an administrative or service unit of local or state government, concerned with health, and carrying some responsibility for the health of a jurisdiction smaller than the state."<sup>1</sup> LHDs are characterized by the following: size of population served, type of governance (local, state, or shared), US census regions, and degree of urbanization.

## Strategic Skill Domains

Public health workforce development efforts have long been focused on traditional, disjointed training solutions heavily oriented toward discipline-based content. Innovation is needed to equip the public health workforce with strategic skills to address the upstream social, economic, and community-based factors that impact health and well-being. The de Beaumont Foundation has identified strategic skill domains for public health workforce development efforts to address:

- Budgeting and financial management
- Change management
- Cultural competency
- Data for decision-making
- Systems and strategic thinking
- Effective communication
- Developing a vision for a healthy community
- Cross-sectoral partnerships
- Programmatic skills and knowledge <sup>2</sup>

<sup>1</sup> National Association of County & City Health Officials. (2017). 2016 National Profile of Local Health Departments: Highlights Report. Retrieved from [http://nacchoprofilestudy.org/wp-content/uploads/2017/10/Summary\\_Report\\_Oct2017\\_Final.pdf](http://nacchoprofilestudy.org/wp-content/uploads/2017/10/Summary_Report_Oct2017_Final.pdf)

<sup>2</sup> Bogaert, K., Castrucci, B. C., Gould, E., Rider, N., Whang, C., & Corcoran, E. (2019). Top training needs of the governmental public health workforce. *Journal of Public Health Management and Practice*, 25 (March/April 2019), S134-S144.

## Purpose of the Training Needs Assessment

The RVPHTC seeks to strengthen the current and future public health workforce largely through the development of continuing education designed to address identified training needs and gaps. The purpose of this training needs assessment was to identify and prioritize the training needs of LHD staff in our region. This information will allow the RVPHTC to develop training resources that will be most useful to our intended audience and thereby enable us to utilize our resources effectively and efficiently. To achieve the goals of this assessment, we administered an online survey to health officers of each LHD in our region (501 agencies). Health officers, or a designee, were asked to respond to questions from their leadership perspective about the workforce development opportunities available to and needed by their staff as a whole.



# Methods

## Survey Design

The training needs assessment tool was a 16-question online survey administered using Qualtrics (see **Appendix A**). Survey items adapted elements of several existing sources: the Directors Assessment of Workforce Needs Survey (DAWNS), the Public Health Workforce Interests and Needs Survey (PH WINS), and other assessments previously implemented in the region. The project team and partners prioritized fielding a concise tool. As such, questions were divided into just three main categories: health department characteristics, workforce training needs, and workforce development & training network. The survey went through several rounds of review and revisions with partners, and was determined to be exempt from IRB oversight by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (HUM00174224).

## Partners

A number of partners across the six-state region were involved in the development of the survey tool and in the participant recruitment process. Survey development was primarily led by the RVPHTC staff team and Evaluation/Training Needs Assessment Subcommittee. State Associations for County and City Health Officials (SACCHOs) and other partners across the region were engaged to provide additional feedback and to promote the survey among their members. See **Appendix B** for a complete list of partners and acknowledgments.

## Recruitment

The training needs assessment was intended for all health officers of local health departments and community health boards in the six-state region. For the purposes of this report, we will refer to respondents as LHDs. Health officers could designate another staff person or team to complete the survey on behalf of their agency. The survey was administered between January 13–February 24, 2020. It was initially set to be open for three weeks, and was extended an additional three weeks. Partners shared an announcement about the upcoming survey with their networks the week before fielding began, and again the week after. The RVPHTC sent recruitment messages directly to health officers, their designee, and/or their administrators a total of five times. Messages were increasingly tailored during the extended fielding, based on the recipient's state and size of population served by their health department.

## Data Analysis

Complete and partial responses were included in data analysis based on the participant having completed at least the health department workforce training needs portion of the survey. Data were analyzed using Tableau and Excel.

# Results

In total, 290 out of 501 LHDs in Region V responded to the assessment (58% response rate). Response rate by state ranged from 38% to 71%, and also varied by size of population served by the agency with responses from 54% of agencies serving small populations (<50,000), 63% of agencies serving mid-size populations (50,000-249,000), and 61% of agencies serving large populations (>249,000). See **Table 1** for details.

**Table 1: Response Rates by State and Size of Population Served**

State	<50K	50-249K	250K+	Total (n)
Illinois	58%	54%	78%	<b>59%</b> (55)
Indiana	39%	45%	0%	<b>38%</b> (35)
Michigan	50%	75%	73%	<b>71%</b> (32)
Minnesota	73%	67%	57%	<b>69%</b> (50)
Ohio	39%	63%	73%	<b>51%</b> (58)
Wisconsin	71%	71%	33%	<b>70%</b> (60)
<b>TOTAL</b>	<b>54%</b>	<b>63%</b>	<b>61%</b>	<b>58%</b> (290)

## Culture of Learning

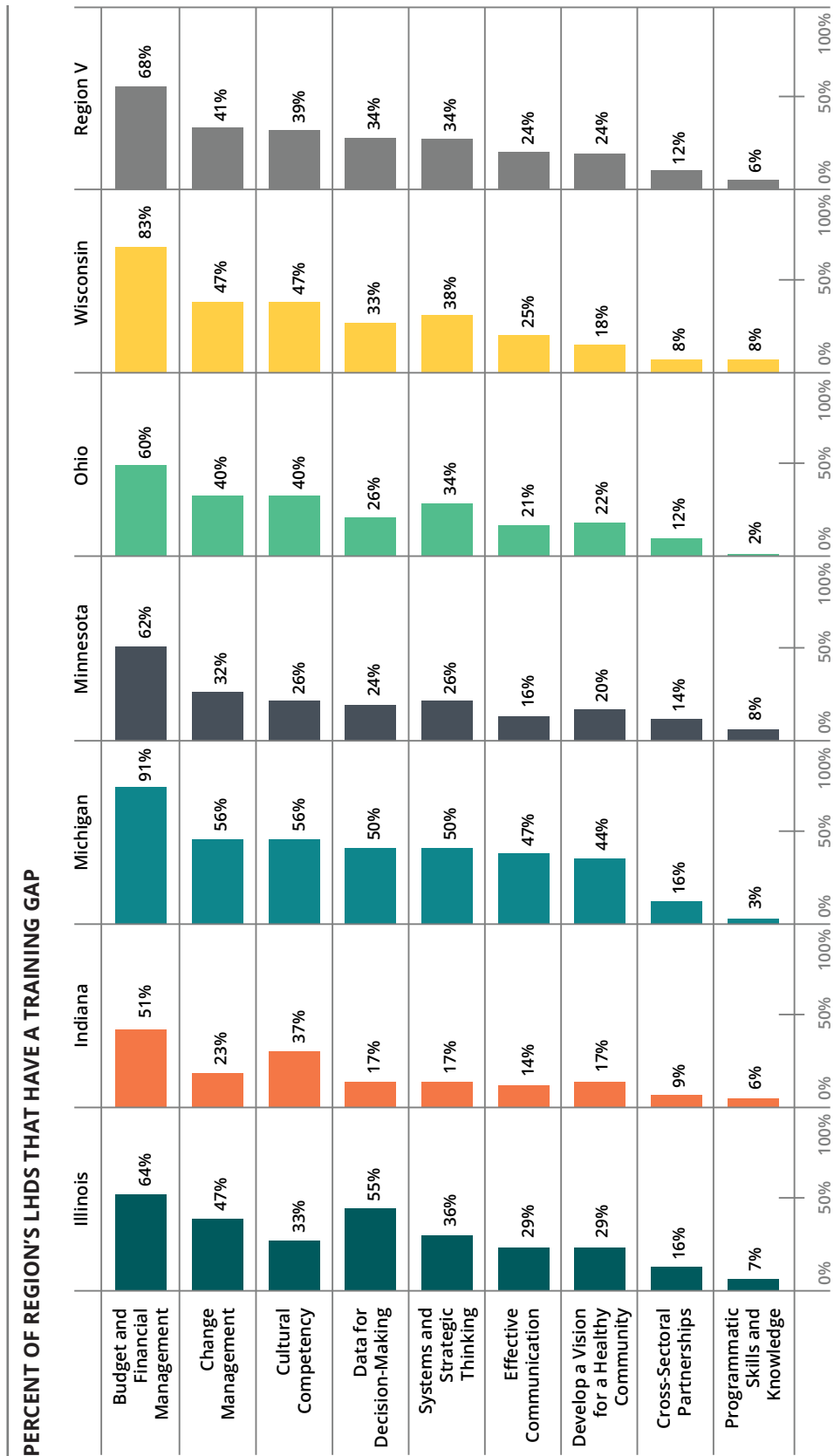
Participants were asked to indicate what types of training activities are currently done for their staff. At the regional level, all respondents (n=290) indicated that they allow use of working hours to participate in training, and 98% of agencies pay for travel/registration fees for training. The majority (88%) provide onsite training for staff. Less common was including education and training objectives in performance reviews (68%), requiring continuing education (65%), providing recognition of achievement (55%), and having a staff position(s) responsible for internal training (49%).

## Strategic Skill Domains

Respondents were asked to indicate their level of agreement that the professional public health workforce at their agency is sufficiently able to apply stated skills in their day-to-day work. "Sufficiently" was defined as having an adequate number of staff who are proficient (able to perform independently) or expert (able to assist or teach others) in their agency. For the purposes of this report, a training gap is defined as the proportion who "strongly disagreed," "disagreed," or indicated they "did not know" whether their workforce was sufficiently able to apply the given skill. The individual skills that participants rated are aligned with strategic skill domains.

When looking at the regional level, state level, and by size of population served, the domain with the highest training gap across the board was *budgeting and financial management*. Beyond this, top gaps varied by state and size of population served. As shown in **Figure 2**, *change management* and *cultural competency* have the next largest training gaps, with the exception of Illinois where skills in *data for decision-making* represent a larger self-identified skill need than *cultural competency* skills. See **Appendix C** for data stratified by population size. Of note, agencies serving large populations indicated a larger training gap for skills in *systems and strategic thinking* than in *cultural competency*.

Figure 2: Strategic Skill Domain Training Gaps by State



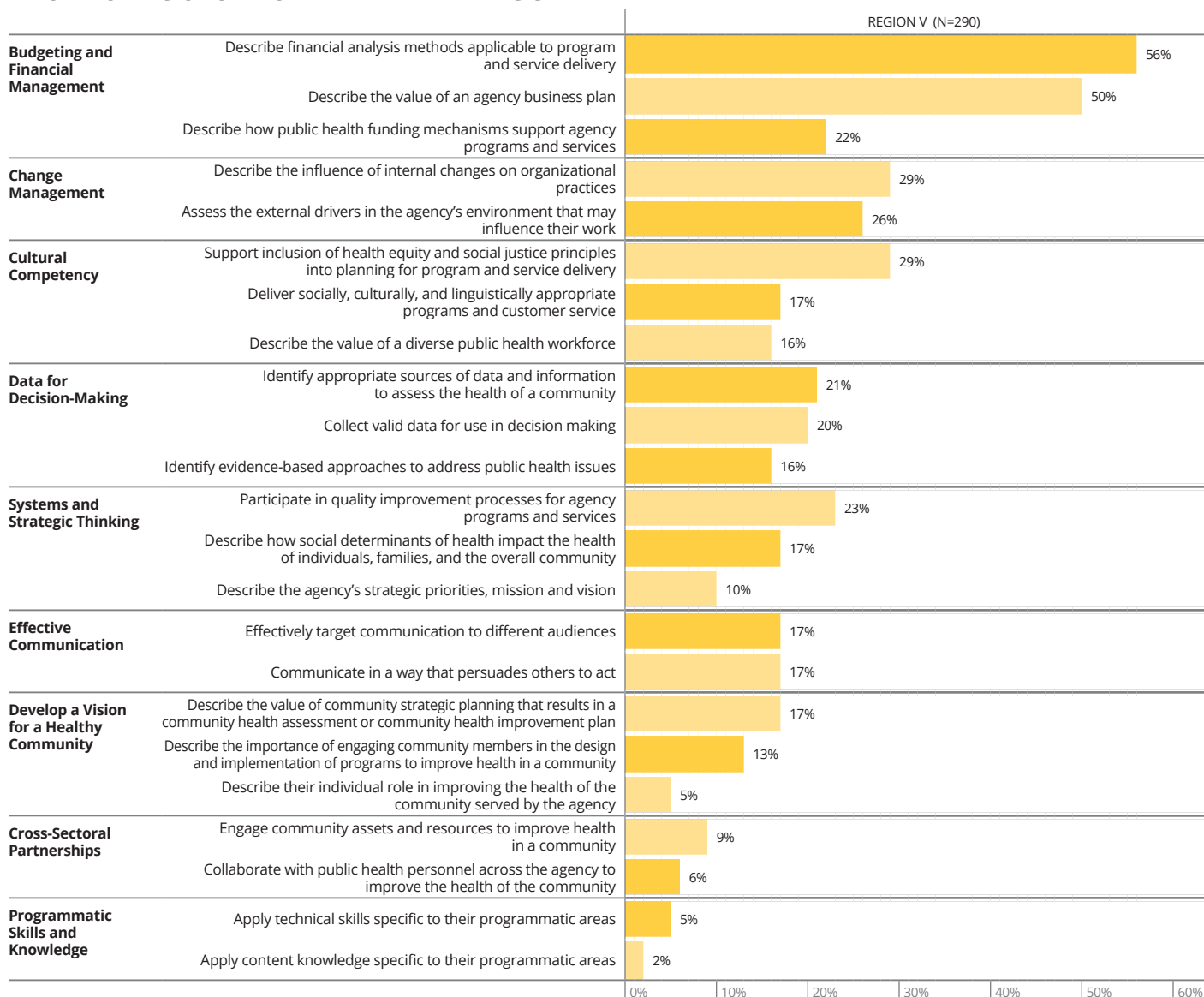
## Knowledge, Skills, and Abilities (KSAs)

Respondents were asked about their workforce's ability to sufficiently apply 23 unique skills. **Figure 3** indicates training gaps for each skill at the regional level (n=290). The top five training needs include:

1. Describe financial analysis methods applicable to program and service delivery (56%)
2. Describe the value of an agency business plan (50%)
3. Support inclusion of health equity and social justice principles into planning for program and service delivery (29%)
4. Describe the influence of internal changes on organizational practice (29%)
5. Assess the external drivers in the agency's environment that may influence their work (26%)

**Figure 3: Regional Training Gaps in Knowledge, Skills, and Abilities**

### PERCENT OF REGION'S LHDS THAT HAVE A TRAINING GAP





While many of the same training needs were prioritized in each state, variations exist that bring other skills to the forefront. **Table 2** indicates the top five training needs by state, with shading for competencies that were not part of the regional level priorities. See **Appendix D** for a complete table of training gaps in individual KSAs by state.

**Table 2: Top Five Training Needs by State**

Illinois (n=55)	Indiana (n=35)	Michigan (n=32)	Minnesota (n=50)	Ohio (n=58)	Wisconsin (n=60)
Describe financial analysis methods applicable to program and service delivery (51%)	Describe financial analysis methods applicable to program and service delivery (49%)	Describe the value of an agency business plan (75%)	Describe financial analysis methods applicable to program and service delivery (52%)	Describe financial analysis methods applicable to program and service delivery (48%)	Describe financial analysis methods applicable to program and service delivery (70%)
Describe the value of an agency business plan (45%)	Describe the value of an agency business plan (37%)	Describe financial analysis methods applicable to program and service delivery (63%)	Describe the value of an agency business plan (44%)	Describe the value of an agency business plan (41%)	Describe the value of an agency business plan (60%)
Identify appropriate sources of data and information to assess the health of a community (39%)	Deliver socially, culturally, and linguistically appropriate programs and customer service (26%)	Support inclusion of health equity and social justice principles into planning for program and service delivery (41%)	Describe the influence of internal changes on organizational practice (24%)	Support inclusion of health equity and social justice principles into planning for program and service delivery (33%)	Support inclusion of health equity and social justice principles into planning for program and service delivery (40%)
Describe the influence of internal changes on organizational practice (38%)	Describe the influence of internal changes on organizational practice (17%)	Describe the influence of internal changes on organizational practice (38%)	Support inclusion of health equity and social justice principles into planning for program and service delivery (22%)	Describe the influence of internal changes on organizational practice (29%)	Assess the external drivers in the agency's environment that may influence their work (33%)
Assess the external drivers in the agency's environment that may influence their work (33%)	Support inclusion of health equity and social justice principles into planning for program and service delivery (14%)	Describe the value of community strategic planning that results in a community health assessment or community health improvement plan (38%)	Participate in quality improvement processes for agency programs and services (22%)	Describe how public health funding mechanisms support agency programs and services (26%)	Participate in quality improvement processes for agency programs and services (28%)
	Describe the value of community strategic planning that results in a community health assessment or community health improvement plan (14%)				

Respondents also had an opportunity to describe additional knowledge, skills, or abilities not listed in which they believe their workforce needs further training. Eighty-six LHDs across the region expressed their needs, which were organized into 18 areas. The greatest need was for topic-specific trainings (35%), including: cultural competency, emerging trends, public health competencies, 10 Essential Public Health Services, advocacy, mental health, health disparities/equity, structural oppression, and emergency response. The next priority was for trainings on strategic skill domains (23%), followed by quality improvement (14%). Respondents also stated their need for training on interpersonal skills (13%), leadership (13%), performance management (12%), community/stakeholder engagement and partner resources (10%), financial management (9%), technological training (8%), evidence-based practices (6%), project management (5%), staff development (5%), accreditation support (3%), health communication (3%), strategic planning (2%), time management (2%), continuing education (1%), and public health law enforcement (1%).

## Training Networks

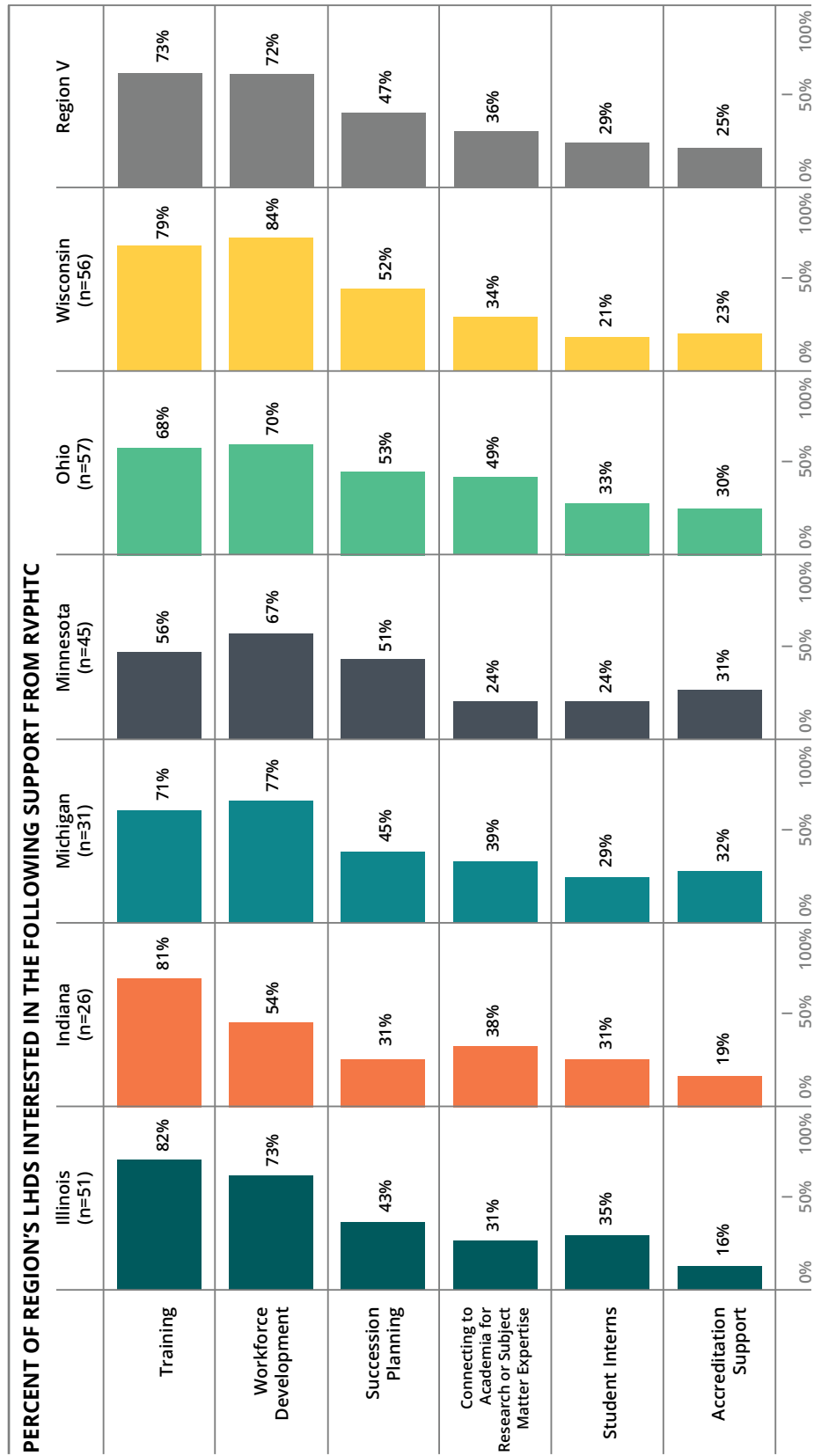
Participants (n=290) were asked to identify through which national and state-level agencies they, their organization, and/or their staff participate in workforce development activities and how frequently. At the regional level, most frequently utilized (50-97% of respondents use at least yearly) types of agencies include state health departments, SACCHOs, state-level non-profit organizations, federal government organizations, and universities. Less frequently utilized (16-48% of respondents use at least yearly) are state affiliate member organizations, national member organizations, state-level member organizations, and national non-profits.

## General Support Needs

Respondents were asked what forms of support are needed from the RVPHTC. **Figure 4** displays general needs at the state and regional level (n=266) across six main areas. Regional needs are as follows:

1. Training (73%)
2. Workforce development (72%)
3. Succession planning (47%)
4. Connections to academia for research or subject matter expertise (36%)
5. Student interns (29%)
6. Accreditation support (25%)

Figure 4: Region's General Support Needs by State



## Accreditation Support Needs

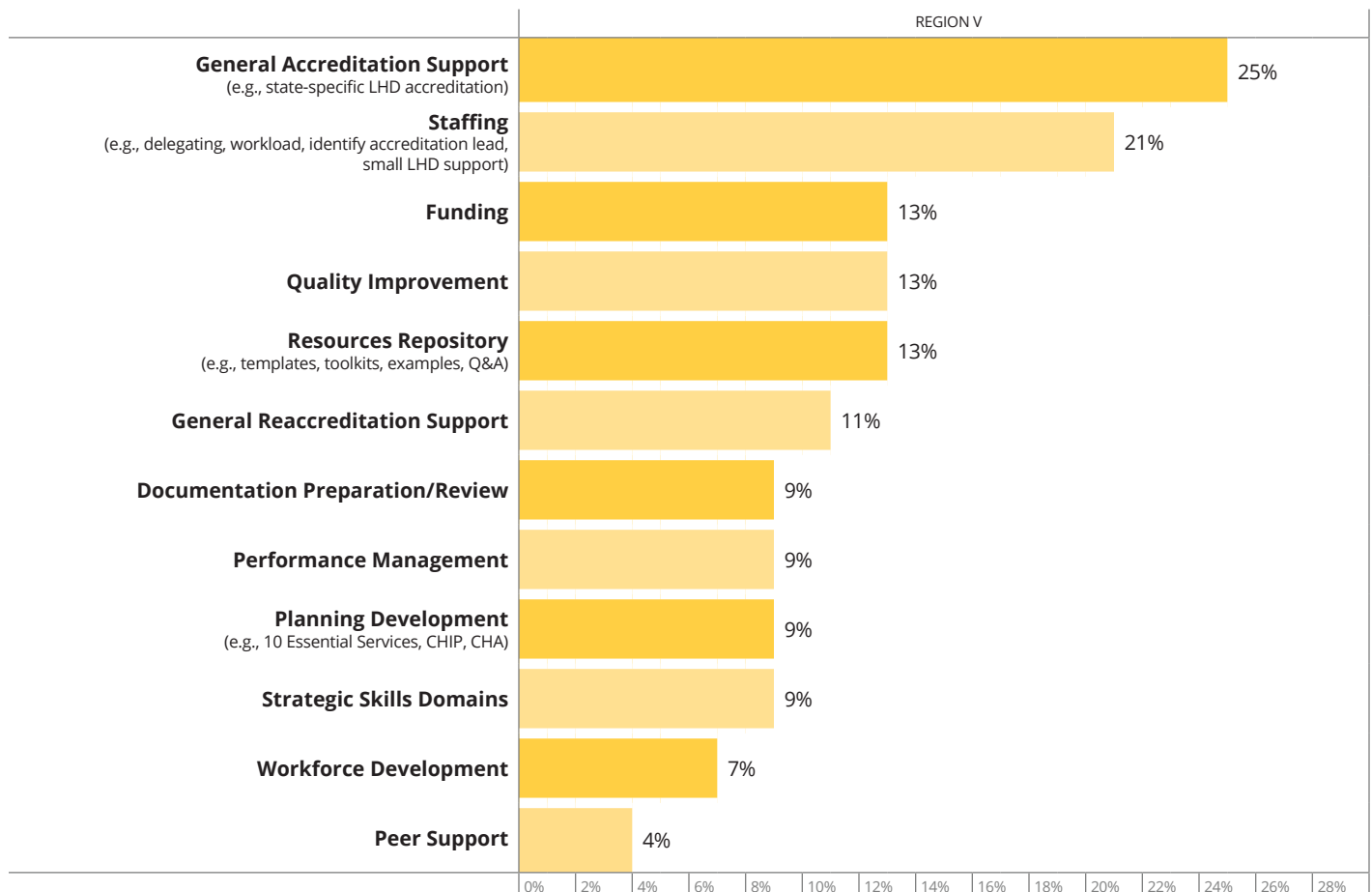
Regarding accreditation, respondents commented in an open-ended follow-up question about their needs, which were organized into 12 areas of support. **Figure 5** displays accreditation needs at the regional level (n=56) and the top five needs are as follows:

1. General Accreditation Support (25%)
2. Staffing (21%)
3. Funding (13%)
4. Quality Improvement (13%)
5. Resources Repository (13%)

A quarter of respondents stated they need general accreditation support from the RVPHTC, including state-specific local public health accreditation assistance. In terms of staffing, respondents described needing support with identifying a lead for accreditation activities and delegating workloads, as well as additional supports for staff of small LHDs. The next areas where respondents expressed needs were funding, quality improvement, and a resources repository. For the latter, LHDs stated they would benefit from items such as toolkits and examples to correctly and effectively complete the accreditation process and documentation.

**Figure 5: Accreditation Needs by Region**

### SELF-REPORTED ACCREDITATION SUPPORT NEEDS





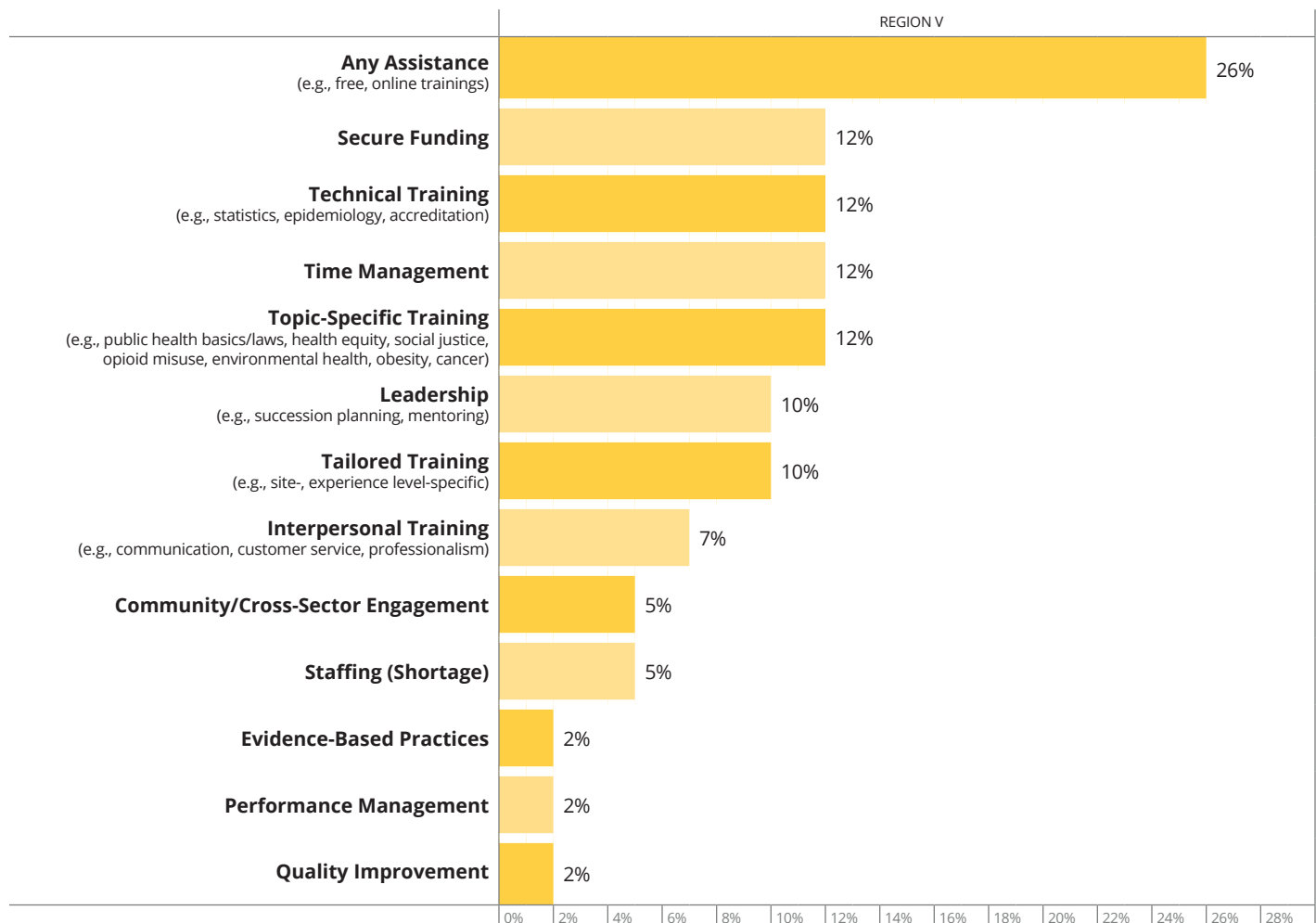
## Workforce Development Support Needs

Other workforce development needs provided in comments were organized into 13 areas of support. **Figure 6** displays those needs at the regional level (n=42) and the top five needs are as follows:

1. Any Assistance (26%)
2. Secure Funding (12%)
3. Technical Training (12%)
4. Time Management (12%)
5. Topic-Specific Training (12%)

**Figure 6: Workforce Development Needs by Region**

### SELF-REPORTED GENERAL WORKFORCE DEVELOPMENT NEEDS



# Discussion

## Limitations

The present training needs assessment survey was administered to health department leadership to respond to on behalf of their agencies' staff. As such, it may not reflect the perceived training needs of the workforce itself. Secondly, while an overall response rate of 58% is considered a success, response rate varied by state and within state subgroups. For the purpose of applying findings to guide training development by the RVPHTC, this variation in response rate is not considered to significantly affect the prioritized training needs but may warrant qualitative investigation as specific trainings are developed. The survey also closed before the COVID-19 pandemic took shape in the US, so that is not thought to be a factor in the response rate. A third limitation is related to the question about respondents' interest in possible support services from the RVPHTC. Definitions were not provided to distinguish between "training" and "workforce development." Because the two items were rated similarly, it is suspected that respondents may have conflated the two categories.

## Recommendations

Findings from this training needs assessment suggest a number of next steps for the RVPHTC to consider over the next two years.

### Training

As a regional center, the RVPHTC will first prioritize addressing training gaps that are shared across the six states. In particular, these will be the focus of self-paced trainings for skill development as well as interactive, peer-to-peer learning opportunities. Secondary priorities will be those top training gaps expressed by individual states and their subgroups. These will be explored primarily through training mechanisms such as webinars, podcasts, etc. Additionally, the RVPHTC will continue to curate existing training and resources available through other providers that can help meet the needs of public health professionals in Region V.

### Resources and Technical Assistance

Public health workforce development can be thought of as broadly including efforts related to "monitoring and projecting workforce supply, identifying competencies on which to base curricula, designing integrated learning systems, promoting public health practice competencies, conducting evaluations of and research on workforce development efforts, and ensuring support for lifelong learning," with an emphasis on evidence-based practices that address the social determinants of health at the population level.<sup>3</sup> Within its scope of practice, the RVPHTC can provide resources and technical assistance in a few key areas based on assessment findings:

- Strategically place student interns in health departments across the region. While many of the RVPHTC's funded student placements have historically been located, in part, in health departments, these settings and specifically those that expressed interest and have not yet participated in the RVPHTC's program could be prioritized.
- Work with CBT and TA partners to provide not only training but resources, tools, and technical assistance related to workforce development planning, succession planning, and accreditation activities.
- Explore and leverage opportunities to integrate with health departments' existing workforce development plans and learning management systems.

<sup>3</sup> Sellers, K., Leider, J. P., Gould, E., Castrucci, B. C., Beck, A., Bogaert, K., Coronado, F., Shah, G., Yeager, V., Beitsch, L. M., & Erwin, P.C. (2019). The state of the US governmental public health workforce, 2014-2017. *American Journal of Public Health*, 109, 674-680.

## Outreach

To maximize the RVPHTC's impact, it is critical that the center increase its outreach to local health departments in the region in order to raise awareness of its services and promote their use of its offerings. Training developed in response to identified needs will be most useful if it is accessed by those who need it. A comprehensive and targeted communications strategy that is evaluated against performance measures will support this effort. These outreach plans should include dissemination of resources from the RVPHTC's national TA partners—the National Council for Behavioral Health and National Network of Public Health Institutes—as well as other training entities who also provide resources that appear underutilized by health departments in the region.

## Further Training Needs Assessment

The RVPHTC plans to conduct a qualitative training needs assessment in 2021 in order to explore findings from this report in more depth. These discussions, along with successful outreach as described above, will further cultivate relationships between the RVPHTC and health departments in the region. Future quantitative assessments will therefore aim to reach increased response rates across the six states in the region.

## APPENDIX A

### Survey Tool

#### Training Needs Assessment

The Region V Public Health Training Center (RVPHTC) is conducting a training needs assessment to determine the workforce development needs of public health professionals throughout Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. The RVPHTC is funded by the Health Resources and Services Administration and seeks to advance the skills of the current and future public health workforce to improve population health outcomes.

This survey is being administered to health officers of local health departments in the region to complete on behalf of their agencies.

#### Why does this survey matter?

The goal of this survey is to identify and prioritize training needs across our region. We will use the findings to inform workforce development opportunities. We want to help health departments and their employees to become more prepared in skills that they feel are needed for their work.

#### How does it work?

- The intended respondent is the local health department's health officer. You may choose to delegate the survey to another staff member (or team) who is familiar with the workforce development needs of the organization.
  - If you delegate the survey to a new point person, please let us know their contact information so we can send follow-up emails accordingly. You can do so by emailing Phoebe Kulik at [gophoebe@umich.edu](mailto:gophoebe@umich.edu).
- The survey should take 5-10 minutes to complete. It is available to you from January 13-31, 2020.
- Please complete the survey in one sitting and only complete the survey once for your agency.
- Individuals who complete the survey will receive a promo code to obtain free continuing education credits for one of our training offerings at [www.rvphtc.org](http://www.rvphtc.org). All of our training content is offered for free, and we typically charge a small fee for continuing education credits.

Your participation in this survey is completely voluntary. Data will be shared only in the aggregate and comments shared in a de-identified manner.

If you have any questions about the training needs assessment survey, please contact Phoebe Kulik, Program Manager, at [gophoebe@umich.edu](mailto:gophoebe@umich.edu).

This survey was reviewed by the University of Michigan Health Sciences and Behavioral Sciences Institutional Review Board (HUM00174224) and determined to be exempt from IRB oversight.



## APPENDIX A [CONTINUED]

**Health Department Characteristics****1. Please select your state.**

- ☐ Illinois (1)
- ☐ Indiana (2)
- ☐ Michigan (3)
- ☐ Minnesota (4)
- ☐ Ohio (5)
- ☐ Wisconsin (6)

**2. Please select your health department.** *[Dropdown provided for each state]***2.1. If your health department was not listed above, please identify it here.****3. Approximately how many individuals currently work for your local health department? Please include all full-time, part-time, contractual, and seasonal employees.**

- ☐ Less than 5 individuals (1)
- ☐ 5-9 individuals (2)
- ☐ 10-24 individuals (3)
- ☐ 25-49 individuals (4)
- ☐ 50-99 individuals (5)
- ☐ 100-199 individuals (6)
- ☐ 200 or more individuals (7)

**4. For the following activities, please indicate if you do any of the following for any of your staff. Select all that apply.**

- ☐ Require continuing education (1)
- ☐ Include education and training objectives in performance reviews (2)
- ☐ Pay travel/registration fees for trainings (3)
- ☐ Allow use of working hours to participate in training (4)
- ☐ Provide on-site training (5)
- ☐ Have staff position(s) responsible for internal training (6)
- ☐ Provide recognition of achievement (7)
- ☐ Other (8) \_\_\_\_\_

## APPENDIX A [CONTINUED]

## Health Department Workforce Training Needs

**For the following sets of questions,** please reflect on the ability of your agency's staff to apply the stated skills in their day-to-day work. Please report if the skill level in your workforce is sufficiently meeting your agency's needs. By sufficiently, we mean having an adequate number of staff who are proficient (able to perform independently) or expert (able to assist or teach others) in your agency. For example, having just a few staff proficient or expert in a given skill area, such as epidemiology, may be sufficient for a smaller agency. For others, one or two proficient staff would not be sufficient to meet agency needs.

**Definitions for response options:**

- **Strongly Disagree:** Despite skilled staff, the need for this skill in your agency is largely unmet
- **Disagree:** Despite skilled staff, there is a meaningful gap in ability to meet the need for this skill in your agency
- **Agree:** Skilled staff are available and can generally meet the need for this skill in your agency
- **Strongly Agree:** Skilled staff are available and fully meet the need for this skill in your agency
- **I Don't Know:** Unaware of the level of proficiency of staff to meet this need in your agency

*[Instructions repeated for each new page of this section]*

## 5. The professional public health workforce at my agency is sufficiently able to:

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	I Don't Know (5)
Assess the external drivers in the agency's environment that may influence their work (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the importance of engaging community members in the design and implementation of programs to improve health in a community (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support inclusion of health equity and social justice principles into planning for program and service delivery (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify evidence-based approaches to address public health issues (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the value of a diverse public health workforce (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe how public health funding mechanisms support agency programs and services (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX A [CONTINUED]

**6. The professional public health workforce at my agency is sufficiently able to:**

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	I Don't Know (5)
Collaborate with public health personnel across the agency to improve the health of the community (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collect valid data for use in decision making (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe how social determinants of health impact the health of individuals, families, and the overall community (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the value of an agency business plan (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliver socially, culturally, and linguistically appropriate programs and customer service (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the value of community strategic planning that results in a community health assessment or community health improvement plan (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**7. The professional public health workforce at my agency is sufficiently able to:**

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	I Don't Know (5)
Communicate in a way that persuades others to act (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the influence of internal changes on organizational practices (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify appropriate sources of data and information to assess the health of a community (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe financial analysis methods applicable to program and service delivery (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively target communications to different audiences (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe their individual role in improving the health of the community served by the agency (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX A [CONTINUED]

**8. The professional public health workforce at my agency is sufficiently able to:**

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	I Don't Know (5)
Engage community assets and resources to improve health in a community (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe the agency's strategic priorities, mission, and vision (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participate in quality improvement processes for agency programs and services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply content knowledge specific to their programmatic areas (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apply technical skills specific to their programmatic areas (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**9. Please list any other general knowledge, skills, or abilities not listed previously that you believe your workforce needs further training in.****10. Please identify any areas where you would like support from the Region V Public Health Training Center. Select all that apply.**

- ☐ Training (1)
- ☐ Workforce development (2)
- ☐ Student interns (3)
- ☐ Connections to academia for research or subject matter expertise (4)
- ☐ Succession planning (5)
- ☐ Accreditation support (6)
- ☐ Other (please specify) (7) \_\_\_\_\_

**If you selected *training*, which delivery methods are you interested in?**  
Select all that apply.

- ☐ Webinar (1)
- ☐ Self-paced (2)
- ☐ In-person (3)
- ☐ Resource guides/toolkits/job aids (4)



## APPENDIX A [CONTINUED]

**If you selected accreditation support, what type of support would be useful?**

### Health Department Workforce Development & Training Network

**11. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

#### National Organizations

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Region V Public Health Training Center (RVPHTC) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
American Public Health Association (APHA) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Environmental Health Association (NEHA) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Association of County and City Health Officials (NACCHO) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Association of State and Territorial Health Officials (ASTHO) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centers for Disease Control and Prevention (CDC) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Network of Public Health Institutes (NNPHI) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National Council for Behavioral Health (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
de Beaumont Foundation (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Resources and Services Administration (HRSA) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*[State-level agencies are displayed by respondent's state in the pages that follow.]*

## APPENDIX A [CONTINUED]

- 12. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

**State-Level Organizations [Illinois]**

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Illinois Department of Public Health (IDPH) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illinois Public Health Association (IPHA) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illinois Primary Health Care Association (IPHCA) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illinois Public Health Institute (IPHI) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Northern Illinois Public Health Consortium (NIPHC) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Southern Illinois Public Health Consortium (SIPHC) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illinois Association of Public Health Administrators (IAPHA) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illinois Society for Public Health Education (ISOPHE) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University of Illinois at Chicago School of Public Health (including the MidAmerica Center for Public Health Practice) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illinois Environmental Health Association (IEHA) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 12. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

**State-Level Organizations [Indiana]**

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Indiana State Department of Health (ISDH) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indiana Public Health Association (IPHA) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX A [CONTINUED]

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Indiana Rural Health Association (IRHA) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indiana Primary Health Care Association (IPHCA) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indiana University Richard M. Fairbanks School of Public Health (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indiana Society for Public Health Education (IN SOPHE) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indiana Environmental Health Association (IEHA) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

## State-Level Organizations [Michigan]

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Michigan Department of Health and Human Services (MDHHS) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michigan Association for Local Public Health (MALPH) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michigan Public Health Association (MPHA) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michigan Primary Care Association (MPCA) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michigan Public Health Institute (MPHI) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Michigan Environmental Health Association (MEHA) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University of Michigan School of Public Health (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Great Lakes Chapter of the Society for Public Health Education (GLC SOPHE) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX A [CONTINUED]

- 12. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

**State-Level Organizations [Minnesota]**

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Minnesota Department of Health (MDH) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minnesota Rural Health Association (MRHA) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minnesota Public Health Association (MPHA) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Local Public Health Association of Minnesota (LPHA) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minnesota Association of Community Health Centers (MNACHC) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University of Minnesota School of Public Health (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minnesota Society for Public Health Education (MN SOPHE) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minnesota Environmental Health Association (MEHA) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 12. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

**State-Level Organizations [Ohio]**

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Ohio Department of Health (ODH) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Association of Ohio Health Commissioners (AOHC) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ohio Public Health Association (OPHA) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ohio Association of Community Health Centers (OACHC) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Policy Institute of Ohio (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX A [CONTINUED]

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
The Ohio State University College of Public Health (including the Center for Public Health Practice) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ohio Society for Public Health Education (OSOPHE) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ohio Environmental Health Association (OEHA) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kent State University College of Public Health (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. Please indicate the frequency with which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences) offered by each listed organization.**

**State-Level Organizations [Wisconsin]**

	Weekly (1)	Monthly (2)	Yearly (3)	No Contact (4)	I Don't Know (5)
Wisconsin Department of Health Services (DHS) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wisconsin Public Health Association (WPHA) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wisconsin Association of Local Health Departments and Boards (WALHDAB) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wisconsin Primary Health Care Association (WPHCA) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University of Wisconsin-Madison School of Medicine and Public Health (including the Population Health Institute) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University of Wisconsin-Milwaukee (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wisconsin Center for Public Health Education and Training (WiCPHET) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wisconsin Environmental Health Association (WEHA) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## APPENDIX A [CONTINUED]

- 13. If there are other national or state-level organizations not listed in the tables above through which you, your organization, and/or your staff participate in workforce development activities (e.g., training and conferences), please list the organizations' name(s) in the spaces below and indicate the frequency with which participation in workforce development activities occur for each.**

	Weekly (1)	Monthly (2)	Yearly (3)	I Don't Know (4)
Organization 1: (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization 2: (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization 3: (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization 4: (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 14. Please provide any additional comments regarding workforce development needs in your agency.**
- 

### Conclusion

- 15. Was this survey delegated to you by your health officer?**

- ☐ No, I am the health officer (1)  
☐ Yes (2)

**If yes, please provide the following information about yourself.**

- ☐ Name (1) \_\_\_\_\_  
☐ Email (2) \_\_\_\_\_  
☐ Position Title (3) \_\_\_\_\_

- 16. Please indicate if you would like the Region V Public Health Training Center (RVPHTC) to follow up with you regarding any of your agency's training needs. Check all that apply.**

- ☐ Yes, the RVPHTC can contact me about my agency's training needs (1)  
☐ Yes, the RVPHTC can add me to their monthly newsletter list that includes information about available training (2)  
☐ No, I do not wish to receive follow up communications from the RVPHTC (3)



## APPENDIX B

### Partners and Acknowledgments

#### RVPHTC Evaluation/Training Needs Assessment Subcommittee

- Carole Kacius, Indiana University Richard M. Fairbanks School of Public Health
- Sedric Warren, Indiana University Richard M. Fairbanks School of Public Health
- Meghan Swain, Michigan Association for Local Public Health
- Michele Borgialli, Michigan Department of Health and Human Services
- Beth Gyllstrom, Minnesota Department of Health
- Jennifer McKeever, National Network of Public Health Institutes
- Christina Harrington, Saginaw County Health Department (MI)
- Nicole Schaub, Saginaw County Health Department (MI)
- Geof Swain, Wisconsin Center for Health Equity

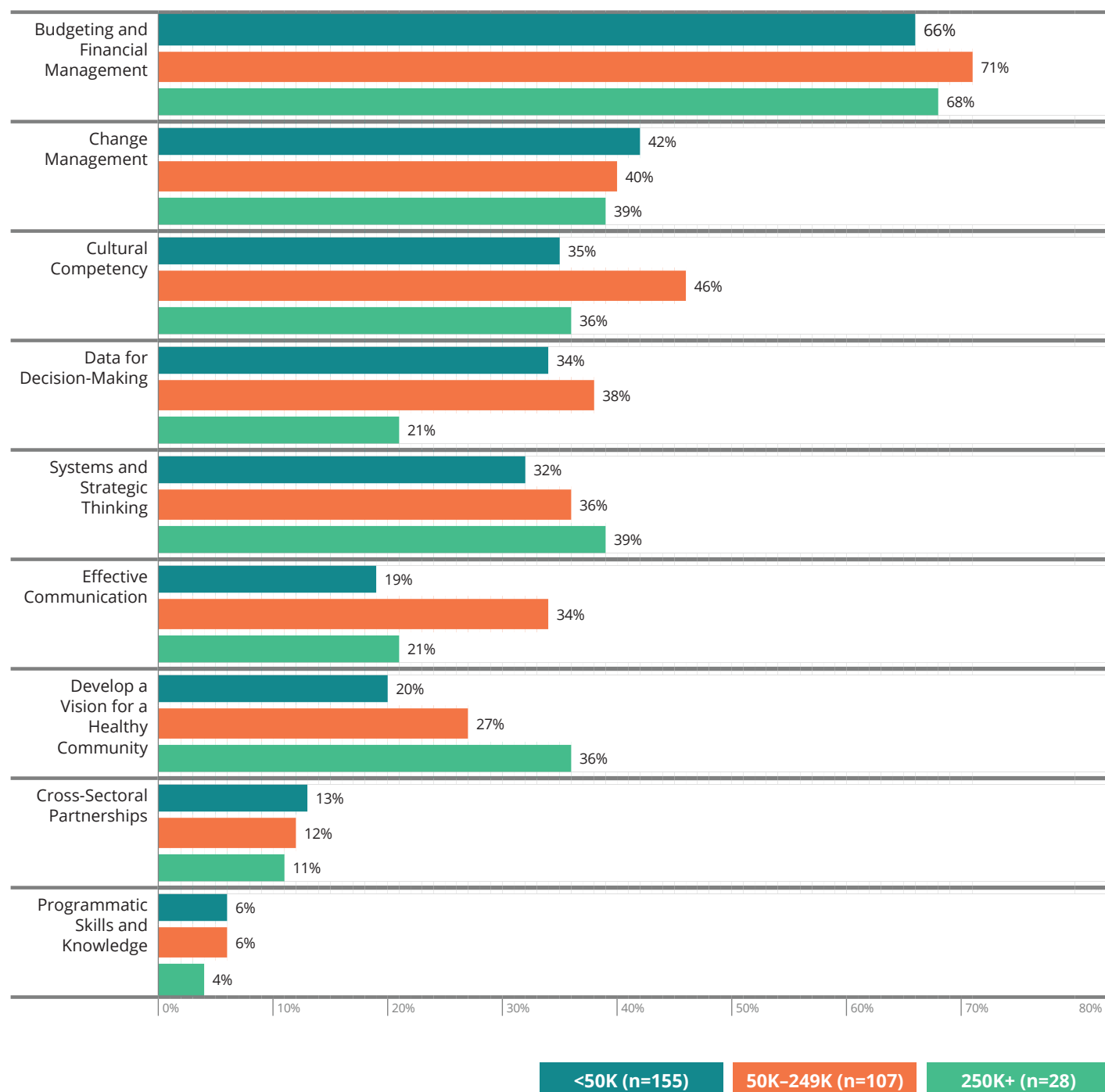
#### Additional Partners in Survey Design and Dissemination

- Association of Ohio Health Commissioners
- Columbus Public Health (OH)
- Illinois Association of Public Health Administrators
- Illinois Public Health Association
- Kent County Health Department (MI)
- Kent State University College of Public Health
- Local Public Health Association of Minnesota
- Northern Illinois Public Health Consortium
- Ohio Department of Health
- The Ohio State University College of Public Health
- University of Illinois at Chicago School of Public Health
- University of Minnesota School of Public Health
- University of Wisconsin Population Health Institute
- University of Wisconsin-Madison

## APPENDIX C

Figure 7: Strategic Skill Domains—Findings by Size of Population Served

## GAPS AMONG REGION'S LHDS BY STRATEGIC SKILL DOMAINS AND POPULATION SERVED



## APPENDIX D

Table 3: Knowledge, Skills, and Abilities—Finding by State

## PERCENT OF REGION'S LHDS THAT HAVE A TRAINING GAP

		Illinois (n=55)	Indiana (n=35)	Michigan (n=32)	Minnesota (n=50)	Ohio (n=58)	Wisconsin (n=60)	Region V (n=290)
<b>Budgeting and Financial Management</b>	At least 1 gap in Budgeting and Financial Management	64%	51%	91%	62%	60%	83%	68%
	Describe financial analysis methods applicable to program and service delivery	51%	49%	63%	52%	48%	70%	56%
	Describe the value of an agency business plan	45%	37%	75%	44%	41%	60%	50%
	Describe how public health funding mechanisms support agency programs and services	25%	9%	35%	14%	26%	22%	22%
<b>Change Management</b>	At least 1 gap in Change Management	47%	23%	56%	32%	40%	47%	41%
	Describe the influence of internal changes on organizational practices	38%	17%	38%	24%	29%	27%	29%
	Assess the external drivers in the agency's environment that may influence their work	33%	9%	31%	18%	25%	33%	26%
<b>Cultural Competency</b>	At least 1 gap in Cultural Competency	33%	37%	56%	26%	40%	47%	39%
	Support inclusion of health equity and social justice principles into planning for program and service delivery	24%	14%	41%	22%	33%	40%	29%
	Deliver socially, culturally, and linguistically appropriate programs and customer service	13%	26%	25%	10%	16%	17%	17%
	Describe the value of a diverse public health workforce	20%	9%	22%	12%	19%	13%	16%
<b>Data for Decision-Making</b>	At least 1 gap in Data for Decision-Making	55%	17%	50%	24%	26%	33%	34%
	Identify appropriate sources of data and information to assess the health of a community	39%	9%	25%	20%	12%	20%	21%
	Collect valid data for use in decision making	24%	9%	25%	18%	17%	23%	20%
	Identify evidence-based approaches to address public health issues	31%	9%	19%	8%	14%	12%	16%
<b>Systems and Strategic Thinking</b>	At least 1 gap in Systems and Strategic Thinking	36%	17%	50%	26%	34%	38%	34%
	Participate in quality improvement processes for agency programs and services	24%	11%	34%	22%	18%	28%	23%
	Describe how social determinants of health impact the health of individuals	24%	6%	28%	6%	19%	18%	17%
	Describe the agency's strategic priorities, mission and vision	20%	6%	9%	6%	10%	5%	10%
<b>Effective Communication</b>	At least one gap in Effective Communication	29%	14%	47%	16%	21%	25%	24%
	Effectively target communications to different audiences	24%	9%	25%	14%	16%	17%	17%
	Communicate in a way that persuades others to act	16%	11%	34%	10%	17%	17%	17%
<b>Develop a Vision for a Healthy Community</b>	At least 1 gap in Develop a Vision for a Healthy Community	29%	17%	44%	20%	22%	18%	24%
	Describe the value of community strategic planning that results in a community health assessment or community health improvement plan	20%	14%	38%	16%	12%	12%	17%
	Describe the importance of engaging community members in the design and implementation of programs to improve health in a community	20%	3%	16%	8%	19%	12%	13%
	Describe their individual role in improving the health of the community served by the agency	5%	6%	6%	6%	2%	5%	5%
<b>Cross-Sectoral Partnerships</b>	At least 1 gap in Cross-Sectoral Partnerships	16%	9%	16%	14%	12%	8%	12%
	Engage community assets and resources to improve health in a community	15%	6%	9%	10%	10%	5%	9%
	Collaborate with public health personnel across the agency to improve the health of the community	5%	6%	6%	6%	7%	5%	6%
<b>Programmatic Skills and Knowledge</b>	At least 1 gap in Programmatic Skills and Knowledge	7%	6%	3%	8%	2%	8%	6%
	Apply technical skills specific to their programmatic areas	7%	6%	3%	8%	2%	5%	5%
	Apply content knowledge specific to their programmatic areas	4%	0%	0%	0%	2%	3%	2%